

## Exploring professional identity and mental health among registered nurses in Lagos state.

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### Abstract

*The nursing profession had made remarkable advances over the decades, yet the nurses' self-concept and social image had been a subject of discussion among patients. The discussion is usually centered on the identification of nursing work which lacks clarity and devalues the profession. This study therefore, sought the views of registered nurses in health facilities of federal tertiary educational institutions on professional identity and mental health among registered nurses in Lagos state. Qualitative study involved in-depth interview of fifteen nurses and three out-patients. Respondents were purposively selected. Patients were also interviewed to enhance respondents' validation. The study used thematic analysis for analyzing the data. Most of the nurses admitted that most public perceptions about them were in the negative but affirmed that nursing was their passion and they were proud of it. They attributed some of the negative tendencies to work overload, inappropriate placement and makeshift facilities that amplified work pressure, leading to emotional and psychological burnout. This calls for proper needs assessment involving stakeholders to achieve a sound profession that would enhance national development.*

*Keywords: Professional identity, Work identity, Mental health, Registered nurse, Social image*

### Introduction

Nurses form the largest group of health workers in Africa (AHPSR, 2004). Nigerian nurses by virtue of their number; knowledge and wealth of experience are well-positioned to play a leading role in improving the health of Nigerians. They form an integral part of the system because they are at the forefront of patient care and have prolonged engagement with patients and families (Edwards, 2008; Etowa et al, 2010).

Nigeria is the most populous country in Africa with an estimated population of over 180 million people (UNDP, 2015). This enormous population is serviced by approximately 136,000 nurses registered with the Nursing and Midwifery Council of Nigeria (Nursing world Nigeria, 2012). The poor nurses' to population ratio is the picture of most countries in sub-Saharan Africa (SSA). The average ratio of nurses per 100,000 people in sub-Saharan Africa (SSA) was a meager 73.4 in SSA compared to an average of 737.5 in nine selected

industrialized countries. On average, therefore, African countries had about 10 times fewer nurses than developed countries (World Bank, 2004).

The poor ratio is likely one of the contributors to the World Health Organization (WHO) estimates that, whilst Africa has 1.3% of the health workforce of the world, it has 25% of the disease burden (WHO, 2004). This load of work would affect the work environment and factors operating within this work environment like the work identity or professional identity. It has also contributed to burnout syndrome and psychological disturbances among some nurses. This could contribute to some of the mental health challenges facing the nursing profession. WHO has described mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (WHO, 2001).

Previous studies have linked nurses’ stressful workplaces, night duties, unfavourable organizational factors to adverse mental health like emotional exhaustion, anxiety, sleep problems and depressive disorder (Sluiter, de Croon, Meijman, & Frings-Dresen, 2003; Ardekani, Kakooei,

Ayattollahi, Choobineh, & Seraji, 2008; Chen, Wang, Hsin, Oates, Sun, & Liu, 2011; Zandi, Sayari, Ebadi, & Sanainasab, 2011). However, not many researchers in sub-Saharan region have explored the link between nurses’ professional identity and their mental health.

The focus of this research was, therefore, to explore how registered nurses assess professional identity and its effect on their mental health.

Professional identity centres on a ‘professional’ self-concept which describes how we perceive ourselves within our occupational context and how we communicate this to others. This evolves through work socialization and observation of our peers (Ibarra, 1999). This communication of self-perception to others (which includes patients) is crucial to nursing profession because, nursing practice is directed towards the goal of assisting clients to achieve and maintain optimal health in order to maximize quality of life across the lifespan (CNA, 2002). Understanding this could empower nurses to reflect on additional responsible and equitable role, change the traditional approach of how nurses perceived themselves and are perceived by others (especially their patients) and develop further pertinent thoughts about professional identity

(Friberg & Creasia, 2016; Giddens, 2017).

The positive perception by their patients could improve their self-image and possibly enhance professional identity.

