



Changing institutional identities of the student nurse

Damien Brennan, Fiona Timmins*

School of Nursing and Midwifery, Trinity College Dublin, Ireland

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SUMMARY

This paper emphasises the tensions between the ideal of the compliant within care settings and the ideal of the critical thinker within the university setting with reference to student nurse education and identity. Identity is an important part of who we are as people. While modernisation and increased professionalisation of nursing have impacted on staff and patients mostly in a positive way, changes in the management of nursing education in the past 20 years have also heralded a remarkable change in the student identity. Historically informed by association with a particular hospital or health service provider, student nurse identity was shaped by institutional rituals and routine, physically embodied in objects such as uniforms and hospital medals and informed by claims to honesty, virtue and personal integrity (Bradby, 1990). Once part of the structure and fabric of hospital life, nursing students functioned as part of the health care service. As such, their identity was synonymous with that of practicing nurses, whose learning needs were secondary to that of the organisational needs.

While this social milieu provided the platform for the formation of institutional pride, belonging and identity, such forms of identity can result in institutional compliance; with the associated risk of ritualistic practice, poor levels of transparent accountability and barriers to whistle blowing should substandard practice arise. Increased student freedom and an emphasis on teaching and learning within the university setting may have benefitted students, patients and the profession, however, the potential impact on student identity is less certain. There is evidence to suggest that students are ill-equipped for their professional identity once qualified and thus require more support for this within universities.

This paper explores the tensions between traditional hospital identity and contemporary university identity with reference to student nurse education. The ideal of the compliant versus the ideal of the critical thinker will be debated.

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Introduction

Drawing from the Irish, UK and USA context, this paper explores the influence of changing nursing student identity; emphasising the tensions between the ideal of the compliant within care settings and the ideal of the critical thinker within the university setting. In particular the impact of the contemporary shift from the traditional hospital based student nurse identity to a university student identity is explored. It is argued that the sense of institutional pride, belonging and compliance, which traditionally characterised student nurse identity (Bradby, 1990), may now be somewhat eroded with the move of nurse education to the university setting (Sharif and Masoumi, 2005; Levett-Jones et al., 2007). Advantages of this identity shift include an interruption of institutionalised routine and path dependent thinking. However, it will also be argued that independent critical thinking within the university comes at a cost to students, who may feel a sense of isolation rather than belonging within their clinical learning environments

(Levett-Jones et al., 2007, 2009). As such, this paper unpacks competing forms of student nurse identity, the ideal of the compliant versus the ideal of the critical thinker.

What is Identity?

Identity is an important part of who we are as people (Taylor, 2009), it is a difficult term to define and there are contested understandings of identity across the various anthropological, psychological and sociological schools of thought. However, there is broad consensus that identity encompasses the fluid processes through which a sense of self is shaped in the course of the interface between the individual and wider societal structures and systems (Rutherford, 1990).

While lasting, but not fixed, aspects of identity such as gender and ethnicity are developed during childhood, identity is continuously remoulded during adulthood in response to relationships, experiences, career pathways and one's physical environment (Helmich et al., 2010; Sohal, 2009). In addition to an individual identity a collective identity can also be formed as a result of our connections and senses of belonging within groups in society (McAllister et al., 2009; Taylor, 2009).

* Corresponding author at: The School of Nursing and Midwifery, Trinity College Dublin, 24 Dolier St, Dublin 2, Ireland. Tel.: +353 1 6083699.

E-mail address: timmins@tcd.ie (F. Timmins).

While some of the core aspects of identity developed during childhood continue to impact on nursing as a career, these can be replaced and reshaped through the process of professional socialisation (Levett-Jones et al., 2009). However gender socialisation, the gendering of caring labour and the social construction of compassion and empathy continues to inform a shared expectation of what it is to be a nurse (McLaughlin et al., 2010). Turner observed that “the focus on the female character of nursing in a patriarchal culture has been the dominant issue in the social history of nursing” (Turner, 1995; p. 145). For example the seminal work of Davis et al. (1963) and Davies (1980) unpack and illuminate the complex interplay between professional identity within nursing and wider gender dynamics. While men continue to form a minority part of the nursing profession, they continue to be essentialised as being a departure from the gendered reference point for female nurse identity (McLaughlin et al., 2010). The notion of “male nurse” rather than “nurse” punctuates this point. Thus historically, nursing is associated with what is socially constructed as female traits (such as caring and subservience), which served to both excuse poor pay and conditions, but also encourage the caring of the sick, in often arduous circumstances (Castle, 1987).

