
Professional identities and regulation: a Literature Review

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1. Introduction

- 1.1 The purpose of this literature review is to better understand how professional identities are acquired and developed amongst health and social care professionals. This paper forms part of our work considering the impact and effects of regulation on professionals' behaviour. There are many types of professional identity such as team, hospital, individual, and regional, but the literature review will be orientated towards professional identities related to vocation or job.
- 1.2 Understanding the effects of regulation is key to honing good policy. Some effects may be unintentional or may not be identified or understood for years until after a policy is implemented. Professional identity, although not a primary focus of regulation, may be affected by regulation. It is notable, for example, that professions often seek to be regulated by a profession specific regulator. It is useful therefore, to consider whether regulation does in fact have any bearing on the formation of professional identity and if so, what effect that has on public safety.
- 1.3 The primary purpose of this literature review is not only to understand if regulation affects professional identity, but to situate regulation among other factors to give perspective on the scope of regulation's influence on professional identity. The review will also seek to understand how professional identity affects health and social care practitioners' in their practice. Formation of professional identity has also been viewed as important in the 'development of a set of internal standards' or "internal compass" to regulate professionals' work.¹ Changes to professionals' behaviour and practice as a result of professional identity make it an important topic from a regulatory standpoint concerned with ensuring high standards of public safety.
- 1.4 Research was conducted on an array of online databases: Wiley, Sage, Taylor & Francis, British Medical Journal, JStor and National Center for Biotechnology Information. Websites of UK professional regulators, professional bodies and government departments were also used. The search strategy for finding pertinent literature was not limited by any chronological or geographical criteria and used different combinations of the following search terms: 'professional identity',

¹ Hedy S. Weld, 2015, *Professional Identity (Trans)Formation in Medical Education: Reflection, Relationship, Resilience*. Association of American Medical Colleges, pp. 701-2. Available at: http://journals.lww.com/academicmedicine/Fulltext/2015/06000/Professional_Identity_Trans_Formation_in_Medical.8.aspx [Accessed 01/08/2016]

'identity', 'formation', 'development', 'quality of care', 'patient safety', 'regulation', 'health', 'social care' and 'role'.

- 1.5 Much of the health and social care professional identity literature is orientated towards doctors and nurses, hence this paper features many examples from medical and nursing fields. However, there is a lack of literature on regulation's role in professional identity – much of the information in the regulation section of this paper has been pieced together from grey literature, such as consultations, government papers, and think-tank reports, as well as academic research.

2. Defining professional identity

- 2.1 A good starting point for understanding professional identity is to understand what identity is: Epstein views identity as a 'person's interests, roles, attitudes and value orientations, which need to be integrated and which change in their degree of importance, depending on context and importance'.² Gignac looks more towards Oyserman, Elmore and Smith by emphasising the importance of difference in identity construction: 'identity can be defined as the way individuals build and maintain a sense of themselves as distinct from others in their social environment'.³ It seems that professional identity can be one of many 'societal identities an individual holds'.⁴ Societal identities can be garnered through 'affiliations with organizations, leisure activities, occupations, culture or ethnicity'.⁵
- 2.2 To understand professional identity, Schein's definition is particularly useful. It is summed up by Ibarra as the 'relatively stable and enduring constellation of attributes, values, motives, and experiences in terms of which people define themselves in a professional role'.⁶ Professional identity can be viewed as important in organisations comprising diverse expertise. Ashforth, Harrison and Corley's literature review of identity in organisations posits that there is an 'essential human desire to expand the self-concept to include connections with others and to feel a sense of belonging with a larger group'.⁷

² Mário Franco and Paulo Tavares, 2013, *Leadership in Health Services: The influence of professional identity on the process of nurses' training: an empirical study*, pg. 120. Available at:

<http://www.emeraldinsight.com/doi/abs/10.1108/17511871311319713> [Accessed 01/08/2016]

³ Kate Gignac, 2015, *Counsellors negotiating professional identity in the midst of exogenous change: a case study*, University of Ottawa, pg. 13. Available at:

https://www.ruor.uottawa.ca/bitstream/10393/33154/1/Gignac_Kate_2015_thesis.pdf [Accessed 28/07/2016]

⁴ Mário Franco and Paulo Tavares, 2013, *Leadership in Health Services: The influence of professional identity on the process of nurses' training: an empirical study*, pg. 120 Available at:

<http://www.emeraldinsight.com/doi/abs/10.1108/17511871311319713>

⁵ Kate Gignac, 2015, *Counsellors negotiating professional identity in the midst of exogenous change: a case study*, University of Ottawa, pg. 13. Available at:

https://www.ruor.uottawa.ca/bitstream/10393/33154/1/Gignac_Kate_2015_thesis.pdf [Accessed 28/07/2016]

⁶ Herminia Ibarra, 1999, *Provisional Selves: Experimenting with Image and Identity in Professional Adaptation*, *Administrative Science Quarterly*, pp.764-5. Available at:

http://web.mit.edu/curhan/www/docs/Articles/15341_Readings/Self-presentation_Impression_Formation/Ibarra_1999_Provisional_selves.pdf [Accessed 01/08/2016]

⁷ Blake E. Ashforth, Spencer H. Harrison and Kevin G. Corley, 2008, *Identification in Organizations: An Examination of Four Fundamental Questions*, p.334. Available at: <http://leeds-faculty.colorado.edu/dahe7472/Journal%20of%20Management-2008-Ashforth-325-74.pdf> [Accessed 01/08/2016]

2.3 It is important to distinguish between professionalism and professional identity as there is a lot of overlapping literature. Using medicine as an example, Wilson et al. astutely explain professional identity as ‘how an individual conceives of him- or herself as a doctor, whereas professionalism involves being and displaying the behaviour of a professional’.⁸

2.4 Identities can be varied, and multiple ones can be held by a professional at any one time. Elvey et al. have found that the pharmacy profession can have up to nine professional identities, ranging from ‘the medicines adviser’ to ‘the business person’. The study showed professionals do not have one single identity, pharmacists will usually have more than one overlapping identity, though often there is a dominant identity.⁹

3. How does professional identity affect the practice of health and social care?

3.1 There are indications that professional identity can have a broadly positive influence on the practice of healthcare. Linking identity to nursing self-esteem, Fagermoen believed professional identity to be the values and beliefs held by the nurse that guide his/her thinking, actions and interactions with the patient”.¹⁰ Relatedly, if a professional is able to identify what is distinct about their profession (their professional identity), then there is a chance they will value their profession more. This is the viewpoint of Elvey et al who reason that ‘unpacking what makes pharmacists distinct from other healthcare professionals, could perhaps help pharmacists, and others, value their profession’.¹¹ Meanwhile, Wilson et al. look towards Monrouxe in identifying that professional identity acts as a tool enabling professionals to “both ethically and practically... practise with confidence”, and that without professional identity it is ‘hard to be successful’.¹²

3.2 A lack of professional identity has been linked to poor retention in some professions. Madsen et al. note that a ‘fragile or negative sense of professional identity’ has been postulated as a reason for the exodus of American and Australian nurses in their first year of practice; they also note that research has found Registered Nurses with strong professional identity are more likely ‘to display self-efficacy and be resilient to role pressures and demands’.¹³ This belief

⁸ Ian Wilson, Leanne S. Cowin, Maree Johnson and Helen Young, 2013, *Professional Identity in Medical Students: Pedagogical Challenges to Medical Education, Teaching and Learning in Medicine*, p. 370. Available at: <http://www.tandfonline.com/doi/pdf/10.1080/10401334.2013.827968> [Accessed 01/08/2016]

⁹ Rebecca Elvey, Karen Hassell and Jason Hall, 2013, *Who do you think you are? Pharmacists’ perceptions of their professional identity*, *International Journal of Pharmacy Practice*, p.329. Available at: <http://web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=ff4c08f4-df52-4c2c-8363-9eb085112edd%40sessionmgr106&vid=1&hid=116> [Accessed 01/08/2016]

¹⁰ Kate Shaw and Stephen Timmons, 2010, *Exploring how nursing uniforms influence self image and professional identity*, *Nursing Times* [Online]. Available at: <http://www.nursingtimes.net/roles/nurse-educators/exploring-how-nursing-uniforms-influence-self-image-and-professional-identity/5012623.article> [Date Accessed 15/08/2016]

¹¹ Rebecca Elvey, Karen Hassell and Jason Hall, 2013, *Who do you think you are? Pharmacists’ perceptions of their professional identity*, *International Journal of Pharmacy Practice*, p.323. Available at: <http://web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=ff4c08f4-df52-4c2c-8363-9eb085112edd%40sessionmgr106&vid=1&hid=116> [Accessed 01/08/2016]

¹² Ian Wilson, Leanne S. Cowin, Maree Johnson and Helen Young, 2013, *Professional Identity in Medical Students: Pedagogical Challenges to Medical Education, Teaching and Learning in Medicine*, p. 369. Available at: <http://www.tandfonline.com/doi/pdf/10.1080/10401334.2013.827968> [Accessed 01/08/2016]

¹³ Wendy Madsen, Margaret McAllister, Judith Godden, Jennene Greenhill, Rachel Reed, 2009, *Nursing’s orphans: how the system of nursing education in Australia is undermining professional identity*,

is echoed in Hunter and Warren's work which identifies in midwives the 'importance of professional identity as a midwife for the development of resilience'. The authors also observe that the existence of professional identity can lead to potential professional autonomy.¹⁴ Meanwhile, strong professional identity may be a factor in enabling better integration of services and different teams. A recent King's Fund report observed: 'Secure professional identity within multidisciplinary teams is associated with higher levels of perceived integration'.¹⁵

- 3.3 In the light of these apparent links between professional identity and quality of care, it is worth exploring in more detail how this aspect of being a health or care professional can be developed and fostered.