The study employed Social Identity Theory (SIT) developed by Tajfel and Turner in 1979 which states that the groups (e.g. profession, social class, family, etc.) which people belonged to were an important source of pride and self-esteem. After being categorized as members of the group (such as health profession), individuals seek to achieve positive self-esteem by positively differentiating their in-group (the nurses) from a comparison out-group (other health professionals) on some valued dimension (relevance in health practice). In order to increase our self-image we enhance the status of the in-group to which we belong. Inability to enhance the status of this in-group may lead to low self-esteem within the in-group and being discriminated against by the out-group. The nursing profession had seemingly played a second fiddle over the years among other health professionals. Their pride and self-esteem could be enhanced by improving on how patients perceive them. This could further enhance how other health professionals perceive them and improved their professional identity.

The study's research questions are:

- i. How do nurses view the nursing profession?
- ii. How do patients perceive the work of a nurse?
- iii. Does nurses' poor professional identity have impact on their mental health?

Nursing as a distinct profession and training emerged in Nigeria through the missionaries in 1846 (Ajibade, 2012). Despite the age of entrance in the country, the identification of nursing work remains obscure, and often difficult to explain, and there is a risk that this lack of clarity devalues nurses' work. This might explain high turnover rate in the nursing profession. Turnover intention appears to be a trend and has been found to forecast the actual decision to leave the profession (Takase, 2010). University education would, therefore, assist in the construction of personal and work identity and create some stability in the individual and workplace (Dubar, 2005).

The societal perception of nursing as an occupation dependent on medicine, an occupation that required low educational level for its new entrants and a profession that relied on apprenticeship hospital-based training for its products tend to produce a negative professional identity on the nursing profession (Ojo, 2002). Waters (2005)

opined that image of nursing was inferior and undesirable, before the 18<sup>th</sup> century. Also, the early people involved in nursing had questionable character; therefore, reputation of nursing was low in the society. The attitude of people towards it was negative and nursing was seen as an employment that needed neither study nor intelligence (Patidar, Kaur, Sharma, & Sharma, 2011). Many studies see nursing as a struggling profession, trying hard to clarify its professional identity as compared to other professions, yet still lacks socio-professional recognition (Franco & Tavares, 2013; Willetts & Clarke, 2014). This affects the self-esteem of the nurses. Self-esteem enhances subjective feelings of one's professional values and could play a transformative role in the development of professional identity and reduces anxiety (Solomon, Greenberg, & Pyszynski, 2000; Olthuis, Leget, & Dekkers, 2007). Poor professional identity could therefore, be a reflection of low self-esteem and a trigger of adverse behaviour and mental health. Nursing career, however, had been further eroded by lack of definite job description, no streamlined criteria for administrative positions, no higher degrees for higher posts, dominance by doctors, poor autonomy and poor remuneration (Patidar et al, 2011). The

negative perception of the profession even stretches to developed countries and this was fuelled by the working environment and interaction with others in the health care arena (Emeghebo, 2012).

Nursing profession had made remarkable advances over the years, however, patients' perception about their image with respect to their overall impact on health care delivery and their ability to effect positive changes are still in the negative (Mering & Van Wyk, 2013; Jarrah, 2013 ). However, nurses in Takase, Maude and Manias (2006) study demonstrated being proud of their job, expressed competence and felt respected and trusted. This confidence from this class of nurses perhaps made some professional nurses to venture into research based academic and clinical areas (Umunna, 2004). However, students seeking admission into universities still perceive nursing as a far alternative. This is because, choice of a profession involves individuals identifying with idealized images (identity for oneself) and social identity (identity for others) of certain historically constructed professions (Dubar, 2005).

History has it that before 1981, nursing was adjudged a vocation in Nigeria, but by virtue of the Industrial Arbitration Panel (IAP)

award of 1981, nursing got the recognition of a full-fledged profession. However, the training of nursing professionals started rather as an informal on-the-job skill acquisition, an apprenticeship pattern that focused on strict obedience to institutional rules and regulations of practice and ethical conduct but with minimal opportunity for creativity, clinical decision making or professional development (Ojo, 2010). This false start may inform why some people still chose nursing profession as a last resort.

