

Facilitators and Barriers to the Professionalization of Nursing in Iran

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ABSTRACT

Background

In recent years, healthcare organizations have supported the professionalization of nursing in order to improve the quality of care delivered to patients. The purpose of this study was to explore facilitators and barriers to professionalization of nursing in Iran.

Methods

A qualitative study was conducted using the conventional content analysis. Semi-structured interviews were held with 18 nurses working in various nursing positions and in different healthcare settings. Themes related to the professionalization of nursing was developed.

Results

During the data analysis, five themes were developed: “communication”, “motivation and attitude”, “organizational culture and structure”, “academic education”, and “supportive resources”. Each theme as a factor impacted the professionalization of nursing in a positive or negative manner.

Conclusion

Recognizing factors influencing professionalization of nursing contributes to improvement of quality of nursing care delivered to patients. Healthcare system authorities can facilitate the development of the nursing profession and facilitate the professionalization of nursing through increasing the number of postgraduate nurses and also improving the nurses' work conditions.

KEYWORDS: Content analysis; Nursing; Professionalization; Qualitative research

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INTRODUCTION

Although professionalization is a familiar concept used in nursing, there is an ongoing controversy on whether nursing is a profession.¹ Nowadays, becoming professional is a challenge in nursing.²

American Association of Clinical Nursing (AACN) and other nursing education centres as well as healthcare organizations emphasize the importance of the professionalization of nursing.^{3,4} Such organizations encourage initiating changes in the structure of the healthcare system to facilitate professionalization, which can lead to the improvement of the quality of care.^{5,6}

There are many factors influencing the development of the nursing profession. Therefore, recognising and determining such factors can be the first step to move towards the professionalization of nursing.^{7,8} For instance, a descriptive study in the U.S. by Bruhn (2001) on the culture of professionalization in healthcare professions showed that the indices of professionalization consisted of 'moral consideration to the public', 'sympathy and empathy', 'quality of healthcare', 'professional consideration', 'communication', 'accountability', 'collaborative work', 'humanity', 'knowledge improvement', and 'being a model'.⁹ Additionally, Jamison et al. (1999) in the U.S. using the constant comparative method revealed that healthcare organizations should design a new model of professional due to its connection to the professionalization of nursing, which could predict a high quality nursing care.¹⁰ Rischel et al. (2008) in Denmark declared the necessity of designing a new pattern for professionalization of nursing based on different cultures and contexts.¹¹ Also, Christine and Wynd (2003) in a descriptive study in the U.S. on a random sample of clinical nurses introduced factors contributing to the professionalization of nursing. They believed that nursing was moving toward professionalization, but different social and professional changes should be considered in order to facilitate it. In this respect, a lack of coordination of nursing with such changes has hindered the professionalization of nursing.¹² According to Julie et al. (2006), the professionalization of nursing using specific communicative behaviours associated with different nursing

skills must begin from clinical settings and continue to other situations.¹³

With regard to the background of professionalization of nursing in Iran, Iranian nursing has been strongly influenced by the British nursing tradition characterized by the apprenticeship style of nurse education. About a quarter of a century ago, nurses began to be educated in higher education institutions and the bachelor's degree in nursing was determined as the minimum requirement to enter nursing practice. Despite the changes, nursing is still striving to be accepted and recognized as a profession by the public. This change was heralded as an opportunity to enhance the professional status of nurses in Iran. At present, university-based programs for nursing consist of Bachelor of Science (BSc), Master of Science (MSc), and Doctor of Philosophy (PhD) degrees.¹⁴ Development of modern nursing education in Iran has faced a lot of difficulties since its beginning early in the twentieth century. In other words, the main direction of nurse education has been positive in the early years of this century, but it has faced undeniable challenges,¹⁵ and professionalization of nursing has been one of these challenges. For instance, Tabari-Khomeiran et al. (2007) and Adib Hajbaghery (2003) in their studies in Iran revealed that nurses were the core elements of the professionalization of nursing, and healthcare organizations would positively influence it. In addition, improving the nurses' professional identity, self-confidence would empower the nurses' professional capabilities. It was advised that involving the nurses in the process of decision-making would empower them and replace the routine-oriented style of delivering nursing care with evidence-based nursing practice.^{8,15} Moreover, it was believed that a new structure must be designed to help with the professionalization of nursing.^{16,17}