Within nursing historical scholarship the identity of nursing continues to be influenced by the methodologies adopted when developing the official or accepted narrative of what it means to be a nurse (McLaughlin et al., 2010). The progressive historical approach, remains the predominant methodological tradition within nursing history (Brennan, 2011), within which, nurses, like most professional bodies, create and sustain their own historical narrative. This process of self identification within nursing history can situate any challenge to the accepted understating of nurse identity within the realm of heresy. As such, critical accounts of nursing identity are limited by the fact of their departure from the historically accepted narrative which encompasses notions of altruism and vocation. The public perception of nurse identity further reinforces the historical self narrative, consolidating a fixed understanding of the virtuous and subservient nature of nurses (Crawford et al., 2008). This historical approach has been substantively challenged by a wide spectrum of academics (Kalberg, 1994; Holton, 2003; Illich, 1976; Foucault, 1967, 1973) who critiqued the maintenance and reproduction of *progressive histories*, such as the altruistic nature of nursing.

Traditional Nurse Education and Nurse Identity

While the education of student nurses does not solely inform or shape nurse identity; it is a significant process that both influences and is influenced by wider social forces (Levett-Jones et al., 2007, 2009). Traditionally, student nurse identity was strongly informed by their association with a particular hospital or health service provider (Bradby, 1990). Nursing students functioned as part of the health care service and were part of the structure and fabric of hospital life, many student nurses not only worked but also lived within a hospital setting. Their identity was synonymous with that of practicing nurses, except that they functioned lower down the hierarchy (Bradby, 1990). Thus a collective identity emerged; historically informed by claims to honesty, virtue, compliance and personal integrity; embodied by uniforms, badges and other symbols of prestige; and enacted through rituals, routine and a shared understanding of clinical practice and skill sets. All of this strongly shaped and influenced student nurse identity. Within this context students functioned as workers, whose learning needs were subservient to that of the organisational needs (Melia, 1998).

This social milieu provided the platform for the formation of institutional pride, belonging and identity. A strong expert/novice relationship was fostered and a high level of surveillance of students was possible (Bradby, 1990). Arguably this provided a safe place for students to develop their knowledge and skills. This traditional form of learning strongly reinforced social cohesion where localised accountability formed a large part of quality assurance. As such students

were socialised to conform with a group identity of what it means to be a nurse.

Professions have their own traditions and categories of thought that provide direction and moral order to the participants (Solbrette and Jensen, 2006). However, such forms of identity can result in institutional compliance (Goffman, 1959, 1961) with the associated risk of ritualistic practice, poor levels of transparent accountability and barriers to practice development and whistle blowing should substandard practice arise. Institutional routine copper fastens a collective identity which supersedes independence. The resulting path dependent thinking reproduces practice without critical reflectivity. A core characteristic of path dependent thinking is the incremental and ‘progressive’ development of practice based on the foundation of established norms. As such, norms are not critically considered but viewed as a point of departure, which can impede the reshaping of practice and indeed prevent “whistle blowing” where poor practice exists. While such a context may produce consistency in practice, this may indeed be consistent poor practice. Wilde’s assertion that “consistency is the last refuge of the unimaginative” would appear to have relevance here (Wilde, 1885: 1).

University Nurse Education and Nurse Identity

Internationally the education of nurses, as a university based approach was not a subtle development (Castle, 1987). Where university based education is the norm, it was driven within a political context where nurses strategically pursued university based education as an aspect that would further realise greater professional status and hence better pay and conditions (Snodgrass, 1999). Indeed the professionalisation of nurses has been high on nursing’s agenda for the most part of the 20th century (Snodgrass, 1999). In many cases this movement grew alongside, and was in part fuelled by, the growing independence of women and the women’s movement (Castle, 1987). As such, the driving forces behind the move of nurse education to the university were not solely educational, for example Feley observes that, “while the nursing profession in Ireland had demanded entry to higher education ostensibly on educational grounds, pragmatic and fiscal considerations were the real reasons why the system of apprenticeship nurse training ended after 1994” (Fealy and McNamara, 2007, 1192). In *A discourse analysis of debates surrounding the entry of nursing into higher education in Ireland*, Fealy and McNamara (2007) clearly demonstrates that there was spectrum of views regarding this transition in nurse education, some in favour and some strongly against.