A mismatch sometimes does occur between the desired nursing roles and the actual role in practice as evidenced in decision making, professional recognition and opportunity to earn a higher income (Takase, et al, 2006). This mismatch between desired and actual roles can lead to misfit between a person and organization. Person-organization fit is the perception individuals have of similarity between themselves and an organization (Piasentin & Chapman, 2007). This is usually achieved either by perception of organization meeting individual need or individual's abilities meeting organization's demand (Kristof-Brown, Zimmerman, & Johnson, 2005). Discordance can create tensions between the individual's work and the organization. It is important to know that through work adults discover their identities

and build their characters as they internalise their work experiences (Gini, 1998). Sveningsson and Alvesson (2003) believed that professional identity is important for meaning; commitment; loyalty; the logics of action and making decisions; stability and leading change; group and inter-group relations; and organisational collaboration. This importance of professional identity makes it possible for workers to identify with their tasks, responsibilities, co-workers and employers (Buche, 2006) for effectiveness in the workplace. This implies that strong work identity as a part of professional identity can stimulate greater work engagement and organizational commitment, as well as consistent performance (Walsh & Gordon 2008). Additionally, individuals with strong work identity are less vulnerable to stress in ambiguous situations, since their ideas of themselves as professionals are not easily threatened (Elovainio & Kivimäki 2001).

The role individuals' professional identity could play cannot be overemphasized. It is the key way that individuals assign meaning to themselves, and it shapes work attitudes and affects behaviour (Siebert & Siebert, 2005). Behaviour can be adversely affected by job demands which are the physical and psychological cost of the job (Schaufeli & Bakker, 2004). This can lead to work-family

conflict whereby one's operations and actions at home are negatively affected by work demands (Demerouti, Geurts, Bakker, & Euwema, 2004). This is why a broader and more current definition of mental illness refers to the spectrum of cognitions, emotions, and behaviors that interfere with interpersonal relationships as well as functions required for work, at home, and in school (Johnstone, 2001).

Several studies have reported that higher nurse satisfaction is associated with better quality and safety of care for patients (Needleman, Buerhaus, Pankratz, Leibson, Stevens, & Harris, 2011; Zhu, You, Zheng, Liu, Fang, & Hou, 2012; Aiken, Sloane, Bruyneel, Van Den, & Sermeus, 2013). However, nurses' job satisfaction in different countries revealed that job satisfaction is usually moderate or low in the nursing profession ((Akgöz, Özçakir, Kan, Tombul, Altinsoy, & Sivrioğlu, 2005; Saygih & Celik, 2011; Yilmazel, 2013; Asegid, A., Belachew, T. & Yimam, 2014; Sabanciogullari & Dogan, 2015). Factors leading to nurses' job dissatisfaction have been well described as inadequate involvement in decision-making processes, poor relationship with the management, low wages and inadequate social opportunities,

lack of job security, poor public recognition for nursing, poor image of nursing, and inflexible working hours (El-Jardali, Dimassi, Dumit, Jamal, & Mouro, 2009; Aiken *et al.*, 2013). Combinations of these predisposed nurses to burnout syndrome. Nurses in particular however, have been found to experience higher levels of burnout compared to other health care professionals owing to the nature of their work

(Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Engelbrecht, Bester, Van Den Berg, & Van Rensburg, 2008). This burnout exposes the nurses to emotional exhaustion as well as loss of compassion for others (depersonalization) and a sense of low personal accomplishment (Lim, Bogossian, & Ahern, 2010; Nolan & Smojkis, 2003). Higher burnout is also commonly reported among psychiatric nurses compared to nurses of other specialties (Madathil, Heck, & Schuldberg, 2014). Letvak, Ruhm, and McCoy, (2012) reported a twice as high prevalence of depression among nurses compared to the adult population. These factors demoralize the nurses and impair their optimal output. Research findings revealed that morale for the nurses is unrelentingly low around the world (Callaghan, 2003; Hsu & Kernohan, 2006) and a significant



proportion wish to leave nursing (Ball & Pike, 2004). This will have negative impacts on national development as nurses' play vital roles in most national health programmes like immunization and contraception.

