NURSES IN THE FIELD OF HEALTH PROFESSIONS.
THE ROLE OF THE PROFESIONALIZATION PROCESS IN
SHAPING THE PROFESSIONAL IDENTITY

Summary of the PhD Thesis

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Summary

Nursing is a very old and significant profession in Romanian society due to its length in time, social utility and large number of professionals involved, more than 190,000 at national level in 2013.

During the last 23 years, the profession has started an accelerated process of professionalization, as a consequence of the need for professional autonomy, of recognition in the regulatory texts by the state as law provider and of the social, economic and health context of the country.

All along history, nursing was marked by two directions, on the one hand by the legacy of charitable and religious institutions and on the other hand by the history of hospital, as scientific institution governed by medicine. The progressive meeting of these two worlds has not created an integrated world. For a long time, nurses show an intense desire for recognition, a need for congruence and professional effectiveness, especially that, from the exterior, nursing is often discredited and not recognized as an "authentic" profession.

Having a dual role - moral and technical, nursing is no longer satisfied with just an execution role, but aims to guide the care provided to patients and to participate more in their professional future in a society where health-related needs are growing.

The religious imagery of nurses, deeply rooted in the collective mind due to its tradition and religious history was articulated with science, despite strong resistance and under the constraint of the competitive civil initiatives arisen during the accelerated progress of medicine and subject to the rules of public education in nursing.

The history of the nursing profession and the attempts to acquire professional autonomy are strongly marked by the hospital hierarchy and especially by the sexual division of labour, as for more than a century doctors were men and scientists and nurses were women characterized by religious faith, devotion and self-sacrifice.

The acceleration of the professionalization process, the vertical and horizontal subdivision of the work tasks challenged the cohesion of the nursing profession, subjecting it to strong centrifugal forces. The multiplication of professional qualifications, of the social
mechanisms for their production and the professional development influenced the manner in which nurses built their careers, the dynamic of specialities and their adaptation to the labour market, as well as their ability to adapt to technological changes.

The pressures of adhering to the global society following the adoption of European Union directives have forced the professionalization of nursing, offering it the chance to access the status of ’’established profession’’, while complying with the specific characteristics, namely the recognition of its ’’mandate’’ by the State, the existence of complete nursing university education, full control over the creation and access to the body of professional knowledge, formal standards of ethical conduct and practice, the existence of a professional association. Its role is to protect the performance standards, to ensure the implementation of the code of ethics, and of the criteria of control to access the membership, to clarify the distinctions between internal and external groups, to decide what is important to the profession and who may acquire and hold membership, to create and maintain the certification requirements and the right to practice, to supervise the continuous development, to serve as a meeting and communication place for the members of the professional community, to convince clients and community of the professional monopoly over the field.

This paper aims to carry out an analysis of nurses' professional identity, of their characteristics, practices, levels and types of vocational education on the background of the professionalization process started after 1990, at the initiative of nurses and under the pressure of adopting the European and international standards of the profession and in the context of changes occurred in the medical field for the last 23 years.

The main research objective is to highlight the professionalization model followed by the Romania nurses, adopted as a result of historical tradition, of the present characteristics, of the values and forms of capital accumulated during the evolution from the status of occupation to that of profession.

The secondary objectives seek to analyze the challenges and the opening towards a truly responsible and autonomous profession in the complex circumstances of changing the motivation for choosing and practicing the profession, of the new rhetoric adopted by the members of the professional group, of the modification of the forms of cultural and symbolic capital
accumulation, of the transformation of the relation with the patients and of the efforts made to gain a higher social status and a favourable public image.

In the initial stage of this thesis I have outlined three research hypotheses for the verification of which I carried out three studies, the final conclusions being a synthesis of the partial conclusions resulted at the end of each research, the guidelines followed within each section interweaving and tending to cover the complex phenomenon of nurses’ professionalization in the specific context of the Romanian society.

Finally, I formulated conclusions and recommendations drawn from the unification of the theoretical knowledge accumulated from the literature study and the field research in the hope that this approach will be useful, on the one part, to nurses in the self-awareness of their own identity and of their own professional context, and on the other hand, to researchers, sociologists and, not least, to healthcare stakeholders both in the development of future researches, evaluations and organizational diagnosis and in developing strategies and public health policies.

The first hypothesis proposed for verification assumes that professional autonomy and socio-political involvement of Romanian nurses are influenced by the stability, functioning and performance of the Romanian health system and reflect their wish to change the balance of power within the medical field and to assume a more complex professional role.

The second hypothesis states that, in Romania, the nurses’ professionalization is an emergent process, the dynamics of which is influenced by new forms of capital accumulation, by the removal of the forms of domination exerted on them by other professions in the medical field, by the awareness of the need for inner structural changes and by the elaboration of effective strategies of professional transformation.