4. What develops and affects professional identity?

- 4.1 Outlined below are the different factors which are identified as affecting the acquisition and development of professional identity. Regulation is discussed in more detail in the final section.

Rapport with patients and the work environment

- 4.2 Professional identity is not developed in isolation. Looking at medical students, Wong and Trollope-Kumar show how other actors 'co-constructed' students' identities via encounters with patients, colleagues and mentors at medical schools. Doctor and teacher role models appear to have a significant effect on professional identity, with one student of Wong and Trollope-Kumar's study finding 'nurturing, supportive environments' created by role models 'important for how he negotiated his professional identity'.¹⁶ Meanwhile, an event with another student in the study exemplified the potential for patient encounters to influence professional identity: eight months into his training, he sat in silence with a patient who has just been diagnosed with HIV, and the patient thanked him just 'for being there'. Wong and Trollope-Kumar identify this as 'a pivotal teaching moment', the encounter had helped the 'student understand the importance of his role as a witness to the man's suffering'.¹⁷
- 4.3 Patients seek out professionals to gain from their expertise, while professionals accordingly make use of their knowledge to help them. A disruption to this formula for interaction can have an effect on professional identity. Alsop and Mulcahy view

Contemporary Nurse, p. 10. Available at: <http://www.tandfonline.com/doi/abs/10.5172/conu.32.1-2.9?journalCode=rcnj20> [Accessed 01/08/2016]

¹⁴ Billie Hunter and Lucie Warren, 2013, *Investigating resilience in midwifery*, Cardiff University, pg.42 [Online], available at:

<http://orca.cf.ac.uk/61594/1/Investigating%20resilience%20Final%20report%20oct%202013.pdf> [Accessed 04/05/2016].

¹⁵ Helen Gilbert, 2016, *Supporting integration through new roles and working across boundaries*, King's Fund, Pg. 35 [Online]. Available at:

http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Supporting_integration_web.pdf [Accessed 01/08/2016]

¹⁶ Anne Wong and Karen Trollope-Kumar, 2014, *Reflections: an inquiry into medical students' professional identity formation*, Medical Education, pg. 498. Available at:

<https://fhs.mcmaster.ca/anesthesiaresearch/documents/Reflection-Aninquiryintomedicalstudentsprofessionalidentityformation.pdf> [Accessed 28/07/2016]

¹⁷ Anne Wong and Karen Trollope-Kumar, 2014, *Reflections: an inquiry into medical students' professional identity formation*, Medical Education, pg. 494. Available at:

<https://fhs.mcmaster.ca/anesthesiaresearch/documents/Reflection-Aninquiryintomedicalstudentsprofessionalidentityformation.pdf> [Accessed 28/07/2016]

patient complaints against doctors as a 'challenge to expertise and authority which goes to the heart of doctors' sense of identity'.¹⁸ This is amplified, as doctors' clinical identity emerges as their most dominant identity (others include personal identity) in how they conceive of themselves.¹⁹ A complaint would 'call into question doctor's technical and moral authority over biomedical knowledge' resulting in what Alsop and Mulcahy call a 'double challenge': 'to have got something wrong technically and not to have used their knowledge in the best interests of the patient'.²⁰

- 4.4 The changing relationship of patients to doctors is also explored by McKenzie and Williamson in their study of General Practitioner (GP)-operated after-hours helplines in Australia. The 'doctor-patient relationship' of getting to know a patient and providing care over time is the 'cornerstone' of GP professional identity, however the relationship is limited if the GP only engages in brief encounters by telephone. It is key therefore for those GPs who work on the helpline to relinquish 'the centrality of the doctor-patient relationship and continuity of care' in order to realign professional identity.²¹ Technology also has the ability to change patient-professional relations by changing how information is internalised by professionals. Wallace, Clarke and White note in their paper that mobile devices such as the iPhone mean a practitioner in the future 'may not have to internalise much knowledge at all' if connected to the appropriate information sources. The authors point out this would 'constitute a major shift in professional identity' moving from a repository of knowledge to one navigating vast swathes of knowledge: "I don't know what to do, but I know where to look to find out".²²
- 4.5 Literature shows there are differences between professions relating to how patient relationships affect professional identity. One example is how social work differentiates itself from other professions through its close working with service users. Ruth Allen asserts that social work's professional identity is 'distinctive' for being 'grounded in working in partnership with service users wherever possible'. Unlike healthcare professionals, she argues, social workers are deemed to work as a 'collaborator' with those they are helping and not a 'controller'.²³
- 4.6 Meanwhile, pharmacists can roughly be split between community and hospital pharmacists. Elvey et al. note that community pharmacists are able to build

¹⁸ Judith Alsop and Linda Mulcahy, 1998, *Maintaining professional identity: doctors' responses to complaints*, *Sociology of Health and Illness*, p. 808 [Online], available at: <http://onlinelibrary.wiley.com/doi/10.1111/1467-9566.00130/pdf> [Accessed 01/08/2016]

¹⁹ Judith Alsop and Linda Mulcahy, 1998, *Maintaining professional identity: doctors' responses to complaints*, *Sociology of Health and Illness*, p. 809 [Online], available at: <http://onlinelibrary.wiley.com/doi/10.1111/1467-9566.00130/pdf> [Accessed 01/08/2016]

²⁰ Judith Alsop and Linda Mulcahy, 1998, *Maintaining professional identity: doctors' responses to complaints*, *Sociology of Health and Illness*, p. 809 [Online], available at: <http://onlinelibrary.wiley.com/doi/10.1111/1467-9566.00130/pdf> [Accessed 01/08/2016]

²¹ Rosemary McKenzie and Michelle Williamson, 2016, *The league of extraordinary generalists: a qualitative study of professional identity and perceptions of role of GPs working on a national after hours helpline in Australia*, *BMC Health Services Research*, p.6. Available at: <http://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-016-1387-5> [Accessed 01/08/2016]

²² Sean Wallace, Marcia Clark, Jonathan White, 2012, *'It's on my iPhone': attitudes to the use of mobile computing devices in medical education, a mixed-methods study*, *British Medical Journal*, pg. 6. Available at: <http://bmjopen.bmj.com/content/2/4/e001099.full.pdf+html>

²³ Ruth Allen, *The Role of the Social Worker in Adult Mental Health Services*, The College of Social Work, pp 14-15. Available at: <https://www.basw.co.uk/resources/tcsw/Roles%20and%20Functions%20of%20Mental%20Health%20Social%20Workers%202014.pdf> [Accessed 01/08/2016]

“rapport” with regular patients, one community pharmacist noted that a pharmacist can be a ‘pillar of the community’. In contrast, hospital pharmacists have ‘less opportunity’ to achieve the same rapport as community counterparts due to the way hospital work is organised.²⁴ The impact of environment on professional identity has also been observed among physicians. Kumpusalo et al. find that Finnish physicians based in hospitals were ‘more technically orientated *curers*’ whereas their primary care counterparts were ‘more humanistically and socially orientated *carers*’. This divergence of identities is explained by contrasting hospital care’s ‘rationalized technical approach’ and primary care’s ‘social-psychological and communicative orientations’.²⁵

Media and wider society

- 4.7 The perceptions of wider society can have an effect on professional identity. Ten Hoeven, Jansen and Roodbol use the Social Identity Theory (SIT) of Tajfel and Turner as a foundation for linking professional identity with societal views. SIT posits that society’s perceived image of a group will affect how that group conceives of itself. Therefore, when society ‘thinks well’ of a group, the self-esteem, self-image and self-presentation of a group will increase accordingly.²⁶
- 4.8 Other authors have noted how healthcare professionals’ status and standing in society can affect professional identity. Wilson, Cowin, Johnson and Young contest that ‘social and cultural expectations’ imbued in the label of “physician-healer” shape the professional identities of doctors. Furthermore, the authors add that it is not a seamless transition from being a student to “[being] partially related to the ‘historical notion of “a profession”’. A ‘profession’ is defined as a role which has ‘high social status and value, high entry requirements and a degree of social responsibility’.²⁷
- 4.9 Nursing is replete with issues of perception by wider society. Rodrigues et al find that stereotypes abound in their discussion paper on how nurses’ public image affects professional identity. They mention the role of the media in perpetuating heterogeneous stereotyped images such as ‘angels of mercy, the doctor’s handmaiden, battleaxe and sexy nurse’.²⁸ Pre-registration nurses in Shaw and Timmons’s study acknowledge the existence of stereotypes of their profession portrayed in the media. One study participant commented, “the associations that the media or the public have with nurses hasn’t changed much since... Barbara Windsor”. Shaw and Timmons observe there to be a potential divide between

