Professional identity formation is a dynamic process that begins in undergraduate nursing education and continues to develop throughout one's professional career. In recent decades, nursing educators emphasized the social dimension of professional identity formation in which professionalization is achieved through following rules, codes, and standards set by the profession. Character or psychological development and the proper use of virtues like integrity, compassion, or courage are often part of the hidden curriculum. The purpose of this article is to introduce a recently developed conception of professionalism that is grounded in virtue ethics and integrates both social and character development into a professional identity that is dynamic, situated, and lifelong. The conception is operationalized through the Framework for Nurse Professionals (FrNP) and the Stair-Step Model of Professional Transformation. The FrNP and the Stair-Step Model promote a robust and morally resilient professional nursing identity that will foster professional growth throughout one's career. (Index words: Approach; Professional identity formation; Professional ethics; Virtue ethics) J Prof Nurs 30:376–382, 2014. © 2014 Elsevier Inc. All rights reserved.

In the next decade and beyond, educating nurse professionals to maintain a high level of moral excellence in practice will be challenging. The most evident threat to professional integrity relates to economically driven changes. Productivity and outcomes of care (Sellman, 2011) and changes from government health care reform will dramatically impact health care professionals' practice in the future (Cantor, Monheit, DeLia, & Lloyd, 2012; Johnson, Cowin, Wilson, & Young, 2012; Perkins, 2013).

In addition, many professions have experienced a decline in public trust, and educators have linked this decline to a failure in professional education (Godfrey & Crigger, 2011). Some educators and scholars claim that professional education in many disciplines should be strengthened and that education on character development should be re-instituted into the educational process (Crigger & Godfrey, 2011; Dall'Alba, 2009). Whatever the reasons, many professions have revisited professional education in their respective disciplines and have implemented changes in professional development education, or what is now commonly called professional identity formation (Johnson et al., 2012; O'Brien & Irby, 2013).

Professional identity formation and its relationship to moral excellence and moral resiliency in practice have not been well conceptualized or researched in nursing literature (Crigger & Godfrey, 2011). Therefore, a more robust and comprehensive conception of professional identity that includes both social and psychological elements and addresses the application of professional ethics throughout one's practicing career is a valuable addition to nursing education.
The current interest in professional identity formation has led us, the authors, to develop a comprehensive conceptual framework for professional identity formation and professional growth applicable to all levels of education. This article is a presentation of a two-part conceptualization of professional identity formation and growth that is operationalized through the Framework for Nurse Professionals (FrNP), a structural model, and the Stair-Step Model of Professional Transformation (Stair-Step Model), a process model for communication to others. The FrNP and the Stair-Step Model described herein are condensed from a more complete published description (Crigger & Godfrey, 2011).

Background in Professional Identity Formation

Landmark Research

Contemporary research in nursing education offers direction for future professional education. A landmark study by Benner, Sutphen, Leonard, and Day (2010) recommended four essential shifts in nursing education based on their extensive multisite research on professional undergraduate nursing education. Three of these recommended changes—increasing salient and situated learning, integrating classroom and clinical approaches, and improving clinical judgment—address cognitive elements of education. The fourth recommendation addresses the moral element of nursing. Benner et al. (2010) advocate a shift from a focus on socialization and a role view of professionalism to one that embraces identity formation (Benner et al., 2010).

Benner et al. (2010) concluded that although evidence of professional identity and moral development was seen in undergraduate clinical settings, formation of professional identity was notably absent in laboratory and didactic environments. Further, other scholars claim that professional identity formation may progress little beyond basic education in many professions (Dall'Alba, 2009; McCammon & Brody, 2012). Professionals, as graduates, may be superficially rather than deeply committed to professional ideals (McCammon & Brody, 2012). A superficial commitment to professionalism can set a professional up for future failure. Just as with any skill or knowledge, one's professional identity and moral resiliency, if not nurtured, can erode and lead to a diminution of quality in practice, compromised thinking, and even wrongdoing (Martin, 1999).

Early and Profound

Professional identity formation originates in basic nursing education. Educators begin the process of converting a lay person into an individual whose values are consistent with those of the profession and who will act consistently on these values in professional practice (Benner et al., 2010; Clouder, 2003; Johnson et al., 2012; Kaiser, 2002). Kaiser (2002) has termed the process of becoming a professional as a breaking down of individuality or a “denying of uniqueness” that replaces the student's nonconformed, nonprofessional identity with a professional ideology (p. 95). Successful professionalization results in radical change in self-identity.

From a practical perspective, seasoned educators bear witness to the profound change that beginning nursing students undergo during their educational journeys. If successful, fledging students, who enter nursing school with a naive outsider view of the professional nurse, will be transformed into professional insiders who are of good character, have internalized the discipline's values, and will continue to maintain a level of moral excellence throughout their careers.