Within the Irish context the political dimension of the relocation of nurse education can be clearly charted with the *Report of the Commission of Nursing (Government of Ireland, 1998)* emerging from an industrial relations conflict which involved direct strike action by nurses. This Commission of Nursing addressed issues across the professional life span of nurses, and a key recommendation was the establishing of a four year university based degree as the entry point into nursing in Ireland. It can be argued that this drive to professional nurse identity occurred in the absence of a critical exploration of the limitations of both the professional model and the university education (Porter, 1990, 1992).

However, it is clear that most other disciplines of learning and practice have been enriched by the university milieu as envisaged by Newman (1873) in his seminal text: *Idea of the University*. This *Idea of the University* envisaged a space where all disciplines of learning would interact and learn within one physical space, the ‘stadium general’. This setting provides the context in which new knowledge can flourish, not just within a discipline, but also in intellectual space between disciplines. This has obvious benefits for undergraduate nurse education where students can excel in their nursing studies while also being influenced and informed from fields of learning as diverse as law, philosophy, physics and geography. This form of liberal education is espoused in approaches to

nurse education in the USA (American Association of Colleges of Nursing, 2008). Within this liberal setting students are encouraged to think beyond their own discipline in the safe knowledge that they are free to be self critical and reflexive (American Association of Colleges of Nursing, 2008). Consistency of thought is not encouraged, rather students are challenged to embrace the freedom to think beyond the present. Such independence of thinking informs student nurse identity, moulding them into free thinking critical learners. However this may come at a cost to the students themselves who are also required to function as part of a team in tightly regulated and controlled health care settings.

International research frequently describes the teaching and learning of professional identity within the clinical area. In one such study, Paton (2009: 143) describes the importance of the preceptor in ensuring that “best caring practices” are evident in the student before being “approved” to sit the Canadian Registered Nurse Examination. In the “final practicum” described in the paper, students are expected to be prepared to “embody the role of a newly qualified nurse” (Paton, 2009: 143). Conducting five one to one, and 15 focus group interviews with preceptors revealed that preceptors viewed themselves as key teaching personnel, involved not only in the transfer of knowledge, but in the transfer of “unique professional practice knowledge” that renders them able to transmit more subtle information to students about becoming a nurse (Paton, 2009: 143). This was evidenced in the emergent themes which were *artfully connecting; creating a culture of respect; acknowledging contextual realities and preserving the ideals of ethical, competent and respectful care* (Paton, 2009: 145). When “artfully connecting” with students these preceptors took account of prior knowledge and student needs, but also acclimatized them to the routine of the area. A respectful culture was created through role modelling of appropriate communication skills. Passing on the contextual realities meant that preceptors communicated subtle rules of practice that were not always confined to policy and procedure. Preserving the ideals of care translated into preceptor’s ongoing responsibility of ensuring that students are practicing safely, and the onerous responsibility of safeguarding the profession from students who do not achieve these ideals.

Although not clearly articulated within this paper, preceptors clearly had a professional agenda, which needed to be transmitted to nursing students. This encompassed important aspects of nursing care that needed to be taught, including effective communication, knowing the routine and practicing safely, which perhaps both encompassed and extended specific clinical learning outcomes in this context, thus appearing as martyred custodians of the nursing profession (Paton, 2009).