²⁴ Rebecca Elvey, Karen Hassell and Jason Hall, 2013, *Who do you think you are? Pharmacists’ perceptions of their professional identity*, International Journal of Pharmacy Practice, pp. 325-6. Available at: <http://web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=ff4c08f4-df52-4c2c-8363-9eb085112edd%40sessionmgr106&vid=1&hid=116> [Accessed 01/08/2016]

²⁵ Esko Kumpusalo, Liisa Neittaanmäki, Kari Mattila, Irma Virjo, Mauri Isokoski, Santero Kujala, Manu Jääskeläinen and Riitta Luhtala, 1994, *Professional Identities of Young Physicians: A Finnish National Survey*, Medical Anthropology Quarterly, pg. 76. Available at: <http://www.jstor.org/stable/648992> [Accessed 20/07/2016]

²⁶ Yvonne ten Hoeve, Gerard Jansen and Petrie Roodbol, 2013, *The nursing profession: public image, self-concept and professional identity*, Journal of Advanced Nursing, p. 303. Available at: <http://onlinelibrary.wiley.com/doi/10.1111/jan.12177/epdf> [Accessed 01/08/2016]

²⁷ Health and Care Professions Council, *Professionalism in healthcare professionals*, pg. 6. Available at: <http://www.hpc-uk.org/assets/documents/10003771Professionalisminhealthcareprofessionals.pdf> [Accessed 01/08/2016]

²⁸ Yvonne ten Hoeve, Gerard Jansen and Petrie Roodbol, 2013, *The nursing profession: public image, self-concept and professional identity*, Journal of Advanced Nursing, p. 298. Available at: <http://onlinelibrary.wiley.com/doi/10.1111/jan.12177/epdf> [Accessed 01/08/2016]

nursing ‘modernisers’ and ‘traditionalists’. This is summed up by one participant: “Nursing is caught between wanting to still be that [stereotyped image] so that it has all the positive stereotypes that are associated with it and wanting to push for more rights”. The study’s authors found there to be a delicate balancing act between modernisation and maintaining heritage to create a strong identity.²⁹

- 4.10 Among the nine possible pharmacist identities found in the study by Elvey et al. is ‘the unremarkable character’: the perception of an anonymous pharmacist who holds no ‘distinctive characteristics’ as a result of the ‘hidden work’ of pharmacy. This notion is reinforced in the media, causing one pharmacist who took part in their study to say, “We do need somebody, a role model in one of these soaps, because people believe them, because doctors do get a better showing, nurses as well...”. The authors note that it is ‘difficult’ to link an absence of images to visible harm to the profession, but they conclude it ‘cannot be good for the status of the profession’.³⁰

Training and education

- 4.11 Qualifications from education can be used to affirm professional identities. In the UK, oral and maxillofacial surgery (OMFS) professionals must have both medical and dental qualifications. A study by Tahim found that some OMFS professionals considered that dual qualification created a ‘trademark’ to differentiate OMFS professionals from other health team members. The dual qualification can also serve to protect the boundaries of the OMFS role scope (see later for ‘Boundaries’ issues in professional identity) from encroachment by other expanding specialities and emphasise professional uniqueness. One participant explained, “If that [dual qualification] wasn’t a strict requirement, there will be other specialities trying to get their foot in. We are unique at the moment”.³¹
- 4.12 For Rodriguez et al. the formation of professional identity commences in ‘educational institutions such as medical schools where trainees internalize the norms, values and power relations that characterize the collective identity of the profession to which they aspire to be part of’.³² In a consultation from 2015, the General Medical Council (GMC) asserted that education did not simply give doctors a knowledge base and skills for practice, but also helped develop professional identity.³³ Additionally, Hedy S Weld describes the formation of

²⁹ Kate Shaw and Stephen Timmons, 2010, *Exploring how nursing uniforms influence self image and professional identity*, *Nursing Times* [Online]. Available at: <http://www.nursingtimes.net/roles/nurse-educators/exploring-how-nursing-uniforms-influence-self-image-and-professional-identity/5012623.article> [Date Accessed 15/08/2016]

³⁰ Rebecca Elvey, Karen Hassell and Jason Hall, 2013, *Who do you think you are? Pharmacists’ perceptions of their professional identity*, *International Journal of Pharmacy Practice*, pp. 329-30. Available at: <http://web.b.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=ff4c08f4-df52-4c2c-8363-9eb085112edd%40sessionmgr106&vid=1&hid=116> [Accessed 01/08/2016]

³¹ Arpan Tahim, 2015, *Who are we? A qualitative evaluation of trainees’ perspectives on professional identity in oral and maxillofacial surgery*. *Perspectives on Medical Education*, p. 35. Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4348233/pdf/40037_2015_Article_156.pdf [Accessed 01/08/2016]

³² Charo Rodríguez, Teresa Pawlikowska, Francois-Xavier Schwyer, Sofia López-Roig, Emmanuelle Bélanger, Jane Burns, Sandrine Hugé, Maria Ángeles Pastor-Mira, Pierre-Paul Tellier, Sarah Spencer, Laure Fiquet and Inmaculada Pereiró-Berenguer, 2014, *Family physicians’ professional identity formation: a study protocol to explore impression management processes in institutional academic contexts*, p.4 <http://bmcmmededuc.biomedcentral.com/articles/10.1186/1472-6920-14-184> [Accessed 01/08/2016]

³³ General Medical Council, *Developing a framework for generic professional capabilities: A public consultation*, p.3 [Online], available at <http://www.gmc->

professional identity as a 'fundamental goal' of education. Weld explains that the development of professional identity occurs in medical education through a combination of reflection (about how to cultivate meaningful qualities, skills and values), relationships (interactions with other students, mentors, patients, etc.) and resilience (learning to respond to stress in a healthy manner).³⁴ Whilst looking at structures of education systems is a useful way to identify development of professional identity, Goldie points out that in medical school, for doctors it is more influenced by the 'informal and hidden curricula than by formal teaching experiences'.³⁵ By this, Goldie means interactions with older professionals, exchanges in informal settings and many other arenas and formats which cannot be simply prescribed in a curriculum.

- 4.13 In Australia, Madsen et al. have explored how understanding a profession's history can cultivate professional identity in new entrants to a profession. Madsen et al. record how nurse academics consider that teaching nursing students history helps them 'know their past and where nursing [has] come from; by exposing unwritten rules within the culture of nursing; and by allowing them to crucially think about these factors that have influenced nursing and empowering them to take control of the future'.³⁶

Skills of the trade

- 4.14 Another segment of identity is the specific skills learnt and honed by professionals, then deployed on a daily basis. Schoen's 1989 study of counsellors observes that identity can stem from the specific activities undertaken by professionals in their daily role.³⁷ For physiotherapists, Lefmann and Sheppard note that the specific skills of musculoskeletal healthcare, which is 'a lesser priority for the doctors and nurses, yet a core competency for physiotherapy', helped physiotherapists gain a unique professional identity in a multi-disciplinary environment. A physiotherapist working in an emergency department stressed the need to maintain links with the physiotherapy department because the emergency department was a 'very isolating place to work: the physiotherapy-specific skills helped maintain the link and identity'.³⁸ There is also arguably a complementary relationship between skills of the trade and training to create professional identity. One of Gignac's

uk.org/Developing_a_framework_for_generic_professional_capabilities_form_English_writeable_final_distri_buted.pdf_61568131.pdf [Accessed 01/08/2016]

³⁴ Hedy S. Weld, 2015, *Professional Identity (Trans)Formation in Medical Education: Reflection, Relationship, Resilience*. Association of American Medical Colleges, pp. 701-6. Available at: http://journals.lww.com/academicmedicine/Fulltext/2015/06000/Professional_Identity_Trans_Formation_in_Medical.8.aspx [Accessed 01/08/2016]

³⁵ John Goldie, 2012, *The formation of professional identity in medical students: Considerations for educators*. Medical Teacher, p. 645 <http://www.tandfonline.com/doi/pdf/10.3109/0142159X.2012.687476> [Accessed 01/08/2016]

³⁶ Wendy Madsen, Margaret McAllister, Judith Godden, Jennene Greenhill, Rachel Reed, 2009, *Nursing's orphans: how the system of nursing education in Australia is undermining professional identity*, Contemporary Nurse, p. 13. Available at: <http://www.tandfonline.com/doi/abs/10.5172/conu.32.1-2.9?journalCode=rcnj20> [Accessed 01/08/2016]