The Two Paradigms of Professional Identity

Professional identity is comprised of two distinct professional paradigms: social and psychological. The socialization process is characterized by doing. Nurses are good professionals if they value and follow the rules, standards, and codes of the discipline and of society. The psychological professional is characterized by being. Nurses are good professionals through developing their character. Virtues like courage, humility, forgiveness, integrity, and compassion are developed and internalized. One without the other presents an incomplete conception of professional identity (Crigger & Godfrey, 2011; McCammon & Brody, 2012).

Professional identity, used herein, refers to an individual's perception of himself or herself, who, as a member of a profession, has responsibilities to society, recipients of care, other professionals, and to himself or herself. With this conceptualization of professional identity, the ethical aspect of a professional becomes paramount; it is the fundamental basis on which professional identity rests (Crigger & Godfrey, 2011). Ethics broadens from the idea of solving the occasional and sometimes profound ethical practice dilemma to a compass that guides the many decisions made in everyday practice.

A Lifelong Process

Professionalization begins with the educational process but does not end there. Just as practicing professional nurses keep up with new knowledge in their field through continuing education, nurses are also growing as professionals through practicing their profession, reflecting on practice and improving their professional sense of self throughout the process. The term life-long learning is commonly used in professional organizations, institutions, and schools of nursing. Life-long learning, in its truest sense, addresses cognitive aspects of knowing what to do in practice but also the ethical knowledge of what should be done.

Why Revisit Professional Identity Formation in Nursing Education

If the educational method of teaching professional identity and development of ethical behavior in clinical undergraduate nursing education is generally considered a strength, as Benner et al. (2010) suggest, then why should educators invest more resources or instructional
time in professional identity formation? Why fix something that is not broken?

Three reasons suggest that nursing education and the profession should continue to strengthen students' and graduates' professional identity and moral resiliency: strengthening success, promoting societal trust, and improving outcomes in professional education. According to positive psychology proponents (Handelsman, Knapp, & Gottlieb, 2009), one should use strengths rather than weaknesses as outcomes for work and education productivity. The result, the positive strategy assumes, will not only improve one's areas of strength but also improve weaker performance areas. The belief is that things you do best will rejuvenate, challenge, and restore. This positive approach will improve the individual's performance overall, thus improving weaker performance. The idiom, "a rising tide raises all ships," is a fitting metaphor for the strategy of using strengths to improve weaknesses.

Second, a good view of nurses by the public at present does not assure that public trust in nurse professionals will continue. Practice and professional expectations change over time and may result in a diminution of public confidence. As nurses expand their scope of professional practice and adapt to meet societal needs (Institute of Medicine, 2010), new ethically challenging issues arise. New responsibilities may bring new challenges. For example, Sellman (2011) expressed concern that professionalism is in danger of being usurped by business, managerialism, and measured outcomes. Care focused on outcomes can devalue the moral relationships and human elements of practice. As numbers of recipients of care swell and resources dwindle, the pressure to reduce quality in favor of quantity poses a threat for future health care.

Finally, nursing professional education literature, overall, has just begun to reexamine professional identity formation and professional ethics (Harris, 2008; Coulehan, Williams, McCready, & Belling, 2003; Sullivan, 2005; Weaver, Peter, Koch, & Wilson, 2011). Overall, there is a call to a new conception of professionalism that socialization without internalization is not enough to produce and equip professionals (Clouder, 2003; Dall’Alba, 2009; Johnson et al., 2012; McCammon & Brody, 2012). This reconceptualization of professionalism begins with establishing the place of social and psychological paradigms in professional education, recognizing the fundamental nature of professionalism as an ethical, situated process and developing ways to educate nursing students to become practitioners who are morally resilient and do good work.

Unfortunately, little is known about professional identity formation in nursing, and less is known about professional identity as one's career unfolds. Dierckx de Casterle et al. (2008) suggest that nurses remain at the conventional level or middle level of Kohlberg's hierarchy of moral development rather than progressing to postconventional levels of moral resolution (Crigger & Godfrey, 2011). In other words, they are good rule followers and are conforming to the social identity paradigm but may lack development in character and application of situational thinking to practice.

The Transformational and Ethical FrNP

Using a comprehensive view of professionalism that included both social and psychological paradigms and virtue ethics, two educational heuristics were developed. The first, FrNP, is a highly simplified structure that explicates factors considered in making practice decisions (Figure 1).