According to the literature, a few qualitative studies in Iran have been

conducted on the professionalization of nursing,¹⁴ professional competence,¹⁸ and professional empowerment,¹⁹ but no study was available on facilitators and obstacles to the professionalization of Iranian nursing. Therefore, this study aimed to explore facilitators and obstacles to nursing professionalization from Iranian nurses' perspectives.

SUBJECTS AND METHODS

Study Design

A qualitative study using a conventional content analysis approach was used. Content analysis is a descriptive qualitative approach whereby the researcher identifies themes or patterns in data in order to reflect the participants' experiences.²⁰ It is an approach for sorting through large amounts of data, making inferences from data about their context, providing new insights, and conceptualizing realities presented in the text.^{20,21}

Participants and Settings

The study participants consisted of 18 people (6 nurses, 3 head nurses, 2 supervisors, 2 matrons, 3 nurse educators, and 2 members of the Iranian Nursing Organization (INO) chosen through purposive sampling method.²¹ Their age range was between 27 and 52 years. Of the participants, 9 nurses had a bachelor's degree, and 7 and 2 master and PhD degrees, respectively. Seven nurses were female. As an inclusion criterion, having the experience of working as a clinical nurse for more than 5 years in a clinical setting was considered for the selection of the participants in order to gather in-depth and high quality data.

Data Collection

Data were collected and analyzed over a six month period in 2009. The participants were interviewed using semi-structured interviews and once the main themes and

subthemes were identified, data saturation was achieved. The participants were interviewed in a private room at their workplaces. The interview guide consisted of open-ended questions to allow the respondents to explain their own opinions, perceptions, and experiences freely without any limitation. Each participant was asked to describe his/her own experiences on the professionalization of nursing. The main questions asked during the interviews were:

- What are your experiences on nursing professionalization?
- According to your work experiences, which factors may influence the professionalization of nursing?

The duration of each interview session ranged from 20 minutes to 2 hours with an average of 75 minutes. The first researcher contacted each potential participant to explain the aim of the study and its research questions. If the participant agreed to take part in the research, an interview session was scheduled. Probing questions were used during the interviews in order to clarify the participants' comments and increase the depth of interviews.

Data Analysis

The data collection and analysis were conducted consecutively. Initially all of the interviews were transcribed verbatim and read several times in order to get the sense of whole. A total of 486 primary codes were identified from the transcriptions. The codes were considered to be provisional and revised several times in order to find the latent meanings behind the participants' statements and sentences. In this respect, the level of abstraction of the codes was improved through conducting comparisons between codes during the different stages of data gathering and analysis. Similar codes relating to the same content were grouped together and the themes were developed.²⁰

Rigour

Member checking, peer checking, and

external audit established the credibility of the data collection and analysis. During member checking, a summary of the participants' transcriptions and their primary analysis were provided to ensure that the researchers were presenting their real world. During peer checking and external auditing, the findings were given to a couple of qualitative researchers to confirm the accuracy of data analysis. Maximum variation of sampling in terms of the type of hospital, level of education, and participants' age provided data on a wide range of perspectives and perceptions, which enhanced the credibility and conformability of collected data. It was also tried to thoroughly record the process of data collection and analysis, and the detailed contextual subtleties of the study phenomenon in order to facilitate audit trailing, and transferability of findings, respectively.

Ethical Consideration

The research proposal was approved by the Research Ethics Committee affiliated with Tarbiat Modares University. The first author informed the participants about the purpose of the study. It was explained that the participation was voluntary. They were assured regarding the confidentiality and anonymity of their identities throughout the study process. Finally, informed consent was obtained from those who willingly agreed to be interviewed.

