I am I said to no-one there" - The Development of a Four Factor Model of Professional Identity -The 4FM-PI

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Background

Multi-graded positions on community mental health teams have led to blurred boundaries and role overlap between psychiatry, nursing and allied health professionals. Evidence from the frontline of clinical care suggests that a loss of professional identity (PI) and feelings of disempowerment can result.

Professional identity is more than a sense of belonging or attachment to a professional group (Canrinus et al. 2012; Kelchtermans 2012).

The aim of PI has been associated with less turnover in teachers, doctors, social workers and nurses, increased job satisfaction, greater motivation and effort to provide high quality patient care and optimal performance in multidisciplinary teams.

Aim

The aim of this study was to develop a new model of PI. This was done by testing 3 hypotheses.

Hypotheses

1. Strength of professional identity will have a positive relationship with greater proportion of time spent engaged in discipline specific activities. This emerged from the understanding that professional identity was originally conceptualised as comprising two factors, belonging and attachment
2. Strength of professional identity will have a   positive relationship with power.
3. There will be a significant difference in strength of professional identity between   inpatient and community staff across the five disciplines.

Methods

Setting: a large metropolitan Mental Health Service (MHS).

Participants: nursing, occupational therapy, psychiatry, psychology and social work professionals.

Method: an on-line survey consisting of four psychometric measures: the Demographic Data Questionnaire (DDQ), Mental Health Activities Checklist (MHAC), Professional Identity Scale (PIS) and Power Questionnaire (POWQ).
Analysis: inferential statistics.

Results

Across the five professions, 320 staff participated, for a 44% response rate.

The average PIS scores for each discipline were Social Work (PIS= 4.40), Psychology (PIS= 4.48), Occupational Therapy (PIS= 4.54), Nursing (PIS= 4.58) and Psychiatry (PIS= 4.62).

Professional Identity

H1:There was a weak positive correlation (r=0.230, n=320, p <.0001) between PIS and time spent on discipline specific activities (MHAC).

Discipline Specific and Generic Activity

H2: There was a weak positive correlation (r=0.359, n=320, p <.0001) between PIS and Power.

Power

H3: Even though inpatient staff had higher average PIS (μ=45.77) and Power (μ=4.11) scores than community staff, PIS (μ=44.80) and Power (μ=3.98) the differences were not statistically significant.

The 4FM-PI

Conclusions and Clinical Implications

- Professional identity is a complex construct. The study of professional identity has moved beyond a two-factor model of the construct.
- The results confirmed a four-factor model of professional identity, the 4FM-PI which includes: belonging (tribal theory), attachment (role theory), power (organisational hierarchy) and activities (discipline specific and generic). Strong PI in health professionals is associated with high quality patient care.
- The model of professional identity developed and empirically tested by the researcher here offers a theory-driven, multifactorial and nuanced approach to this construct.
- The research explored the nexus between activities, skills, professional identity and power. The research examined how the interplay between these four themes promoted contested roles and a negotiated order between the five largest disciplinary groups in the public mental health service, and how that has impacted on the delivery of consumer care.

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