### **Methodology**

Use of a semi structured interview might be time consuming, however, it offers the researcher a more accurate indication of an individual's identity status, with the possibility to ask additional questions when needed, and opens more possibilities for new findings than self-rating (Marcia, 2007). Therefore, research design for the study was non-experimental that employed qualitative method. Total populations of fifteen registered nurses were purposively selected. A qualitative study however, is concerned with non-statistical methods and small samples, often purposively selected (De Vos, Strydom, Fouche & Delpont, 2011). The inclusion criteria were nurses with at least five years of working experience practicing in a hospital facility in the three federal educational institutions in Lagos (which are clinics in the University of Lagos, Federal College of Education, Yaba and Yaba College of Technology). The educational institutions were chosen so that nurses'

professional identity could be assessed even beyond contact with just fellow health workers. Nine nurses were interviewed in the University of Lagos clinics, two nurses in Federal College of Education and four in the Yaba College of Technology. The instrument used was the in-depth interview guide that explored the areas of the study which included the nurses' social demographics, nurses' view of the profession and how they think patients perceived their work and the impact of these perspectives on their mental health and contribution to national development. Three patients were also interviewed to enhance respondents' validation. Data obtained were analyzed by employing content analysis.

### **Discussion of Findings**

When nurses were asked how they view their profession, some of them were positively disposed to nursing being a noble profession and had this to say:

*I see nurses as the backbone of the health sector. They have the numerical strength. They are more or less the coordinators of the health care system. You nurse the sick ones; you take some to the theatres, to laboratory, to X-rays etc. Surely we*

*are overworked and this can lead to emotional outbursts and this is what patients see and comment on. We are marginalized both in reward system and in decision making. Nevertheless, I am proud and satisfied being a nurse. (Registered Nurse, Registered Midwife (RN, RM), Bachelor of Nursing Science (BNSc). Masters (Public Health), 25 years experience)*

A second respondent displayed similar faith in the profession as documented below.

*Rendering care to the needy is such a wonderful experience. However, some people see us as doing nothing within the hospital space. Some see us as drop-outs not as health workers. I think it is because of poor placement of nurses by some management. More so, there are no affiliations between school of nursing with colleges and universities in the country to make smooth transition from diploma in nursing to degree nursing. Institutions that offer degree nursing are few and usually full time. This makes it difficult to upgrade oneself in that department. However, I love this work, nursing is my passion and I am proud to be a nurse. (RN, RM,*

*Bsc and Msc in health education, 21 years experience)*

This is in keeping with research findings among nurses by Takase, et al (2006) where the nurses demonstrated being proud of their job, expressed competence and felt respected and trusted.

This feeling of being proud and respected was not universal as one of the respondents narrated.

*I don't feel proud working as a nurse in this country. It is difficult to make a positive change in this environment even among your colleagues. Nursing association are not fighting the battle well – lots of internal wranglings. The salary is low, we are not involved in decision making, we are overworked and yet not valued. Anyone studying nursing now just believes that one day she will travel abroad. The government and the licensing body are to blame for all these. We don't even know the categorization of our certificate (RNRM). What is its equivalent? (RN, RM, Bsc and Msc in Health Education, 15years experience)*



This corroborated findings by El-Jardali *et al*, 2009 and Aiken *et al.*, 2013 who listed factors implicated in nurses' job dissatisfaction as inadequate involvement in decision-making processes, poor relationship with the management, low wages and inadequate social opportunities, lack of job security, poor public recognition for nursing, poor image of nursing and inflexible working hours.

In the face of this dissatisfaction, it became necessary to know how nurses think that patients perceive nursing as a profession. One of the respondents had this to say:

*Some patients see nurses as rude and wicked. Nurses are not well rated, people see us somewhere below other health professionals. The reason is the certificate they issue in the school of nursing. We don't know where our certificates belong to; ordinary diploma, HND (Highest National Diploma) or what? No distinction in the profession between auxiliary nurses, Community Health Extension Workers (CHEW), diploma nursing, degree nursing. Everybody wears white. If medicine has auxiliary doctors, they will have the same problem nurses are having now. So*

*the negative view of nursing work is centered on this auxiliary thing. If you scrape them, we will be fine. Quack makes error and they say she is a nurse. However, there are people that still hold nurses in high esteem and give them their due respect (RN, RM, Bsc health education, 10 years experience)*

This all comers affairs painted in the statement above corroborated the research findings of Patidar, et al, (2011) which stated that the attitude of people towards nursing was negative and nursing was seen as an employment that needed neither study nor intelligence.

In view of nurses being perceived as rude and wicked, one of the out-patients recounted his ordeal in the hands of a nurse.