The FrNP consists of three main components that situate the nurse professional in practice: the moral agent, practical wisdom or action, and outcome or telos. The moral agent is the student or practicing nurse professional who is faced daily with a multitude of decisions. To make morally sound decisions in practice and to act in fitting ways within the context of the situation, nurses draw from multiple social, ethical, and psychological sources that are depicted in the visual model of the FrNP. The FrNP combines the three main ethical traditions: principled ethics (rules), utilitarian ethics (outcomes) and, less well known, virtue ethics (situated).

Concepts from Aristotelian virtue ethics are used within the framework. Virtues are good character qualities like courage, humility, or integrity. Phronesis is the process of deliberation, determining fitting or properly contextualized choices and the follow through with the appropriate actions. The telos or outcome of phronesis can be broadly classified into social outcomes and individual outcomes. The outcome or telos, from a virtue ethics perspective, impacts both the moral agent and practice. The telos or outcome of the practitioner is to be a good person and professional who does good work (Crigger & Godfrey, 2011).

The FrNP addresses how nurses make the many decisions as they perform their daily work. Practice is the result of a multitude of decisions. Hare (1989) conceptualized ethical decisions occurring not only in situations of moral conflict but also as common everyday decision making that occurs so frequently that the decision makers will habituate and be unaware that a decision to act in the right way was even made (Crigger, 1997). For example, Nurse H takes report and listens. Nurse H could easily let her thoughts stray to what was going on at home or text a message during report but decides to fully attend to the report information rather than be distracted. Nurse H's choice to listen is meeting her professional expectation of herself. She does it because she perceives this behavior to be what a good professional should do. As can be seen in this example, Nurse H is likely oblivious to her choice to act ethically.
Any practice decision is a complex interplay of factors. The moral appropriateness of the practice decision should be considered from the perspective of all ethical traditions: principled (deontological) ethics, utilitarian (consequentialism) ethics, and virtue ethics are all in play. What is the outcome (utilitarian ethics)? What guidelines, rules, and standards are met or not met (principled ethics)? Can the provider use his virtues of courage, integrity, and compassion, for example, to do the right thing at the right time for the right reason in this situation (virtue ethics)?

Decisions made in practice are made contextually. Phronesis occurs to determine the fittingness of a practice choice. For example, Nurse Practitioner T sees a child with a viral infection. The mother requests an antibiotic because her daughter always develops an ear infection following a cold. Nurse Practitioner T has seen this child four times previously for a viral infection and each time the mother returned with the child 1 to 2 days later with a frank otitis media. Although Nurse Practitioner T knows that there is overwhelming evidence not to treat prophylactically, she knows of the cost and potential harm in prescribing an antibiotic.

Nurse Practitioner T, given the situation and after deliberation, might choose watchful waiting by giving a prescription and allowing the mother to decide if and when to initiate treatment with the antibiotic. In this case, Nurse Practitioner T is using compassion and courage to shape her decision because the decision is clearly not following standards and guidelines (principled ethics) nor using outcomes from the literature to make the treatment decision (utilitarian ethics).

The Stair-Step Model of Professional Transformation

The Stair-Step Model of Professional Transformation (Crigger & Godfrey, 2011) illustrates how FrNP practice decisions are nested within a process that begins with professional identity formation and continues with professional career growth (Figure 2). As evident in the first step on the staircase is where newly graduated nurses begin their career climb.

A new graduate has an ideal of who a professional nurse is and what a professional nurse does. The first step represents the ethical traditions of principled ethics and utilitarian ethics. The novice professional nurse’s practice should meet at least the social expectations of the profession and have good outcomes in patient care. The new nurse adheres to the social expectation of the codes, the policies and institutions of the workplace, and practices within state Nurse Practice Act.
During the professional nurse's career, he or she should desire to be a better professional than one that just meets standards, rules, and codes. Through practice and personal commitment to an ideal, the nurse ascends the staircase, and these steps represent going above and beyond what is required by social expectations from the rules, codes, and membership expectations of the discipline. Virtue ethics, unlike the two other ethical traditions, provides transition from the bottom step to the ideal perception of who the professional nurse would like to become at the top of the staircase. The staircase conceptualizes the process by which the nurse professional can flourish and grow over the course of his or her career. Although the nurse may take occasional step down, by making an error or by misconduct, hopefully, she is morally resilient and corrects any wrongdoing as her career advances.

The importance of addressing error and wrongdoing as part of the model cannot be emphasized enough. Erde (2008) claimed that professional education in many disciplines has ignored errors and dangers in professionalism; what he termed the dark side (p. 9) of professionalism. Ignoring errors and professional wrongdoing in professional education is based on a false assumption that professionals will not err. This unrealistic gap in education omits management of failure when it occurs to a professional. Errors and failures are included in the Stair-Step Model and are part of the process. Identification of a slip is the beginning of reconciliation rather than condemnation. Mistakes are part of being human, and although it is preferred that they not occur, they do and subsequently should be used as a means for professional growth.