RESULTS

Five main themes emerged during the data analysis: "communication", "motivation and attitude", "organizational culture and structure", "academic education", and "supportive resources". The themes showed the main factors influencing the professionalization of nursing in a positive as well as negative manner (table 1).

Table 1: Themes developed during data analysis

Themes
Communication
Motivation and attitude
Organizational culture and structure
Academic education
Supportive resources

Communication

The participants mentioned that communication increased the possibility of gaining a better professional identity for nurses. They exemplified communication as an essential tool for the professionalization of nursing to be the provision of an active and developed relationship with patients, healthcare team members, and the public.

The participants pointed out that creating a new culture of interpersonal relationship, especially the nurse-patient and nurse-physician relationship was required. In addition, nurses should be empowered to have the capability to introduce themselves accurately and be socialised in the public.

Some participants stated:

"The professionalization of nursing will occur when an effective communication is made with patients. It is the heart of nursing that leads to the improvement of the quality of nursing care." (A male clinical nurse and two female nurse educators).

Another participant noted:

"I work in the emergency ward; two physicians are working with me having an inaccurate image of nursing. Thus, we have no good time during working with each other. On the other hand, there is a physician who has an accurate image of nursing. We discuss about scientific subjects and do our duties using professional methods." (A female clinical nurse)

Others pointed out that *"It is my right that the society becomes familiar with my profession [nursing], but I feel that the public has not an appropriate image of the nursing profession; so we must try to establish a strong communication with the society."* (A male clinical nurse and a

female clinical nurse)

Motivation and Attitude

According to the participants, “motivation and attitude” of nurses was an important requisite for starting and supporting the professionalization of nursing. Nurses must believe that they are independent and responsible, scientifically efficient, important figures in the healthcare system, and also competent enough to become a professional. From the nurse’s perspectives, some of the substantial variables include ‘autonomy’, ‘self-esteem’, ‘responsibility’, ‘scientific efficacy’, and ‘professional authority’.

Three participants commented:

“To me the most important factor in the professionalization of nursing is the attitude of nurses themselves”. We can become professional, if we are motivated and believe that we can establish the professional indexes in Iran. Then, we can develop our capacity for professionalization” (A member of INO and two male educator nurses)

A female clinical nurse said:

“Nurses’ capabilities are not used appropriately. In one of my work shifts, I decided to give bed bath to my patient who was relatively bedridden and had no any physician order about his mobility. The patient’s doctor said to me: ‘you shouldn’t do this’. I felt that nurses had not any sort of autonomy and in this situation, we could not reach professionalization indexes. This made me unhappy and hopeless.”

Another nurse reported:

“In our ward, there was a nurse with master degree. If she would give a report about the patient’s condition to the doctor, the doctor believed in her and involved his idea and diagnosis in the therapeutic plan. In one case, I saw that the doctor changed the patient’s orders according to the nurse’s report. In this situation, all nurses felt having power and self-esteem and they believed that Iranian nursing could become professional.” (A male clinical nurse)

One another participant said:

“If nurses feel professional authority, they can hope to become professional. During the past 18 years, I have experienced that these two factors must be developed among nurses, if Iranian nursing system is going to become professional” (A Female clinical nurse)

Organizational Culture and Structure

The culture and structure of the healthcare system was another important factor, which acted either as facilitator or inhibitor to the professionalization of nursing. As the participants indicated, physician-centred culture, and insufficiencies in human resources management could hinder the nurses’ capabilities in clinical settings. The participations’ quotations exemplified the meanings related to this theme.