*From my personal experience, sometimes their interpersonal relationship leaves much to be desired. They are easily angered, and don't show empathy. They are not smart even in their dressing. They need a lot of orientation in the way they respond to emergencies (Out-patient, 25years, Postgraduate student).*

One of the nurses' displeasure on patients' perception about nursing profession was summarized as follows:

*I will discourage any of my relations from studying nursing, unless the person will travel abroad to work after completion of study. Also the person can go through academic pathway of doing BNsc (Bachelor of Nursing Science), Masters and then PhD (RN, RM, Bsc nursing in view, 8 years experience)*

Research findings revealed that morale for the nurses is unrelentingly low around the world (Callaghan, 2003; Hsu & Kernohan, 2006) and a significant proportion wish to leave nursing (Ball & Pike, 2004).

Low morale can be a trigger for mental health issues as documented below:

*Patients are almost always right. So, you have to do everything to satisfy them even if it is going to be stressful to you. The professional rivalry between doctors and nurses has not helped the mental health of nurses. Sometimes the doctors order you about with so many instructions in addition to your work overload and poor salary so; you can become*

*highly irritable and can snap at this point in time. Some suffer sleeplessness from prolonged night duty and might eventually have nervous breakdown (RN, RM, Bachelor of Nursing Science (BNSc), 6years experience).*

The mental health triggers for some are products of environment of operation as stated below.

*We operate in very stressful environment. No modern equipment, work overload, of course with the stressors come emotional imbalance like being easy irritability, poor interpersonal relationship and sometimes transferred aggression either from spouse to work or vice versa. (RN, RM, Bachelor of Nursing Science (BNSc). Masters (Public Health), 25 years experience)*

The statements on mental health corroborated findings by Aiken et al, (2002) and Engelbrecht et al, (2008) which indicated that nurses have been found to experience higher levels of burnout compared to other health care professionals owing to the nature of their work. However, Letvak, et al (2012) reported a twice as high prevalence of depression

among nurses compared to the adult population.

The nurses' contributions to national development were highlighted by some of the respondents. Their statements were captured as follows

*There is no corner of this country that you will not find a nurse, even places that other health workers are afraid to go. By this nurses are extending health care to the door step of people in rural areas and hard to reach areas. So they are the anchor of primary health care and this is vital for national development.*

Nurses' contribution to national development was further highlighted by another respondent.

*Nurses contribute to national development. Speedy recovery amounts to recovery of productivity. Nurses anchor most family planning clinics where population control takes place for national development.*

However, there could be a link between poor professional identity and adverse mental health development as captured in the statement of this respondent.

*When people ask me what I do for a living, I hesitate to tell them that I am a nurse. I was a bright student in my secondary school days; sincerely I don't know how I got into this profession. Some of the students I was better than studied Medicine, Engineering, Law etc. and they now look down on me. This has created so much anxiety and an internal conflict within me and I know one day I will leave this profession. I am sorry speaking this way but the social value of a nurse is rather disturbing. When you speak they say after all she is a nurse (RN, RM, Bachelor of Nursing Science (BNSc), 9years experience).*

This could be a product of low self-esteem occasioned by poor professional identity. Previous studies see self-esteem as an enhancer of professional values and transforms development of professional identity while reducing anxiety (Solomon, Greenberg, & Pyszynski, 2000; Olthuis, Leget, & Dekkers, 2007). Lack of self-esteem would therefore, create poor professional self-concept and adverse mental wellbeing.

## **Conclusions**

Some of the nurses interviewed had advanced in their career and had a positive self-concept and professional and work identity despite the persisting negative social image (see fig. 1). However, for some of them the major changes affecting their self-concept were the non categorization of their certificate obtained from the school of nursing and its non affiliation to any tertiary institution for further course upgrade. Of concern also, is the infiltration of the profession by auxiliary nurses without clear professional categorization. Still to ponder were factors that were adverse to their mental health which included work overload, poor facilities, poor salary and professional rivalry with the doctors.

### **Recommendations**

1. There is need for stakeholders in the nursing profession to look into the professional training needs of nurses with a view to enthroning best nursing practice, enhance professional self-concept and consolidate professional identity.
2. Appropriate nurses' patients' ratio should be evaluated and implemented to avoid burnout syndromes that might trigger off unfavourable mental health.

3. There should be need for stakeholders in health sector to evaluate the reward system of nurses (especially, placement and involvement in decision making) to enhance their productivity and contribution to national development.

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