³⁷ Sara Laves and Nicola Gazzola, 2011, *Professional Identity: A qualitative inquiry of inexperienced counsellors*, Canadian Journal of Counselling and Psychotherapy, p.190. Available at: <http://cjc-rcc.ucalgary.ca/cjc/index.php/rcc/article/view/977/1403>. [Accessed 20/07/2016]

³⁸ S.A. Lefmann and L.A. Sheppard, 2014, *Perceptions of emergency department staff of the role of physiotherapists in the system: a qualitative investigation*, p. 90. Available at: [http://www.physiotherapyjournal.com/article/S0031-9406\(13\)00082-5/pdf](http://www.physiotherapyjournal.com/article/S0031-9406(13)00082-5/pdf) [Accessed 01/08/2016]

counselling interviewees observes: 'When theory and practice comes together, that's when I feel like I'm actually the person I'm training to be'.³⁹

Role title

- 4.15 Vague job titles can create 'ambiguity and confusion over professional identity'. Baldwin explains there has been criticism of the title 'health visiting' as it does not clearly describe the role of the title holder. Some commentators, such as Cowley, disagree on the grounds that health visiting is valid as an 'umbrella term' to capture the multiplicity of activities undertaken.⁴⁰ Nichols et al. show that a title can 'inform the public of the scope of practice and the professional identity of a health care worker'. Nevertheless, they note that titles can differ by country, or that they may stay the same from country to country but the role scope ascribed to a title may vary.⁴¹
- 4.16 However, other analysts contend that titles are not necessarily actively used by workers in the development of professional identity. Landman and Wootton show that nutritionists prefer to describe themselves using diverse self-given role labels than use professional titles like 'Registered Nutritionist'. In fact, using specific and wide-ranging titles could be seen to 'reflect a desire to express respondents' uniqueness and individuality, not membership of the collectivity that is a profession'.⁴² Role names have a link to regulatory practices too: titles may be protected by regulators and affect professional identity of registrants (this is discussed on page 19).

Professional bodies

- 4.17 Generally, professional bodies exist to represent the interests of their members, protect the integrity of their relevant profession and raise the standards of their members' work. In written evidence to the Education Select Committee from 2016, the British Association for Social Workers (BASW) made the case for their organisation to be recognised as the professional body for social work in England: BASW opined that professional bodies 'provide a strong professional identity and continuity for members'. The evidence goes into further detail citing (alongside other reasons) that professional identity's role in 'building and exemplifying professional pride, culture and identity'.⁴³
- 4.18 Health Visitors, who are commonly grouped with nurses, have often faced professional identity issues. Writing in the *Nursing Times*, Baldwin mentions a

³⁹ Kate Gignac, 2015, *Counsellors negotiating professional identity in the midst of exogenous change: a case study*, University of Ottawa, pg. 126. Available at: https://www.ruor.uottawa.ca/bitstream/10393/33154/1/Gignac_Kate_2015_thesis.pdf [Accessed 28/07/2016]

⁴⁰ Sharin Baldwin, 2012, *Exploring the professional identity of health visitors*, *Nursing Times* Vol 108 No.25, p. 13

⁴¹ Barbara L. Nichols, Catherine R. Davis, Donna R. Richardson, 2011, *The future of nursing: leading change, advancing health*, The National Academies Press, P. 576. Available at: http://www.ncbi.nlm.nih.gov/books/NBK209880/pdf/Bookshelf_NBK209880.pdf

⁴² Jacqueline P. Landman and Stephen A. Wootton, 2007, *Professional regulation of nutritionists: where are we now?*, *Proceedings of the Nutrition Society*, p. 275, available at: <http://www.ncbi.nlm.nih.gov/pubmed/17466107>

⁴³ Ruth Allen, 2016, *Supplementary written evidence submitted by the British Association of Social Workers*, Education Select Committee. Available at: <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/education-committee/social-work-reform/written/33245.html> [Online] [Accessed 13/07/2016]

1972 study where 68% of health visitor participants opted to be members of the Health Visitors Association rather than the Royal College of Nursing. This has been viewed by commentators as Health Visitors attempting to 'maintain a sense of identification' through links to other colleagues via a professional organisation. Being attached to a professional body not only strengthened professional identity, but created the opportunity for 'professional networking' which health visitors lacked in being "attached" to general practices disparately across the UK.⁴⁴

- 4.19 In a thought-piece considering the potential for a Royal College of Teaching, Jonathan Shepherd cites the Royal College of Surgeons (RCS) as a means for surgeons to 'establish, stabilise and sustain its national identity, values and high purpose'.⁴⁵ The acknowledgement of national identity is an interesting one, as it shows the RCS' role in and desire for surgical professional identity to transcend administrative confines.
- 4.20 Organisation among professionals can occur more informally. McKenzie and Williamson record how after-hours helpline GPs in Australia forged professional identity through setting up an email group called the 'The League of Extraordinary Generalists'. The amusing name, a pun on the comic book *League of Extraordinary Gentleman*, shows a shared belief in their competence as autonomous professionals in an innovative style of working and 'collegiality'.⁴⁶

Sense of vocation and personal values

- 4.21 In some professions there is a strong sense of vocation, which contributes to professional identity. Hunter and Warren found that in midwifery, both personal and professional identities were intertwined; one respondent in the study pithily explained: "A midwife is what I am. It's written through my body like a stick of rock".⁴⁷ Hunter and Warren note 'midwifery (is) commonly described as something someone is rather than what they do', which along with a sense of public service and desire to contribute to the 'greater good', emphasises the deep level of integration of professional and personal identities in some health roles.⁴⁸
- 4.22 This phenomenon of interwoven identities is not unique to midwifery. Clare Gerada, former Chair of the Council of the Royal College of General Practitioners, alludes to doctors' own 'entanglement of two persona: core (personal) self and the

⁴⁴ Sharin Baldwin, 2012, *Exploring the professional identity of health visitors*, Nursing Times Vol 108 No.25, p. 14.

⁴⁵ Jonathan Shepherd, 2013, *Towards a royal college of teaching: Raising the status of the profession*. Assessment and Qualifications Alliance, Pg. 24, available at: <http://filestore.aqa.org.uk/news/pdf/AQA-NEWS-TOWARDS-A-ROYAL-COLLEGE.PDF>

⁴⁶ Rosemary McKenzie and Michelle Williamson, 2016, *The league of extraordinary generalists: a qualitative study of professional identity and perceptions of role of GPs working on a national after hours helpline in Australia*, BMC Health Services Research, p.6. Available at: <http://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-016-1387-5>

⁴⁷ Billie Hunter and Lucie Warren, 2013, *Investigating resilience in midwifery*, Cardiff University, pp. 31-2 [Online], available at: <http://orca.cf.ac.uk/61594/1/Investigating%20resilience%20Final%20report%20oct%202013.pdf> [Accessed 04/05/2016]

⁴⁸ Billie Hunter and Lucie Warren, 2013, *Investigating resilience in midwifery*, Cardiff University, pp. 31-2 [Online], available at: <http://orca.cf.ac.uk/61594/1/Investigating%20resilience%20Final%20report%20oct%202013.pdf> [Accessed 04/05/2016].

trained (professional) identity – impossible to separate'.⁴⁹ She goes on to recount how one doctor "came to see other doctors more like family members than colleagues".⁵⁰

- 4.23 In a literature review analysing social workers to support an independent review of the role of social workers in the 21st century for the Scottish Government, Asquith, Clark and Waterhouse emphasise the importance of values in the development of professional identity. They stress the need for 'core values and principles' to take priority over organisational structures.⁵¹ The report contended that greater emphasis on core principles would protect against the 'threat of boundary erosion' as person-centred core principles of social care were a defining feature of social work.⁵² Finnerty's study of professional identity in Irish social care workers found values could be inculcated in a 'pre-career life experience'. One of Finnerty's respondents noted that an innate desire compelled them to the social care field: "I always wanted to help people but didn't know what way". Another respondent drew on the personal values gained from previous work experience in the disability field to explain their purpose as a social worker: they described themselves as "liking the job and liking the care and wanting to do more, to make a contribution".⁵³

Boundaries

- 4.24 Where role identities were clearly demarcated in earlier models of healthcare, now overlapping roles have created less easily discernible identities. King's College London note that: 'In the past, the brand of nursing was strong with a clear identity: people felt that they knew what a nurse was and what a nurse did. Today the brand appears less strong, nursing is more complex and varied and multiple images prevail'.⁵⁴ Conversely, expanding roles and responsibility can offer the opportunity for intensified professional identity. This is reflected in the example provided by Petrakaki, Klecun and Cornford, where with increased use of technology nurses are able to extend professional identity from the jurisdiction of the 'caring role to being patient data custodians and curators'.⁵⁵ Similarly, Borthwick et al. point out that an expanded scope of practice can 'enhance status' for professionals; however, the converse, the 'loss of "core" work', can be a 'threat'

⁴⁹ Clare Gerada, 2016, Physician, heal thyself?, The Hippocratic Post [Online.]. Available at: <http://www.hippocraticpost.com/mental-health/physician-heal-thyself/> [Accessed 01/08/2016]

⁵⁰ Clare Gerada, 2016, Physician, heal thyself?, The Hippocratic Post [Online.]. Available at: <http://www.hippocraticpost.com/mental-health/physician-heal-thyself/> [Accessed 01/08/2016]

⁵¹ This is pertinent to regulation and the codes of conduct and standards mentioned on pg. 12.