The Stair-Step Model is also important because it addresses the ideal. A transformational view is futuristic in which the ideal is a goal, atelos, perhaps a self-determined perfection that cannot be achieved. There is always something in practice or in one's professional identity that can be improved upon. In essence, the goal or telos is always there—but never entirely reached. This striving to improve, to become a better nurse professional, and to do better work is reflective of the human condition. We see the ideal but often fail; we are caught in the weakness of being human but nonetheless see the telos or goal of perfection and continue to strive toward it.

Application of the FrNP and the Stair-Step Model

The FrNP and the Stair-Step Model of Professional Transformation are linked. The FrNP provides a conceptualization of professional practice and how ethics is the foundation of everyday practice. The Stair-Step Model provides the longitudinal perception of professional identity formation and professional growth over one's career. Each one, however, is self-explanatory and can be used to organize and explain professional development, moral resiliency, and growth.

Professional Identity Formation and Growth Education

Professional identity formation begins the first day of a student's education and should extend until graduation from the program. The primary responsibility of the faculty is to educate students in both the social professional identity of social expectations (rules, codes, standards, and the doings of nursing) but also the individual's development of attributes and values that are internalized, what some call the being of nursing (Clouder, 2003; Dall'Alba, 2009; Johnson et al., 2012; Kaiser, 2002). Professional education should begin early in nursing education curriculum and be reinforced in clinical and classroom education.

Professional identity continues to develop as nurses engage in their professional work environments or further their education. Once graduated, the nurse continues to nurture professional identity through practice. For example, watching behaviors of other more senior nurses in practice, participating as a member of an institutional review board or hospital ethics committee, learning from one's successes and mistakes, or learning from the culture on a unit continue the growth of one's professional identity.

An organizational culture is also influential in fostering continued professional identity development. An emphasis on the structural empowerment and transformational leadership components of the Magnet Recognition Program (ANCC, 2013) can foster and encourage more focused growth of nursing’s professional identity within a care environment.

A New Professionalism for Educators

The reconceptualization of professionalism is a comprehensive effort. Educators know intuitively that helping to form a professional identity is more than operationalizing the sociological view of professionalism. Raising awareness to intentionally address the psychological view, the internalization of professionalism through character development, and the situated use of virtues are important first steps. Specific teaching approaches for both social and psychological identity formation are presented in Table 1.

Faculty ownership of a comprehensive and richer view of professionalism will set the stage for changes in curriculum development and instructional methods. In one midwestern state university undergraduate program, the faculty began with the The Essentials of Baccalaureate Education for Professional Nursing Practice AACN (2008) and determined that three courses on professional identity were needed to meet the Essentials outcomes (Kumm & Fletcher, 2012): introduction to the profession (two credits); ethics, values, and roles (three credits); and navigating the profession (two credits). The FrNP and Stair-Step Model of Professional Transformation were introduced in the first course and continued to frame content for the next two courses.

Essential strategies of instruction were more interactive and included reflection in which students used experiences in practice to self-critique, and historical
figures to illustrate character and virtues. For example, Nightingale was used a person of courage and wisdom. Classroom activities also included discussion about critical incidences in which the dark side of practice issues emerge, how to make ethically situated decisions, and how to manage wrongdoing in the profession, recovery, and ethical responses to mistakes.

The courses were designed to emphasize decisions of practice as a balance among ethical traditions and to include both social and psychological paradigms of professionalism. A social paradigm focus in a beginning undergraduate professional identity course might include the following essay questions: explain how forming and acting upon one's identity as a professional leads to professional behaviors and attitudes that differ from those of a lay person or explain how a multidisciplinary worldview or standards of professional conduct adds to a professional's understanding of personal and professional accountability.

Professional psychological development is addressed through education in the virtues or characteristics that are valued in nurse professionals and how to use these virtues well in practice. Example essay questions that address the psychological paradigm of professional identity might include the following: evaluate yourself on your ability to be a person of integrity, compassion, and courage; discuss what thoughts and actions support your decisions; or using the Stair-Step Model, describe your current ideal of a professional nurse. How might you see this ideal change over time?

**Summary**

Nurses' professional identity is a dynamic process that forms in undergraduate nursing education and continues throughout one's professional career. This article presents a more comprehensive view of professionalism that is operationalized through the FrNP, and the Stair-Step Model of professional transformation. Reconceptualization of professional identity formation education and application will require a commitment by educators to develop curricula and methods of instruction that promote professional identity formation as a fundamentally ethical, situated, and transformational process.

**References**