Interestingly, this embodiment of professional behaviours and values also translates to expectations of classroom behaviour of nursing students. Prompted by “violent acts” portrayed in newspaper headlines, and increased “student incivility” among nursing students in the USA, Clark (2009: 194) sought to explore this issue. She suggests that nursing schools ought to use the “Public Health Approach to Violence Prevention Model” as a framework to address these potential issues (Clark, 2009). Clarke encourages lecturers to be role models of good behaviours, for example on the first day of class, staff are encouraged to “arrive early, dress professionally and set a welcoming tone” (Clark, 2009: 195). Referring to codes of conduct available at many universities, staff are advised to remind students of these and set “civil norms” and general codes of behaviour for learning in this professional environment (Clark, 2009: 195). Interestingly appearance as a mechanism to portray professional values appears elsewhere in the literature (Kalb et al., 2006). Also in Canada, Kalb et al. (2006) report that community nurse’s attire should be as follows:

“Dress is expected to be neat, respectful, professional, modest, comfortable and designed to allow the nurse to perform the required job duties. Some examples of inappropriate dress include

worn, ripped, frayed, torn or unkempt clothing. Also, items that display obscene, profane, discriminatory, provocative or inflammatory words/pictures are not acceptable” (Kalb et al., 2006: 138).

In the USA Livsey (2009) tested the effect of structural empowerment on student’s professional behaviours (n = 272). Although specific professional behaviours were not identified in the study, structural empowerment was defined as the development of individuals’ work behaviour through strategies within that environment that are supportive and empowering. While the findings related to this were not significant, the author does support nursing schools seeking out clinical placements that have the “hallmarks of professional practice” in order to empower students towards learning professional skills (Livsey, 2009: 13). These latter hallmarks are outlined by the American Association of Colleges of Nursing (ACCN, 2011) and include manifesting a philosophy of clinical care and emphasising quality and safety, interdisciplinary continuity of care, leadership, empowering nurses’ participation in clinical decision-making and demonstrating professional development support for nurses.

Murphy et al. (2008) compared reported caring behaviours of first and third (final) year nursing students in the UK (n = 174) using a survey approach. Their aim was to examine the effect of a three year education on these behaviours. Interestingly while there was a high level of agreement with statements about caring behaviours across both groups, this was less so in the senior group. The researchers concluded that the realities of practice may have contributed to this and that more junior students may have a more idealised version of nursing.

Cook et al. (2003) suggest that nurses form a distinct identity that evolves and develops throughout their career trajectory. They (Cook et al., 2003: 311) further define Identity in nursing as:

“The development within nurses of an internal representation of people–environment interactions in the exploration of human responses to actual or potential health problems”.

Using a qualitative approach, these authors (Cook et al., 2003) explored the views of junior nursing students (n = 109) in America. They concluded that nursing students embark on their careers with some basic understandings of professional identity and while they were able to outline some key roles of the nurse, the authors felt that they were less certain of the distinct professional identity of the nurse’s role, and that teaching on this should be more strongly incorporated within curricula. In the UK Watts and Waraker (2008) explored student identity as experienced by students studying a distance learning programme. Armed with the belief that students need to experience both “academic integration” and a “sense of belonging”, these authors were concerned as to the extent these were actually experienced by those attending nursing programmes at a distance (Watts and Waraker, 2008: 107). Using an action research approach with 12 students, who were at the beginning of their studies, Watts and Waraker (2008) found an emergent issue of “student/worker identity divide”. Being able to have an international student identity card, and have access to libraries led students to feel a sense of student identity that was externally validated. However, these students, who had previously been Health Care Assistants in their establishments, felt that their student role was at times undervalued, and that the needs of the organisation were paramount (Watts and Waraker, 2008: 110).

In Sweden, Björkström et al. (2008: 1382) aimed to examine how nursing students developed their sense of “professional self” during the programme. Using a longitudinal survey design, 67 students were sampled at three time frames, the final being three to five years after graduation. The survey was a validated instrument entitled the Nurse Self Description Form (NSDF) which examined a range of characteristics including the following:

- Autonomy
- Scientific outlook

- Research ability
- Potential for acting as change agent
- Adaptability
- Altruism
- Empathy
- Ability to role-take
- Interest in professional development and improvement.

Students scored consistently high mean scores across all items and there was no significant difference over time.