⁵² Stewart Asquith, Chris Clark, Lorraine Waterhouse, *The Role of the Social Worker in the 21st Century – A Literature Review*, Scottish Government, p. 39. Available at:

<http://www.gov.scot/resource/doc/47121/0020821.pdf> [Accessed 01/08/2016]

⁵³ Karen Christine Finnerty, 2012, *Professional Identity and the Irish Social Care Worker*, University of Leicester, pg. 127 [Online]. Available at:

<https://lra.le.ac.uk/bitstream/2381/10922/1/2012finnertykcdsocsci.pdf.pdf> [Accessed 01/08/2016]

⁵⁴ King's College London, *Policy+ Review*, p.46 [Online], Available at:

<http://www.kcl.ac.uk/nursing/research/nrru/publications/Policy-plus-Review.pdf> [Accessed 26/05/2016]

⁵⁵ Dimitra Petrakaki, Ela Klecun and Tony Cornford, 2014, *Changes in healthcare professional work afforded by technology: the introduction of a national electronic patient record in an English hospital*, Organization, p. 24, available at:

http://eprints.lse.ac.uk/59475/1/_lse.ac.uk_storage_LIBRARY_Secondary_libfile_shared_repository_Content_Klecun%2CE_Changes%20in%20healthcare_Klecun_Changes%20in%20healthcare_2014.pdf

[Accessed 01/08/2016]

to professional identity.⁵⁶ The latter issue of threat to professional identity is supported by Musselbrook, who mentions the 'possible loss of professional identity' is an impediment to the introduction of roles spanning health and social care.⁵⁷

- 4.25 The growing trend of integration and more harmonised working of multi-disciplinary teams has led to overlapping roles among professionals. 'Hybrid' roles are created, which can cause a 'blurring of boundaries and hence gives rise to anxieties about identity'.⁵⁸ Segar, Checkland, Coleman, McDermott, Harrison and Peckham observe this occurrence particularly in the crossover between managers and clinicians, where clinicians take on managerial tasks. They point out that in earlier literature, nurses in managerial roles were shown to be 'keen to prioritize their clinical qualifications over new leadership titles, and to make the point that they are nurses first and managers second'.⁵⁹ This is reiterated by the findings of the articles study for the same paper that focuses on the transition of GPs to managerial activities in CCGs. Here, GPs appear to 'identify with the notion that they are patient-facing; it is less clear that they fully embrace the norms associated with their roles as managers and commissioners'.⁶⁰
- 4.26 McGivern et al.'s study finds that professionals crossing over from medical to managerial spheres are forced to reconsider their 'own understanding of good medical professionalism'. Medical professionals are forced to confront their own perceptions of people in the management sphere, and this 'de-legitimizes professionals' superiority over managers'. This realisation and change of perception is known as 'identity reconciliation work' and shows the importance of boundaries in self-perception of professional identity.^{61 62}

Uniform

- 4.27 There is a tranche of profession identity literature dedicated to the role of attire in the development of professional identity. Joseph and Alex explained in their 1972 article that uniforms 'underscore a common membership, allegiance to the same

⁵⁶ Alan M Borthwick, Susan A Nancarrow, Wesley Vernon and Jeremy Walker, 2009, *Achieving professional status: Australian podiatrists' perceptions*, Journal of Foot and Ankle Research, pg. 8.

Available at: <http://footankleres.biomedcentral.com/articles/10.1186/1757-1146-2-4> [Accessed 01/08/2016]

⁵⁷ Kerry Musselbrook, 2013, *Imagining the future: workforce*, Institute for Research and Innovation in Social Services, pp. 14-15 [Online]. Available at:

http://www.iriss.org.uk/sites/default/files/imagining_the_future_workforce.pdf [Accessed 01/08/2016]

⁵⁸ Julia Segar, Kath Checkland, Anna Coleman, Imelda McDermott, Stephen Harrison, and Stephen Peckham, 2014, *Changing the Ties That Bind? The Emerging Roles and Identities of General Practitioners and Managers in the New Clinical Commissioning Groups in the English NHS*, Sage Journal, p.3, [Online], Available at: <http://sgo.sagepub.com/content/spsgo/4/4/2158244014554203.full.pdf> [Accessed 25/04/2016]

⁵⁹ Julia Segar, Kath Checkland, Anna Coleman, Imelda McDermott, Stephen Harrison, and Stephen Peckham, 2014, *Changing the Ties That Bind? The Emerging Roles and Identities of General Practitioners and Managers in the New Clinical Commissioning Groups in the English NHS*, Sage Journal, p.3, [Online], Available at: <http://sgo.sagepub.com/content/spsgo/4/4/2158244014554203.full.pdf> [Accessed 25/04/2016]

⁶⁰ Julia Segar, Kath Checkland, Anna Coleman, Imelda McDermott, Stephen Harrison, and Stephen Peckham, 2014, *Changing the Ties That Bind? The Emerging Roles and Identities of General Practitioners and Managers in the New Clinical Commissioning Groups in the English NHS*, Sage Journal, p.9, [Online], Available at: <http://sgo.sagepub.com/content/spsgo/4/4/2158244014554203.full.pdf> [Accessed 25/04/2016].

⁶¹ Gerry McGivern, Graeme Currie, Ewan Ferlie, Louise Fitzgerald and Justin Waring, 2015, *Hybrid manager-professionals' identity work: the maintenance and hybridization of medical professionalism in managerial contexts*, Public Administration, pg. 423, volume 93, Issue 2 [Online], Available at: <http://onlinelibrary.wiley.com/doi/10.1111/padm.12119/full> [Accessed 25/04/2016]

⁶² Identity reconciliation (as McGivern et al state) is the development of new professional identities, which is 'validated' with peers and mentors.

set of rules, and the probability of same life experiences'; to a non-uniform wearing outsider, the uniform stresses difference and separation and acts as a flag to signify that he or she is not part of the uniformed group.⁶³ In a more recent publication, the Royal College of Nursing states that uniforms give nurses 'a recognisable identity that helps to promote public trust and confidence'.⁶⁴ As evidenced in the Health and Care Professions Council (HCPC) review, uniforms can not only give an air of professionalism to employees, for example by differentiating the personal and the professional, but also give a sense of identity and represent the profession.⁶⁵

- 4.28 Timmons and East explored the effects of uniforms on identity from another angle: the withdrawal of individual uniforms to make an organisation's employees look the same or more similar. Timmons and East sought to build on the thesis of Raefeli and Pratt, who believed 'moving to a more homogenous, corporate uniform' would 'diminish occupational boundaries' and 'professional tribalism' to build more 'corporate identity'.⁶⁶ In an NHS Trust with new corporate uniforms, physiotherapists and occupational therapists (OT) believed the new uniforms to be an attack on professional identity. One respondent who had only recently qualified as an OT said, "I was looking forward to wearing the green trousers and the white top – it actually represented occupational therapy". Timmons and East weave together evidence to show that physiotherapists and OT's often feel strong association with membership of their professions, represented by their national uniforms, and weaker association with their local employer.⁶⁷ The article's authors surmise that standardising uniforms mean that professionals interpreted the changes as an 'assault on professional boundaries, and thus on the status and jurisdiction of the professions themselves'.^{68,69}
- 4.29 A change of uniform also caused a loss of identity in nurses, as posited by Shaw and Timmons' study. Some participants believed that greater smartness in the past had contributed to a stronger identity. Other participants went further and suggested that more traditional attire should be re-introduced: "I'd have it all, the white dress the white hat and the cross. I want the badge and cape". Participants highlighted the importance of 'feeling professional' because they felt that uniform contributed to good self-image. One participant commented how her 'poorly fitted and generic' uniform made her feel like a "cleaner" and not "very professional".⁷⁰

⁶³ Nathan Joseph and Nicholas Alex, 1972, *The Uniform: A Sociological Perspective*, American Journal of Sociology, p.726. Available at: <http://www.jstor.org/stable/2776756> [Accessed 01/08/2016]

⁶⁴ Royal College of Nursing, *Guidance on uniform and work wear*, p.1 [Online], Available at: https://www2.rcn.org.uk/_data/assets/pdf_file/0010/78652/002724.pdf [Accessed 01/08/2016]

⁶⁵ Health and Care Professions Council, *Professionalism in healthcare professionals*, p.18, <http://www.hpc-uk.org/assets/documents/10003771Professionalisminhealthcareprofessionals.pdf>

⁶⁶ Stephen Timmons and Linda East, *Uniforms, status and professional boundaries in hospital*, *Sociology of Health and Illness*, p.1039, <http://onlinelibrary.wiley.com/doi/10.1111/j.1467-9566.2011.01357.x/pdf>

⁶⁷ Stephen Timmons and Linda East, *Uniforms, status and professional boundaries in hospital*, *Sociology of Health and Illness*, pp. 1041-2, <http://onlinelibrary.wiley.com/doi/10.1111/j.1467-9566.2011.01357.x/pdf> [Accessed 01/08/2016]

⁶⁸ Stephen Timmons and Linda East, *Uniforms, status and professional boundaries in hospital*, *Sociology of Health and Illness*, p. 1045, <http://onlinelibrary.wiley.com/doi/10.1111/j.1467-9566.2011.01357.x/pdf>, [Accessed 01/08/2016]

⁶⁹ Standardisation of uniforms has also been labelled 'McDonaldisation'. The term was coined by George Ritzer.