A nurse mentioned:

“Nurses capabilities are not utilized appropriately, because of some organizational factors. All managers believe that male nurses are in a better position than female nurses for nursing management positions and I think this is not fair” (A female clinical nurse)

One participant declared:

“The culture of the healthcare system doesn’t consider the role of nurses correctly. There is an old and unscientific climate that induces misunderstanding of nurses’ positions and roles, and physicians are considered to be more important than nurses.” (A female clinical nurse)

Another participant noted:

“I think we are far away from the real meaning of nursing; sometimes, I haven’t any opportunity to care for my patient, because we should do some duties such as heavy paper works, writing patient records, consultation forms and so on. I think that this is some sort of deviation from nursing and results in a remarkable reduction in the quality of nursing care.” (A male clinical nurse)

Two participants added:

“The culture and structure in the

healthcare system is needed to be reengineered specially in the nursing care evaluation approach. Nurses are evaluated based on paper works, writing patient records, but not on the quality of care delivered to patients.” (A member of INO and a female educator nurse)

Another nurse noted:

“Nurses must only practice nursing care and be responsible only for their duties. We must have authority and responsibility.” (A male nursing matron)

Academic Education

As our data analysis indicated, the educational system was as an integral part of the professionalization of nursing. The professionalization of nursing originated from the theoretical identity of the nursing curriculum content and the theory-practice gap. The theoretical content of the nursing curriculum led to a poor level of the nurses' clinical competency and education–practice gap, which were barriers to the process of the professionalization of nursing.

One nurse said:

“Educators must train nurses as professionals. Our scientific borderlines must be separated from other medical sciences disciplines. We must practice based on nursing theories and not based on pure medical information.” (A female clinical nurse)

The participants believed that education in academic settings was an index of the professionalization of nursing. Providing long-life and continuing education even in post-graduate nurses was judged to be critical for nurses to maintain competency in clinical settings to move toward professionalization.

A participant noted:

“Establishing MSc and PhD degrees in nursing was an important factor to help the development of nursing. However, in the first step we must remove the theory–practice gap as a barrier greatly influencing nursing professionalization.” (A female nurse supervisor)

Supportive Resources

Supportive resources were recognized by Iranian nurses to be necessary to move toward professionalization. The participants' views and experiences on supportive resources consisted of defending the nurse's right', 'being supported by nurse managers and nursing unions. As participants explained, supportive resources in nursing systems had a decisive role in nursing professionalization. However, a lack of support was a barrier of the professionalization of nursing.

A participant mentioned:

“I think this is a right that we [nurses] would be supported by our own colleagues and managers.” (A female clinical nurse)

Another nurse noted:

“If you want to become a professional, you must have power in the healthcare system. During past years, we have had many problems in our profession, but since the establishment of nursing organization in Iran, I feel that we are authorized and powerful” (A female clinical nurse)

Two other participants declared:

According to two participants, *“Establishment of the Iranian Nursing Organization (INO) was a milestone in Iranian nursing and the development of other similar organizations would be effective and supportive resources, which could facilitate the professionalization of nursing.”* (An INO official nurse and a female nurse matron)

Another nurse mentioned:

“During the past 23 years, I found that without the support of the Ministry of Health, we could not be professional” (A male nurse educator)

DISCUSSION

This study introduced several main factors such as social, communicational, organizational, educational, and emotional impact of professionalization of Iranian nursing.

It was found that a professional

atmosphere must be established promoting the role of nurses in the Iranian healthcare system. According to WHO (2012), the role of nurses is important in the healthcare team. Considering the importance of nursing services in any healthcare system, the 54th World Health Assembly (WHA) recommended the designation of strategies to strengthen and promote the role of nurses in the healthcare system.²²

Accordingly, creating an active and effective communication known as socialization was mentioned to be a major factor for professionalization. Hall (1967) introduced a professionalization model including five professional indexes. He believed that communication with society and socialization were important factors influencing professionalization. Professional communication in the therapeutic team, especially the nurse-physician relationship, was a facilitator to professionalization.²³

