I started nursing a long time ago—in the last century, even! It was the 1970s, and nursing had its training and image firmly set in the hospital system. We were apprentices who were part of a regimented system of education that had its roots in a military framework. As third-year nursing students, we even had the three sergeant’s stripes on our sleeves to prove it. Asked who we were, our responses often were, “Oh, I’m just a nurse,” even though at that time we undertook roles that have now been taken on by other professions, such as physiotherapy. I remember the coughing and breathing exercise and postural draining and percussion, not to mention social work activities such as counseling patients and relatives, among other activities that we considered to be part of our role. We were never just nurses.

By the way, this story is set in Australia, but I would guess that the story will be familiar to nurses in other countries. We may be divided by distance, but we are all still members of the same profession. Back then, we were part of the nursing profession, but I cannot remember discussion regarding our professional identity. As nurses, our professional identity is linked to the public image of nursing (ten Hoeve, Jansen, & Roodbol, 2014). But we have to remember that we have some control over how we are perceived. Through continuing education, we can present a clearer understanding of our roles and the professional identity of nursing students and licensed nurses. Additionally, as nurses we need to make this clearer to not only the public and other health professionals but also to ourselves. In Australia, as professionals, we moved into the tertiary education sector last century, but we still continue our conviction that we are somehow not an equal profession to others in health. Why do we perpetuate this myth, while other health professions are proud and confident of their disciplines? Perhaps it is time for us to be clear about who we are. Professional identity is grounded in the individual practitioner’s perception of what it means to be—and to act as—a nurse.

A strong, yet flexible, professional identity is regarded as central to the quality of nursing care, recruitment of nursing students, and the retention of existing staff (Johnson, Cowin, Wilson, & Young, 2012). The way nurses understand their scope of practice may be hindered or enhanced by their perception of professional identity.

Professional identities begin to develop from the beginning of a nurse’s education and go through a metamorphosis through ongoing exposure to practice and continuing professional development. These experiences support the growth and maturation of professional identity (Andrew, 2013; Johnson et al., 2012). The perception of professional identity varies among individuals, and their experience and understanding are the factors that contribute. Being able to ascribe to a professional identity allows an individual to better understand his or her role within an area of practice (Rasmussen, 2015). Although professional development activities may not focus on developing professional identity as such, professional development is designed to help nurses to be clear about their role within society or the profession.

Compared with 50 years ago, nursing is now such a diverse profession, allowing clinical, administrative, and education streams, all of which require continuing education to meet the required competency of a regulated profession. Our profession has never been so highly educated. Continuing education is the key to nurses understanding and promoting the uniqueness and identity of our profession.
So, we have come a long way in the past 50 years! I wonder what our professional identity will be in 2069! Who will we think we are then?

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REFERENCES