Using a phenomenological approach *Idczak (2007)* examined senior nursing student's experiences of becoming a nurse, specifically in relation to patient interaction. Twenty-eight students took part and data were collected using journals. Emerging themes included: developing confidence, becoming self aware, connecting with knowledge and connecting with the patients. The study provided some insight into the development of nursing skills through the integration of classroom knowledge and developing confidence. Professionalism or professional attributes were not specifically mentioned in the study.

In Iran, *Khomeiran et al. (2006: 66)* outlined the development of "professional competence" among 27 registered nurses. Definitions of professional competence were based upon American Nurses Association (2000 cited in *Khomeiran et al., 2006*) guidelines, and refer to ongoing professional development of competence that develops beyond basic nurse competence that is ongoing and is according to scope of practice. Themes emerging from structured interviews revealed that this occurs through experience, opportunities, environment, personal characteristics, motivation and theoretical knowledge (*Khomeiran et al., 2006*). Interestingly, this study observes that much of this professional learning occurs on the job, and that personal traits and motivation form part of this. The fact that "nurses in this study prioritized patients' benefits over their own self interest" was seen in a very positive light by the researchers, perhaps indicating the high value placed on such altruism within the profession knowledge (*Khomeiran et al., 2006: 71*). While the study provided operational definitions in terms of professional competence, it is not clear what distinguishes generic competence from this term. It appears to be synonymous with ongoing professional development, hence the use of the term professional, thus the word professional here possibly relates to an overarching description of nursing as a profession, rather than a specific reflection, within competence of any defining attributes of a profession.

Using a longitudinal qualitative approach with nursing students ($n=16$), *Mackintosh (2006: 955)* examined their "socialisation into the nursing profession". Data were analysed following two interviews conducted at two time intervals, once near the beginning of their programme and again nearing the end. From both interviews, data analysis revealed that caring was a strongly emerging theme. The researcher noted that ideas about caring and being a caring nurse were idealised in the first set of interviews, and had abated somewhat by the second. Furthermore, students revealed a sense of disillusionment about caring practices from witnessing non-caring practices and feeling unable to do anything about this. The researcher reported that some students held firm to their own personal ideas about being a caring nurse, while others became "hardened" to this. Although it is difficult to make generalisations or comparisons within a small qualitative study, the researcher hypothesised that the latter was due to differing role models within the clinical area.

Cook et al. (2003) aimed to explore how professional identity develops in nursing students. The researchers interviewed 109 nursing students on their first day of their nursing programme in the USA, and developed a descriptive explanatory framework from their data. This revealed that students viewed nursing in terms of specific actions (caring, nurturing, teaching, implementing, advocating and managing) as well as in the broadest sense (profession, system, discipline). They also identified specific goals of nursing (treatment and

prevention of illness and health promotion). While the researchers clearly identified what nursing students' initial understandings of nursing were, there was little information, due to the scope of the project.

Discussion

The move of nurse education from the traditional hospital to the university created a new dynamic where a tension exists between the expectation of critical independence within the university setting and the expectation of compliance within the clinical setting. This dynamic is not unique to nursing and it mirrors the observations made by *Shardlow and Doel* with reference to all health care education;

"There is likely to be an implicit, occasionally explicit, tension between the higher education institution (HEI) and the agency providing the placement or learning environment. The tension is hard-wired: one body, the HEI, has a primary duty to educate; the other, the agency, has a primary duty to provide care and services to the public" (*Shardlow and Doel, 2009: 5*).

The modern approach to education within the academy offers solace to student nurses and provides a milieu where they can focus on their educational needs. However at the same time, important aspects of student formation associated with traditional nurse education have been taken away leaving a void (*Jones, 2007*). Thus a dichotomy can emerge between institutional/professional expectations and the expectations of a student learner who has been socialised to think critically and independently (*Sharif and Masoumi, 2005*).

As such some rules and authority, which served to shape socialisation within clinical areas, may challenge and undermine the role and identity of a university student. Furthermore, the freedom associated with university life also may cause conflicts with professional ideals which focus on standards and compliance.