⁷⁰ Kate Shaw and Stephen Timmons, 2010, *Exploring how nursing uniforms influence self image and professional identity*, *Nursing Times* [Online]. Available at: <http://www.nursingtimes.net/roles/nurse-educators/exploring-how-nursing-uniforms-influence-self-image-and-professional-identity/5012623.article> [Date Accessed 15/08/2016]

4.30 As seen mentioned earlier, boundaries are a contentious and prominent issue in contemporary healthcare identity. The overlapping of medical and managerial identities can affect uniform. Segar et al. recount how when presented with the choice of identities, Lord Darzi used a uniform to clarify his identity. The surgeon completed a review of the NHS in England in 2008. Although the task was 'managerial', Darzi opted to depict himself as a clinician in his surgical clothes in a photograph on the final report.⁷¹ Darzi thus used a uniform to reinforce a professional identity blurred by overlapping roles.

5. Where does regulation fit into identity?

Uniquely tailored regulators

- 5.1 According to Baldwin, some onlookers have suggested that if a regulator does not hold the same title as those regulated, there can be adverse effects. This comment is made in relation to health visitors, for whom regulation was passed from United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) to the Nursing and Midwifery Council (NMC) in 2002. Health visitors were re-named 'specialist community public health nurses' and moved away from 'unique registration'. With little acknowledgement of the extra qualification attained by a health visitor or of the difference in purpose between health visitors and other roles it shares the NMC banner with, the transference of regulator was viewed by some as 'diminishing the significance of health visiting as a profession'.⁷²
- 5.2 Relatedly, the Nuffield Trust found that physician associates (who are not regulated), who supported statutory regulation, wanted to be regulated by the GMC. A physician associate course director summed it up: "PAs (physician associates) practise medicine. We don't practise nursing, we don't practise physio, we don't practise occupational health. PAs practise medicine, within the scope of practice of our supervising doctors".⁷³ Similarly, McGivern et al.'s study found that some osteopaths believed that due to the 'distinctive' nature of osteopathic care, osteopaths should be regulated by an osteopathic rather than a 'generic regulator'.⁷⁴
- 5.3 Prior to 2001 in the UK and 2005 in the Republic of Ireland, social workers were not subject to statutory regulatory regimes.⁷⁵ In 2010 the Chief Executive of the profession-specific regulator, the General Social Care Council (GSCC), responded to plans to disband the GSCC, warning that the multi-profession regulator Health

⁷¹ Julia Segar, Kath Checkland, Anna Coleman, Imelda McDermott, Stephen Harrison, Stephen Peckham, 2014, *Changing the Ties That Bind? The Emerging Roles and Identities of General Practitioners and Managers in the New Clinical Commissioning Groups in the English NHS*, Sage Journal, Pg. 3. Available at: <http://sgo.sagepub.com/content/4/4/2158244014554203> [Accessed 01/08/2016]

⁷² Sharin Baldwin, 2012, *Exploring the professional identity of health visitors*, Nursing Times Vol 108 No.25, p.13.

⁷³ Candace Imison, Sophie Castle-Clarke and Robert Watson, 2016, *Reshaping the workforce to deliver the care patients need: case studies appendix*, pg. 38. Available at: http://www.nuffieldtrust.org.uk/sites/files/nuffield/reshaping_the_workforce_case_studies_appendix_web.pdf [Accessed 01/08/2016]

⁷⁴ Gerry McGivern, Michael Fischer, Tomas Palaima, Zoey Spendlove, Dr Oliver Thomson and Professor Justin Waring, 2015, *Exploring and explaining the dynamics of osteopathic regulation, professionalism, and compliance with standards in practice*, General Osteopathic Council, p.4. Available at: <http://www.osteopathy.org.uk/news-and-resources/document-library/research-and-surveys/dynamics-of-effective-regulation-final-report/> [Accessed 01/08/2016]

⁷⁵ Social care assistants are not statutory regulated.

Professions Council (HPC) should alter its name. Indeed, the HCP subsequently changed its name to the Health *and* Care Professions Council. She added that it needed to ensure its standards reflected social work and used the right language so that social work did not lose its identity as a distinct profession.⁷⁶

- 5.4 One academic commentator believes a dedicated regulator can give an ‘opportunity to focus’ on a ‘profession, its education and practice and contribute to the debates and changes that are necessary for [it] to grow in confidence and standing’. These comments were made by Brid Featherstone in relation to proposals to move the regulation of social workers from a multi-profession regulator, HCPC, to an individual regulator orientated towards social work.⁷⁷

Reputation enhancement by regulation

- 5.5 In a recent Nuffield Trust report there was discussion about the use of holistic practitioners operating as assistant practitioners to alleviate workforce problems, and the role of regulation. Existing assistant practitioners interviewed by the Nuffield Trust supported the idea of statutory regulation as they felt it ‘would improve their confidence as well as external perceptions of the role.’⁷⁸ Similarly, in response to Health Education England’s consultation on the introduction of nursing associates, some respondents believed regulation would give ‘professional credibility’ to nursing associates.⁷⁹
- 5.6 Mike Wardle, the former Chief Executive of the GSCC, claimed that regulation allowed social workers to take ‘their place as equals amongst other professions they engage with’, thus contributing to ‘building a strong professional identity for social workers’.⁸⁰ Finnerty’s study of final-year Irish social care degree students took place as a social care regulator was being set up. There was a ‘mixed picture’ on how much regulation was being discussed by students. This is interesting as this literature review found that educational environments were a major catalyst for professional identity development. One respondent focused on the remoteness of regulators from his studies: “any time it has come up, it’s kind of like a distant thing. It does seem to have a lot of problems getting up and running, that’s the only thing we’ve ever heard about it”. Another student said: “it wouldn’t be

⁷⁶ Community Care, 2010, *GSCC chief aims for strong legacy after reform plan dashed* available at: <http://www.communitycare.co.uk/2010/08/31/gsc-chie-aims-for-strong-legacy-after-reform-plan-dashed/> [Accessed 03/05/2016]

⁷⁷ Brid Featherstone, 2016, ‘Social workers might not miss the HCPC. But we’ll miss its independence’, Community Care. Available at: <http://www.communitycare.co.uk/2016/06/13/social-workers-might-miss-hcpc-well-miss-independence/> [Accessed 01/08/2016]

⁷⁸ Candace Imison, Sophie Castle-Clarke and Robert Watson, 2016, *Reshaping the workforce to deliver the care patients need: case studies appendix*, p.13. Available at: http://www.nuffieldtrust.org.uk/sites/files/nuffield/reshaping_the_workforce_case_studies_appendix_web.pdf [Accessed 01/08/2016]

⁷⁹ Health Education England, 2016, *Building Capacity to Care and Capability to Treat A new team member for Health and Social Care in England*, p.40. Available at: <https://hee.nhs.uk/sites/default/files/documents/Response%20to%20Nursing%20Associate%20consultation%2026%20May%202016.pdf> [Accessed 01/08/2016]

⁸⁰ Community Care, *Three-year anniversary of protection of title for social workers*, available at: <http://www.communitycare.co.uk/2008/04/01/three-year-anniversary-of-protection-of-title-for-social-workers/> [Accessed 03/05/2016]

something that would be discussed within the group. We are more interested right now in passing our assignments”.⁸¹

- 5.7 In *Rethinking Regulation*, the Professional Standards Authority reflected on the out-of-date attitude towards regulation as ‘a badge of professional status and something to be achieved’. It argued instead that the decision about whether a profession should be regulated should be determined by the nature of risk and not the aspirations of professionals.⁸²