The third and final research hypothesis proposed is that changes in nursing professional ideology in Romania are visible in the professional discourse and self-image of nurses and are influenced equally from the interior of the professional group and from the exterior, by the medical field and patients.

The stages of the research involved different methodological techniques and tools due to the diversity of the theoretical positions considered, to the complexity of the studied phenomenon and to the diversity of the perspectives involved. They consisted in a quantitative survey with questionnaire, followed by a qualitative research conducted through semi-structured
interviews and participant observation and the study of documents. These steps were followed by the analysis of the results and elaboration of conclusions and recommendations.

The thesis is structured into two theoretical chapters and three studies representing the field research, each of them making use of a distinctive research methodology and proposing distinct conclusions.

In the first chapter I briefly presented Pierre Bourdieu's theory that is present throughout the entire thesis, pointing out the main concepts used: field, habitus, capital, symbolic power, symbolic violence and doxa. Bourdieu’s theory of fields and social reproduction represents a point of support in the approach of the Romanian healthcare field.

In the same chapter I reviewed the main theories on professions and professionalization developed so far in the sociology of professions highlighting the opposition functionalism – interactionism, as well as the subsequent theories with their criticisms and differences of opinions on the key concepts underlying them: craft, occupation, profession, established profession. I also stressed the main attributes that an occupation must acquire during the process of professionalization in order to become a profession.

In the second chapter I examined the stages, trends and challenges that marked the nurses’ professionalization in Romanian and abroad. In the first phase, I showed up the major historical transformation from occupation to profession, then I pointed out the main mechanisms through which the nurses’ professionalization was conducted in USA and in Europe. I analyzed the modality in which it was made the assertion of the professional specificity and the nurses role in the regulatory texts, as well as their contribution to their autonomy in relation to the medical activity. I stressed out the differences in defining the role of nurses by the main international health organizations, the importance of publishing a dictionary of care provided by nurses to the stabilization of the specific professional terminology and the impact of the elaboration and implementation of practice guidelines and protocols on the clarity of the professional role and in emphasizing the complexity of nursing work.

I stressed the importance of introducing the nursing specific interventions classification, already implemented in the U.S. and in several European countries as an extremely useful tool in the struggle of nurses for professional recognition, for bringing to light certain hidden areas of
their work, for the standardization of their activity using a common language and for the permanent reproduction and updating of practices, thereby increasing professional autonomy.

In the same chapter, I presented the historical development of the profession in our country compared with the level of professionalism from other countries, on the background of the development of the public health system and nursing both before 1990 and after, focusing on forms of vocational education, on the changes occurred in the nurses’ education and on the changes of legal framework that regulated the practice.

The first study conducted clarified the perceptions of nurses about professional autonomy and their social and political involvement as a professional group.

The nurses’ self assessment of professional autonomy and regulatory levers was based on a questionnaire survey. The research was conducted in May 2011 - July 2011 and the sample included 411 nurses from Iasi county, of which 92% women and 8% men, the selection criterion being to cover a large number of health facilities. The questionnaire containing 15 questions was self-applied and the data collected had been processed using the software SPSS 11.0.

The study covered the three research objectives: to self-assess the professional autonomy and the regulatory levers, to emphasize the nurses’ opinions about the Romanian healthcare system and about their work conditions and to identify the directions for change and the professional role that nurses are ready to assume within the healthcare system.

The hypothesis originally proposed for verification was only partially confirmed, the professional autonomy and socio-political involvement of Romanian nurses were influenced by the stability, functioning and performances of the Romanian health system, even if this influence indicated their annihilation in a desperate attempt to preserve the precariously status quo, but preferred to the generalized and lasting instability. The alternative was represented by the partial exit from the system by getting employed in the private health sector or the total exit via the economic migration in countries with more efficient and better organized health systems and more attractive living standards.

Professional autonomy and socio-political involvement of Romanian nurses reflect, however, poorly the will of changing the balance of power within the medical field and of assuming a more complex professional role. This stage in the development of any emerging profession is present in the in early phase, namely the awareness of the progress made, of the
capital accumulated and of the benefits that will arise, and the acquiring of the power and levers mechanisms they can use to change the boundaries set within the system.

The second study aimed to identify the current status of the Romanian nursing professionalization through a qualitative research by applying semi-structured interviews to 22 nurses and other 8 professionals from the health field and by participatory observation.

The research focused on determining the degree of internal cohesion of the professional group and the factors that contribute to strengthening or weakening it, on outlining the nurses specific habitus, the capital accumulation mechanisms, the forms of domination to which they were victims, as well as shaping the professional vision on medium and long term and the strategies they intend to implement. In analyzing the data collected I relied on the schemes elaborated by Paul Pyronnet and François Roux for the teams coherence and cohesion assessment and strengthening, applying them to the professional group of nurses.