While on the one hand increased student freedom, and increased emphasis on teaching and learning within both the university and clinical area, have undoubted benefits for students, patients and the profession, the potential impact on student identity is less certain (*Jones, 2007*). There is evidence to suggest that students are ill-equipped for their professional identity once qualified and thus require more support for this within universities (*Grealish and Trevitt, 2005*). Furthermore the dominant discourse of the university renders students as critical thinkers, rational, independent and "knowing care givers" which are important components of professional identity (*du Toit, 1995: 164*), however expectations of qualified nurses in the clinical area is resonant of the past discourses; that of an organised, efficient worker (*Hamilton, 2005*). Students can find this transition difficult and early attempts at establishing student's professional identity in the university are encouraged (*Cook et al., 2003*).

Feeling part of the team is a key feature of a rich clinical experience for nursing students (*Martin, 2008*), which may have lessened now that students have a dichotomous experience. Indeed *Jones (2007: 365)* suggests that a lack of attachment to the clinical site is magnified in modern nurse education institutions, and can lead to "feelings of insecurity, anger, resentment and despondency". *Jones (2007)* drew our attention to the fact that nursing students today may not feel "a sense of belonging".

Gorostidi et al. (2007) found that the most stressful situations for nursing students relate to professional role socialisation: including perceived lack of competence in the clinical area and fear of emotional attachment with patients. Final year nursing students described early clinical experiences as being like "a rabbit caught in the headlights" (*Gibbons et al., 2008*). This perceived isolation was echoed in recent anecdotal experiences (*Blume, 2008*) where this student did not feel part of the team at all, and indeed experienced more warmth

and caring for the client, who welcomed her to the unit, rather than to the staff. Another nursing student, Martin (2008), also echoed these sentiments and described how students can feel depersonalized by being referred to as “the student”. Beyond these recent anecdotal experiences by nursing diploma students in the UK, little is known about the extent of changing student nurse identity and its impact on either themselves or patient care. However, it is evident that modern nursing has changed radically from the past and consequently explorations of contemporary student identities and its impact both personally and professionally are relevant.

Conclusion

Changes in the management of nursing education in the past 20 years have heralded a remarkable change in the student identity, though these changes have not yet been fully explored. Essentially this paper argues that tension exists between student identity within the traditional hospital and liberal university settings. While critical thinking, nurtured with the university, is vital to guard against ritualistic nursing practice and institutional protection, the highly regulated expert/novice style of student learning within the hospital remains a core aspect of student nurse learning. Hence, students are positioned at the nexus of this conflict of identities, and indeed it could be argued that this tension is being used as a means of change management within the clinical settings. Where student identity was once firmly shaped by health care providers, loyalty is now fragmented between competing stakeholders. It may be argued that this fragmentation is positive as it provides a mid point theory–practice gap that can be constructive as it is a stimulus to growth and change. However it remains unclear if students find this mid–point between two competing forms of student identity to be the “Worst” or “Best” of both worlds.