It was also found that nurses needed to communicate with patients to be professionalized. Moreover, Anooosheh et al. (2009) found that providing effective communication with patients was an essential aspect of nursing care and understanding barriers inhibiting nurse-patient communication could provide an opportunity to eliminate them.²⁴ Moreover, Adib Hagbaghery et al. (2003) discussed that miscommunication with patients might lead to the development of an unprofessional image of nursing and reduce the quality of nursing care.⁸ Also, Julie et al. (2006) confirmed that interdisciplinary communication was essential for professionalization and effective team communication was a vital aspect of nursing practice.¹³

In the present study, the nurses believed that there were no accurate organizational culture and structure to support moving toward nursing professionalization. These findings are confirmed by those of a study carried out by Adib Hagbaghery

et al. (2004). They showed that negative cultural and structural factors affected the nurses' professional self-confidence and superimposed this negative belief that nurses were subordinates and handmaids to physicians and could take no authority and responsibility in practice.¹⁹ Daley's (2000) research also indicated that nurses often felt that organizational structures and political issues blocked their independence in decision-making.²⁵

Other structural factors have impeded the role of nurses specifically in the application of their professional knowledge and skills in practice. Nurses in this study frequently complained about misevaluations in nursing care. Some of them implied that they had some organizational and individual barriers such as heavy workloads, staff shortages, obscure job descriptions, and the lack of time to do professional care. Many studies confirm these findings and emphasize the importance of high quality and competent nursing care in the process of the professionalization of nursing.²⁶⁻²⁸ Beck and Young (2005) stated that legitimate professional identities or habits being engaged in practice.²⁹

As the results of this study indicated, the application of human-resource management led to the improvement of quality of healthcare and would enhance the nurses' professional identity, self-confidence, and empower them in developing and demonstrating their professional capabilities. Developing a participative management style and involving the nurses in the process of decision-making can empower them. It can also aid in the replacement of the routine-oriented style of delivering nursing care being evidence-based one in clinical settings. These findings confirm those of the study carried out by MacPhee and Scott (2002). They concluded that involving the nurses in the patient care management process enhanced their motivation and led to the improvement of their professional identity.³⁰

According to the participants' experiences, academic education, and appropriate nursing education curriculum were required to help the facilitation of the professionalization of nursing. They believed that higher academic education in nursing would be effective in this respect. The nursing curriculum in the bachelor degree in nursing seemed to be insufficient and it was believed that professional nurses would not be graduated, which would reduce the speed of professionalization. Donna and Barbara (2001) reported that nurses must establish educational standards, if they would like to become a professional.³¹

The participants described the gap between educational programs and actual practice. Wilson and Hayes (2000) reported that nurses could learn strategies to cover the education–practice gap through gaining necessary competencies after graduation and incorporating them in daily work routines.³²

Nurses noted that they needed supportive resources to feel empowered and authorized. They believed that supports by matrons and head nurses' were crucial. It is in the same line with the Evets' (2006) findings indicating that motivating nurses was needed in order to develop a profession. She emphasized the effect of supportive resources in enhancing staff motivation.³³

According to the participants, nurses themselves were an important factor in facilitating the professionalization of nursing and authority and self-esteem had catalyst roles in the process of professionalization. Since the establishment of Iranian nursing organization (INO), the nurses have felt having power and authority. Hughes (2002), Laschinger et al. (2001), and Salvadores et al. (2001) emphasized the importance of having the feeling of authority to become a professional.^{27,34-36} Moreover, Evelyn et al. (2007) reported that establishing self-esteem in nursing students and the sense of being included in the team and supported by authorities are facilitators in becoming a professional.³⁶

CONCLUSION

Healthcare system authorities are expected to help the professionalization of nursing. In this respect, social, cultural, and economic issues impeding the ability of Iranian nurses to become fully professionalized should be removed. Nurse managers and administrators can facilitate the development of the nursing profession and accelerate the professionalization of nursing through increasing the number of nurses with higher academic degrees, improving the nurses' work conditions, and inviting their collaboration in decision-making. This study was conducted on a limited sample of nurses. Therefore, future studies are suggested to be conducted on other healthcare providers and healthcare system managers in order to draw a more complete picture of this phenomenon.

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