The research findings revealed that the professional group of nurses is in search for identity and in a stage of profound structural and content transformations. Among its members there is a trend of rapid capital accumulation, of multiplication of the available forms of capital, of values, aspirations and practices renewal and of building the instruments and means of attaining the status of recognized profession.

In this phase, due to the doubts and difficulties they face, the nurses’ professional group is in a constant oscillation between the priority orientation to everyday problems and the constructive orientation toward collective solutions, which to be agreed and implemented by the entire professional body. Also, it clearly came out the self awareness and search for political, legislative, union, academic support outside the group, to enable the mobilization of resources, the increase of autonomy and the change of power relations in the hospital and medical field, as well as the need for representative leaders able to strengthen the internal cohesion, to empower it, to enhance its development and social recognition.

The third study consisted in a qualitative research conducted in order to underline the nurses’ self-perception and the professional rhetoric specific elements, as well as the internal and external factors from the field that would influence them. The analysis of the corpus collected from the interviews was made using a qualitative analysis software that allowed the elaboration of semantic analysis, of perceptual maps and textual networks.
Data analysis revealed that among nurses there is a tendency of detachment from the health system, of disengagement, of non-identification with the health system, the reforming measures being perceived as external, imposed and frustrating. They feel they are not enough valued and rewarded for their work, hence the tendency to impose informal charge for the services provided to patients.

On the other hand, nurses perform their activity in the shadow of medical doctors, as a level two professional echelon, despite the fact that they are a large professional group. The lack of adequate professional and union representation makes them invisible in terms of the work done in the public space and normally visible only when there come up professional misconduct cases and serious irregularities in the system, that media amplify, creating thus a negative public image that turns into obstacles in the relation between nurses and patients.

The change of the professional group of nurses is perceived as an urgent need more from exterior, in the hope that this change will have positive and visible consequences on the health system, rather than by nurses themselves.

Significant changes may occur in the interior of the nurses professional group and implicitly increase their significance as a professional power and decision-making authority, according to their number only if the professional group decides to operate a deconstruction of the passive traditional image of religious origin that they promote and manage to enforce a new active social role, engaged in the social and political life.

The summary of the theoretical information and field research revealed that, in Romania, nurses are a relatively unified professional group with a uniform dynamic both in terms of specialities, wages, employment opportunities in the public or private health care sector or regarding immigration in other EU countries, as well as in terms of the positions of power they can handle in the hierarchy, unlike other EU countries. In France, for example, the process of professionalization is affected by the fragmentation of the professional body due to the multiplication of the professional associations around some clearly regulated and strongly profiled specialities, the development of research and polarization around certain theories or scientific publications, clustering around strong and dynamic leaders who impose their own directions.

For Romanian nurses, the only dividing lines within the profession are the level of education – nursing school or nursing college –, which distinguishes them as wages, professional
knowledge and status, as well as the complementary skills accumulated through other forms of academic education or professional training, which may indirectly boost them in the hierarchy, though ‘’the glass ceiling’’ made up of male representatives of the established professions prevents the break through the governing structures of the medical units, of the local, regional and national public institutions.

The altruistic vocation is still part of the habitus of Romanian nurses and represents a development vector for the members of the professional group, but they are still tributary to the attitude of submission, obedience and subordination which is also part of the historical tradition of the profession and prevents them to assert their opinion, to take action and produce the necessary changes for their professional well-being.

The process of professional socialization is particularly important for nurses, contributing to good interprofessional cooperation and to the creation of a strong professional network oriented especially to transmit the professional practice and to counteract the negative effects of the staff, equipment and medicine crisis within the system and less to build and implement a professional group strategy.

The strengthening of the nurses’ professional group cohesion is undermined by the attachment consolidated in time to the medical units where they work and to which they are subordinated hierarchically and administratively, in opposition to the professional organization which enjoys a newly shaped and still unclear presence contoured for most of members.

The process of change within the professional group is slow, on the one hand due to objective difficulties related to the functioning, stability and laws provided in the health system, and, on the other hand, due to insufficient opening of the professional group, built as a closed community, on the model of the established professions, as well as to the poor valorisation of the consultative process and of the reflective approach in the collective mind of the professional body.

Romanian nursing is still in an early stage of the process of professionalization, although many steps have been taken in the process of transformation from occupation to profession. Among the most important achievements are the recognition by the state of the status of profession, the construction of the logistics necessary at national level for the organization as a professional group according to the model of the established professions, the adoption of rules, regulations and of the European standards in education, professional development, ethics and
practice, even if their implementation is still done at formal level since there is insufficient experience and expertise and also due to autocratic and patriarchal reminiscences existing in society.