References

- American Association of Colleges of Nursing, 2008. The Essentials of Baccalaureate Education for Professional Nursing Practice. American Association of Colleges of Nursing, USA. available at: <http://www.aacn.nche.edu/education-resources/BaccEssentials08.pdf> accessed 28th February 2012.
- American Association of Colleges of Nursing. Hallmarks of the professional nursing practice environment available at: <http://www.aacn.nche.edu/publications/positions/hallmarks.htm> accessed 25th March 2011.
- Björkström, M.E., Athlin, E.E., Johansson, I.S., 2008. Nurses' development of professional self—from being a nursing student in a baccalaureate programme to an experienced nurse. *Journal of Clinical Nursing* 17 (10), 1380–1391.
- Blume, J., 2008. Student experiences in the real world of nursing I was motivated to challenge the uncaring attitudes of staff. *Nursing Standard* 23, 6.
- Bradby, M., 1990. Status passage into nursing: another view of the process of socialization into nursing. *Journal of Advanced Nursing* 15, 1120–1125.
- Brennan, D., 2011. “Telling stories about ourselves”: historical methodology and the creation of mental health nursing narratives. *Journal of Psychiatric and Mental Health Nursing* 18 (8), p657–p663.
- Castle, J., 1987. The development of professional nursing in New South Wales, Australia. In: Maggs, S. (Ed.), *Nursing History: The State of the Art*. Aspen Publications, Kent, pp. 9–32.
- Clark, C.M., 2009. Faculty field guide for promoting student civility in the classroom. *Nurse Educator* 34, 5, 194–5, 197.
- Cook, T.H., Gilmer, M.J., Bess, J., 2003. Beginning students' definitions of nursing: an inductive framework of professional identity. *Journal of Nursing Education* 42 (7), 311–317.
- Crawford, P., Brown, B., Majomi, P., 2008. Professional identity in community mental health nursing: a thematic analysis. *International Journal of Nursing Studies* 45 (7), 1055–1063.
- Davies, C. (Ed.), 1980. *Re-Writing Nursing History*. Croom Helm, London.
- Davis, F., Olese, V.L., 1963. Initiation into a women's profession: identity problems in the status transition of coed to student nurses. *Sociometry* 26 (1), 89–101 (March).
- du Toit, D.D., 1995. A sociological analysis of the extent and influence of professional socialization on the development of a nursing identity among nursing students at two universities in Brisbane, Australia. *Journal of Advanced Nursing* 21, 164–171.
- Fealy, G.M., McNamara, M., 2007. A discourse analysis of debates surrounding the entry of nursing into higher education in Ireland. *International Journal of Nursing Studies* 44 (7), 1187–1195.
- Foucault, M., 1967. *Madness and Civilization: A History of Insanity in the Age of Reason*. Tavistock, Great Britain.
- Foucault, M., 1973. *The Birth of the Clinic*. Tavistock, Great Britain.
- Gibbons, C., Dempster, M., Moutray, M., 2008. Stress and eustress in nursing students. *Journal of Advanced Nursing* 61 (3), 282–290.
- Goffman, E., 1959. *The Presentation of Self in Everyday Life*. Penguin, Harmondsworth.
- Goffman, E., 1961. *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. Anchor Books & Co., U.S.A.
- Gorostidi, X.Z., Egilegor, X.H., Mari Jose Alberdi Erice, M.J.A., Iturriotz, M.J.U., Garate, I.M., Lasa, M.B., Xabier Sanz Cascante, X.S., 2007. Stress sources in nursing practice. Evolution during nursing training. *Nurse Education Today* 27, 777–787.
- Grealish, L., Trevitt, C., 2005. Developing a professional identity: student nurses in the workplace. *Contemporary Nurse: A Journal for the Australian Nursing Profession* 19 (1–2), 137–150.
- Hamilton, H., 2005. New graduate identity: discursive mismatch. *Contemporary Nurse: A Journal for the Australian Nursing Profession* 20 (1), 66–67.
- Helmich, E., Dersken, E., Prevoo, M., Laan, R., Bolhuis, S., Koopmans, R., 2010. Medical students' professional identity in an early nursing attachment. *Medical Education* 44, 674–682.
- Holton, R., 2003. Max Weber and the interpretative tradition. In: Delanty, G., Isin, E.F. (Eds.), *Handbook of Historical Sociology*. Sage, London, pp. 27–38.
- Idczak, S.E., 2007. I am a nurse: nursing students learn the art and science of nursing. *Nursing Education Perspectives* 28 (2), 66–71.
- Illich, I., 1976. *Limits to Medicine, Medical Nemesis: The Expropriation of Health*. Marion Boyars Publishers Ltd, London.
- Jones, A., 2007. Still crazy after all these years. *Nurse Education Today* 27, 365–366.