Registration and standards

- 5.8 Registration can professionalise how registrants view their identity. In Wiles’ study of social workers, one of her study participants explained: “I think [registration] helps people to feel more professional. And when we feel more professional we act in a more professional way. I think it does build confidence...”.⁸³ Meanwhile, some respondents to an HCPC study claimed that the ‘statutory achievement of professional registration’ was an identity forming experience.⁸⁴ Finnerty finds support from social work respondents for registration as other professions have it. One respondent commented: “for most professions you certainly have to keep within the code of practice. I know that you have a code of practice and you don’t step outside that”. One of the respondents thought it critical though that newly-registered professionals should not assume a “high and mighty” demeanour or exhibit thoughts such as “I’m a professional and I’m not doing this and I’m not doing that” as a result of being regulated.⁸⁵
- 5.9 Willetts sees that regulation and the ensuing ‘code of practice, code of conduct and competency based framework’ helped ‘validate’ nursing as a profession in Australia.⁸⁶ She also sees the creation of the Australian Health Practitioner Regulatory Agency (AHPRA) in 2010, which oversees 14 healthcare professions, as having ‘legitimised nurses’ place in Australia as a recognised profession’ due to its inclusion alongside the other professions.⁸⁷ A UK social worker interviewed by Melejal makes a similar observation, emphasising the utility of registration in improving professional status to the wider public: “Registration gives us some

⁸¹ Karen Christine Finnerty, 2012, *Professional Identity and the Irish Social Care Worker*, University of Leicester, pg. 138 [Online]. Available at:

<https://lra.le.ac.uk/bitstream/2381/10922/1/2012finnertykcdsocsci.pdf.pdf> [Accessed 01/08/2016]

⁸²Professional Standards Authority, 2015*Rethinking regulation*, . Available at:

<http://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/rethinking-regulation-2015.pdf?sfvrsn=8> [Accessed 01/08/2016]

⁸³ Fran Wiles, 2012, ‘*Not easily put into a box*’: *constructing professional identity*, p.14. Available at:

<http://oro.open.ac.uk/34126/1/Wiles%202012,%20accepted%20file.pdf> [Accessed 01/08/2016]

⁸⁴ Health and Care Professions Council, *Professionalism in healthcare professionals*, p.37. Available at:

<http://www.hpc-uk.org/assets/documents/10003771Professionalisminhealthcareprofessionals.pdf> [Accessed 01/08/2016]

⁸⁵ Karen Christine Finnerty, 2012, *Professional Identity and the Irish Social Care Worker*, University of Leicester, pg. 139-40 [Online]. Available at:

<https://lra.le.ac.uk/bitstream/2381/10922/1/2012finnertykcdsocsci.pdf.pdf> [Accessed 01/08/2016]

⁸⁶ Georgina Willetts, 2013, *Constructing Nurses’ Professional Identity*, PhD submission to University of Melbourne [Online], pg. 15. Available at: https://minerva-access.unimelb.edu.au/bitstream/handle/11343/39745/311192_Willetts.pdf?sequence=1 [Accessed 14/07/2016]

⁸⁷ Georgina Willetts, 2013, *Constructing Nurses’ Professional Identity*, PhD submission to University of Melbourne [Online], pp. 15-16. Available at: https://minerva-access.unimelb.edu.au/bitstream/handle/11343/39745/311192_Willetts.pdf?sequence=1 [Accessed 14/07/2016]

authority with the public – they know that they can trust us. Our image has been bad. This allows us to show the seriousness of what we do”.⁸⁸ However, regulation does have limits in terms of its contribution to professional identity. One social worker pointed out that the importance of personal values trumped codes of conduct and other regulatory devices: “It doesn’t matter what they [codes] tell us to think, I knew what was right and wrong way before my training”.⁸⁹

- 5.10 Regulators’ ability to maintain minimum standards can be a tool for maintaining identity. One osteopathic respondent to McGivern et al.’s study explained that they had complained to the GOsC because a colleague was promoting an inappropriate treatment with “no rationale” and “no evidence”: “I felt angry, because it portrayed a different aspect of my profession. It is not the true aspect of the profession”. The complaint to the regulator was made in a bid to preserve the ‘collective professional identity’ of osteopaths.⁹⁰

Scope of practice

- 5.11 Regulation can restrict specific areas of practice to professionals who have fulfilled regulatory requirements – particularly where regulation is based on protection of function. This means that regulation can in effect enable a profession to lay claim to a scope of practice. When new regulatory regimes are implemented, professionals overlapping into the scope of regulated practice who are not registered with the regulator may feel a weakening of professional identity as they lose their ability to practise. This scenario was explored by Gignac in Ontario, Canada where counsellors found their scope of practice lessened as a result of the creation of a psychotherapy regulator. Changes to scope of practice as a result of the creation of a regulator irked one counselling student: “I would say the ‘not Knowing’ [sic] leads to an inability to construct a professional identity with confidence. I am training to do *this*. I may only be allowed to do *that*, or I may not be allowed to do anything at all”.⁹¹
- 5.12 On the other hand if a newly created regulator keeps the same scope of practice but alters educational requirements there can be harm to professional identity. Gignac finds this when interviewing a counsellor soon to be registered by the new regulator: “When they came up with “psychotherapist” and “mental health therapist” both having the same scope of practice but different training requirements I was really pissed off. It made me feel like the education I have

⁸⁸ LeI Francis Meleyal, 2011, *Reframing Conduct: A Critical Analysis Of The Statutory Requirement For Registration Of The Social Work Workforce*, University of Sussex, pg. 107. Available at: http://sro.sussex.ac.uk/7665/1/Meleyal%2C_Lel_Francis.pdf [Accessed 01/08/2016]

⁸⁹ LeI Francis Meleyal, 2011, *Reframing Conduct: A Critical Analysis Of The Statutory Requirement For Registration Of The Social Work Workforce*, University of Sussex, pg. 160. Available at: http://sro.sussex.ac.uk/7665/1/Meleyal%2C_Lel_Francis.pdf [Accessed 01/08/2016]

⁹⁰ Gerry McGivern, Michael Fischer, Tomas Palaima, Zoey Spendlove, Dr Oliver Thomson and Professor Justin Waring, 2015, *Exploring and explaining the dynamics of osteopathic regulation, professionalism, and compliance with standards in practice*, General Osteopathic Council, pp.124-5. Available at: <http://www.osteopathy.org.uk/news-and-resources/document-library/research-and-surveys/dynamics-of-effective-regulation-final-report/> [Accessed 01/08/2016]

⁹¹ Kate Gignac, 2015, *Counsellors negotiating professional identity in the midst of exogenous change: a case study*, University of Ottawa, pg. 122. Available at: https://www.ruor.uottawa.ca/bitstream/10393/33154/1/Gignac_Kate_2015_thesis.pdf [Accessed 28/07/2016]

(Masters) is not valued, because clearly, they don't mind diluting what it means to do our job."⁹²

Titles

- 5.13 UK legislation enables regulators to protect titles, and prosecute people who are not registered with the respective regulator for practising under the banner of a protected title. The protection of a title can act as a means of protecting professional identity too. In a 2010 report to the UK Prime Minister a nurse in Trafford was concerned that 'anyone can call themselves a nurse and this is wrong. We seem to have lost our identity and what makes us what we are'. The report's authors believed that the title of 'nurse' needed to be protected to mitigate confusion over identity and be restricted only to professionals registered with the NMC.⁹³
- 5.14 Gignac observes that regulators requiring registrants, who had previously thought of themselves as counsellors, to use accepted titles, such as 'psychotherapist', can cause identity problems. The proposal caused concern for one interviewee who said, "the word counsellor has disappeared from the horizon completely [...]. I don't like the idea that it's been lost". Another was similarly unhappy about the impact on their own identity and that of their fellow counsellors, considering that "some part of their identity [had] become less important or put to the side" in order to fulfil regulatory requirements. Whilst for another interviewee it invoked resistance: "I feel like I would play the role of the psychotherapist but not become the psychotherapist... they can call me anything, it's not going to change what I do and that is where I find satisfaction and meaning". There is an opposing perspective: one interviewee viewed regulation as a good opportunity to unify psychotherapy and counselling, allowing her to 'solidify' her identity.⁹⁴

Licence provision and the effect of sanctions and reviews

- 5.15 A medical licence can be a 'key indicator' of professional identity, and some commentators even believe there is 'indivisibility' of a doctor from their licence.⁹⁵ Regulatory approval is not only an indicator of identity but can also be means of stripping clinicians of their identity. Clare Gerada posited that if work is central to the identity of doctors then suspension or erasure by regulators can affect a doctor's identity.⁹⁶ Doctors out of work due to regulatory action are prone to 'self-

⁹² Kate Gignac, 2015, *Counsellors negotiating professional identity in the midst of exogenous change: a case study*, University of Ottawa, pp. 122-3. Available at:

https://www.ruor.uottawa.ca/bitstream/10393/33154/1/Gignac_Kate_2015_thesis.pdf [Accessed 28/07/2016]

⁹³ Prime Minister's Commission on the Future of Nursing and Midwifery in England, 2010, *Front line care*, p.60. Available at:

http://webarchive.nationalarchives.gov.uk/20100331110400/http://cnm.independent.gov.uk/wp-content/uploads/2010/03/front_line_care.pdf [Accessed 01/08/2016]