- Kalb, K.B., Cherry, N.M., Kauzloric, J., Brender, A., Green, K., Miyagawa, L., Shinoda-Mettler, A., 2006. A competency-based approach. *Public Health Nursing* 23, 2, 115–2, 138.
- Kalberg, S., 1994. *Max Weber's comparative-historical sociology*. Polity Press, Cambridge.
- Khomeiran, R.T., Yetka, Z.P., Kiger, A.M., Ahmadi, F., 2006. Professional competence: factors described by nurses as influencing their development. *International Nursing Review* 53 (1), 66–72.
- Levett-Jones, T., Lathlean, J., McMillan, M., Higgins, I., 2007. Belongingness: a montage of nursing students' stories of their clinical placement experiences. *Contemporary Nurse: A Journal for the Australian Nursing Profession* 24 (2), 162–174.
- Levett-Jones, T., Lathlean, J., Higgins, I., McMillan, M., 2009. Staff–student relationships and their impact on nursing students' belongingness and learning. *Journal of Advanced Nursing* 65 (2), 316–324.
- Livey, K.R., 2009. Structural empowerment and professional nursing practice behaviours of baccalaureate nursing students in clinical learning environments. *International Journal of Nursing Education Scholarship* 6 (1), 1–16.
- Mackintosh, C., 2006. Caring: the socialisation of pre-registration student nurses: a longitudinal qualitative descriptive study. *International Journal of Nursing Studies* 43 (8), 953–962.
- Martin, L., 2008. A tale of two placements – from pariah to valued team member. *Nursing Standard* 22 (43), 29.
- McAllister, M., John, T., Gray, M., 2009. In my day: using lessons from history professional identity. *Nurse Education in Practice* 9, 277–283.
- McLaughlin, K., Muldoon, O.T., Moutray, M., 2010. Gender, gender roles and completion of nursing education: a longitudinal study. *Nurse Education Today* 30 (4), 303–307.
- Melia, K.M., 1998. Learning and working. The occupational socialisation of nurses. In: Mackay, L., Soothill, K., Melia, K.M. (Eds.), *Classic Texts in HealthCare*. Butterworth Heinemann, Oxford.
- Murphy, F., Jones, S., Edwards, M., James, J., Mayer, A., 2008. The impact of nurse education on the caring behaviours of nursing students. *Nurse Education Today* 29 (2), 254–264.
- Newman, J.H., 1873. *The Idea of the University*. Basil Montagu Pickering, London.
- Paton, B.I., 2009. The professional practice knowledge of nurse preceptors. *Journal of Nursing Education* 49 (3), 143–149.
- Porter, S., 1990. Vain aspirations. *Nursing Times* 86 (11), 46–47.
- Porter, S., 1992. The poverty of professionalisation: a critical analysis of strategies for the occupational advancement of nursing. *Journal of Advanced Nursing* 17, 720–726.
- Report of the Commission on Nursing, 1998. *A Blue Print for the Future*. Government of Ireland, Dublin.
- Rutherford, J. (Ed.), 1990. *Identity: Community, Culture, Difference*. Lawrence & Wishart, London.
- Shardlow, S.M., Doel, Mark, 2009. Health and social care: a complex context of professional education. In: Doel, M., Shardlow, S.M. (Eds.), *Educating Professionals: Practice Learning in Health and Social Care*. Ashgate Publishing Limited, Surrey.
- Sharif, F., Masoumi, S., 2005. A qualitative study of nursing student experiences of clinical practice. *BMC Nursing* 4 (6), 4–6 (available at: <http://www.biomedcentral.com/1472-6955/4/6>).
- Snodgrass, M.E., 1999. *Historical Encyclopaedia of Nursing*. ABC Clio, Oxford.
- Sohal, A., 2009. Negotiating identities: second generation South Asian women's endogenous marital relationships. University of British Columbia, Unpublished MSc Thesis available at: <https://circle.ubc.ca/bitstream/handle/2429/19122/Sohal,%20A..pdf?sequence=1> accessed 28th February 2012.
- Solbrette, T.D., Jensen, K., 2006. Learning the moral order of professions: the contrasting approaches of nursing and clinical psychology. *Learning in Health and Social Care* 5 (4), 181.
- Taylor, S., 2009. Who do we think we are? Identities in everyday life. In: Taylor, S., Hinchliffe, S., Clarke, J., Bromley, S. (Eds.), *Making Social Lives*. The Open University, Milton Keynes, pp. 165–202.
- Turner, B.S., 1995. *Medical Power and Social Knowledge*, second ed. Sage Publications Ltd, London.
- Watts, J.H., Waraker, S.M., 2008. When is a student not a student? Issues of identity and conflict on a distance learning work-based education programme. *Learning in Health and Social Care* 7 (2), 105–113.
- Wilde, 1885. The relation of dress to art. A note in black and white on Mr. Whistler's lecture. *Pall Mall Gazette* XLI (6224) (February 28).