⁹⁴ Kate Gignac, 2015, *Counsellors negotiating professional identity in the midst of exogenous change: a case study*, University of Ottawa, pp. 99-100. Available at:

https://www.ruor.uottawa.ca/bitstream/10393/33154/1/Gignac_Kate_2015_thesis.pdf [Accessed 01/08/2016]

⁹⁵ Julian Archer, Samantha Regan De Bere, Suzanne Nunn, Jonathan Clark, Oonagh Corrigan, 2012, *Revalidation: in policy*, Royal College of Psychiatrists, pg. 35. Available at:

<http://www.rcpsych.ac.uk/pdf/REVAL2013%2012%20Revalidation%20in%20Policy.pdf> [Accessed 01/08/2016]

⁹⁶ British Medical Journal, *Work is central to doctors' identity, and those unable to work need support* [Online], Available at:

stigmatisation’ and many medical royal colleges (who offer specific clinical field membership to doctors) ‘automatically revoke membership for doctors suspended by the GMC for three months or more’.⁹⁷

- 5.16 Other commentators have opined that the regulatory process of deciding upon sanction can act as a ‘menace to professional identity’ due to its gruelling nature.⁹⁸ McGivern et al. support this in their interviews with doctors: some describe reviews as “hell” and “very distressing”, leading some to declare that reviews of performance can be ‘fundamentally challenging their core identities’.^{99,100} The stressful effects of regulation and effect on professional identity is echoed in a study of Irish hospital doctors by Hayes et al. There, the study authors ranked the following ‘stressor’ as the sixth highest (of 10) for doctors: ‘the threat of complaints (and/or litigation) is a backdrop to daily practice exacerbated by the Medical Council’s hostility to the profession’. Using this data, Hayes et al group the media, employer and the regulator together as making doctors ‘feel undervalued and ... a threat to their professional identity’. One participant commented that “people feel they could be reported (to the regulator) for anything”.¹⁰¹
- 5.17 Conversely, the ability to put professionals out of work can be perceived as an asset to professional identity. One social work student revealed to Finnerty that “the fear of not doing the job right or being struck off the register” helps people become “more aware of the job expected of them”. Whilst another respondent shared similar sentiments saying it would “keep everybody on their toes” and that in any profession “there needs to be some sort of board, some sort of procedure that keeps an eye on everything”. Finnerty analyses both of these responses as evidence of respondents ‘understanding the linkage between regulation, professional identity and what it means to be a professional in practice’.¹⁰²
- 5.18 Sanctions and other accountability procedures risk endangering professional identity if regulators focus solely on failures. Rosen and Dewar write that if regulators focus on ‘extreme cases’ it may ‘encourage the misguided belief that professional identity should be based on the task of eliminating any possibility of bad practice’. Rosen and Dewar propose regulation should build trust in the

http://careers.bmj.com/careers/advice/Work_is_central_to_doctors%E2%80%99_identity,_and_those_unable_to_work_need_support#ref1 [Accessed 25/04/2016]

⁹⁷ British Medical Journal, *Work is central to doctors’ identity, and those unable to work need support* [Online], Available at:

http://careers.bmj.com/careers/advice/Work_is_central_to_doctors%E2%80%99_identity,_and_those_unable_to_work_need_support#ref1 [Accessed 25/04/2016]

⁹⁸ Civitas, *Through the Looking Glass and What the Doctor Found There Medical regulation: on the critical list*, Civitas pg. 3 [Online], Available at:

<http://www.civitas.org.uk/content/files/medicalregulationonthecriticallist.pdf> [Accessed 25/04/2016]

⁹⁹ Gerry McGivern, Dr Michael Fischer, Prof Ewan and Ferlie Dr Mark Exworthy, 2009, *Statutory Regulation and the Future of Professional Practice in Psychotherapy & Counselling: Evidence from the field*, King’s College London, pg. 2 [Online], Available at:

<https://www.kcl.ac.uk/sspp/departments/management/news/StatutoryRegulation1.pdf> [Accessed 13/07/2016]

¹⁰⁰ A review is an investigation conducted into a professional’s actions after a complaint or concern.

¹⁰¹ Blanaid Hayes, Deirdre Fitzgerald, Sally Doherty, Gillian Walsh, 2015, *Quality care, public perception and quick-fix service management: a Delphi study on stressors of hospital doctors in Ireland*, British Medical Journal, pp 4-7 [Online]. Available at: <http://bmjopen.bmj.com/content/5/12/e009564.full.pdf+html> [01/08/2016]

¹⁰² Karen Christine Finnerty, 2012, *Professional Identity and the Irish Social Care Worker*, University of Leicester, pg. 138-9 [Online]. Available at:

<https://ira.le.ac.uk/bitstream/2381/10922/1/2012finnertykcdsocsci.pdf.pdf> [Accessed 01/08/2016]

professionalism of workers, which then works with the resulting professionalism to initiate an 'ethos of quality review and improvement'.¹⁰³

6. Conclusion

- 6.1 This review indicates a strong professional identity can increase a health and social care professional's valuation of their role with potential benefits both to themselves and to patients. This review has also learned that professional identity is shaped by a range of factors, from professional bodies to the symbolism of uniforms. Across different professions, the constituent parts of identity vary. For example, caring values arguably have greater prominence for nursing and midwifery identity than for pharmacists, who might place greater emphasis on the 'scientist' portion. However, identity matters can be complicated further by other factors such as technology. Technology can enhance identity, as nurses take on the role of data custodians or change the nature of patient encounters or the environment in which professionals operate in. The latter example visible in pharmacy, where there is a divide in identity between hospital and community pharmacists.
- 6.2 Professional identity is fluid and dependent on individuals' own subjective interpretations as they attempt to reconcile their role as part of a professional group in their own individual ways. As the HCPC notes in its research, professional identity can be formed by 'interaction between the individual and experiences'.¹⁰⁴ The nature of professional identity being very determined by individual interpretation is a strand running through the literature review's findings, such as professionals' rapport with patients or how a professional views their personal values flowing into their role. This strong individual bent makes it more difficult for research to aggregate opinions and make judgments on professional identity spanning whole professions.
- 6.3 The review also found that as health and social care environments move to greater integration and shared responsibilities, defining professional identity will become more difficult for practitioners, as boundaries become more permeable and roles are less clear-cut. Potential defences to threats to professional identity could possibly be an enhanced use of professional bodies, media projections of professionals and uniforms.
- 6.4 A major focus of this review has been to capture how commentators have viewed the role of regulation in the development and maintenance of professional identity. The literature exploring this subject is sparse, but the information identified for this review suggests that there may be some, possibly minimal, role played by regulation in professional identity. Regulation has been viewed by some commentators as a means of providing credibility to a profession, as mono-professional regulators can be viewed as entrenching the distinctiveness of a profession. Regulation can also be perceived to affect professional identity

¹⁰³ Rebecca Rosen and Steve Dewar, 2004, *On being a doctor: Redefining medical professionalism for better patient care*. King's Fund, p.29 [Online]. Available at: https://www.southampton.ac.uk/assets/imported/transforms/content-block/UsefulDownloads_Download/1EEDCDFAA50B4B8F9C2DFF15E88FC036/Redefining%20Medical%20Professionalism%20for%20better%20patient%20care.pdf [Accessed 01/08/2016]

¹⁰⁴ Health and Care Professions Council, *Professionalism in healthcare professionals*, p.37. Available at: <http://www.hpc-uk.org/assets/documents/10003771ProfessionalismInHealthcareProfessionals.pdf> [Accessed 01/08/2016]

negatively, for example when a professional is erased from a register, he or she is prohibited from acting out their professional identity. Regulation though does not have a heavy influence on professional identity, instead playing a peripheral role to other factors. An interesting facet of this paper has been to show how professional identity is affected by perceptions of the public and those outside of a profession.

- 6.5 There may be benefit in regulators considering whether aspects of their work might unnecessarily threaten identity. For example, the stress of regulation on registrants mentioned by Hayes' et al. and McGivern et al. The literature review also suggests regulators may want to consider the interplay between professional identity and registrants' compliance with values and standards in a profession. If professional identity is an "internal compass" to registrants' work as Weldy points out, then further discussion is required by regulators and others over whether regulation can or should use this as a tool protect the public.
- 6.6 Regulation does appear to have an effect on professional identity when there is a crisis or out-of-the-ordinary circumstance (for example removing a professional from a register), but on a daily basis its effects are small, especially compared to other factors. The weight of collected evidence suggests that education, mentors, uniforms, external perceptions and other non-regulatory factors take precedence over regulation's influence on the development and maintenance of professional identity.
- 6.7 Of particular note amongst research findings, is the formation of identity during training and in interaction with mentors, the links between identity and resilience, identity and quality of care and the perceived threat to identity when a complaint is made. The latter might have some correlation with professionals' responses to complaints and the impact of fitness to practise procedures. The insights this literature review offer highlight areas that may be of interest to regulators as they turn their attention upstream, towards preventing harm before it occurs.

7. Further information

- 7.1 Please get in touch if you would like to discuss any aspect of this response in further detail. You can contact us at:

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