




**ORIGINAL RESEARCH:  
EMPIRICAL RESEARCH - QUALITATIVE**

# Discursive constructions of professional identity in policy and regulatory discourse

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**Abstract**

**Aim:** To examine and describe disciplinary discourses conducted through professional policy and regulatory documents in nursing and midwifery in Ireland.

**Background:** A key tenet of discourse theory is that group identities are constructed in public discourses and these discursively constructed identities become social realities. Professional identities can be extracted from both the explicit and latent content of discourse. Studies of nursing's disciplinary discourse have drawn attention to a dominant discourse that confers nursing with particular identities, which privilege the relational and affective aspects of nursing and, in the process, marginalize scientific knowledge and the technical and body work of nursing.

**Design:** We used critical discourse analysis to analyse a purposive sample of nursing and midwifery regulatory and policy documents.

**Method:** We applied a four-part, sequential approach to analyse the selected texts. This involved identifying key words, phrases and statements that indicated dominant discourses that, in turn, revealed latent beliefs and assumptions. The focus of our analysis was on how the discourses construct professional identities.

**Findings:** Our analysis indicated recurring narratives that appeared to confer nurses and midwives with three dominant identities: "the knowledgeable practitioner," the "interpersonal practitioner" and the "accountable practitioner." The discourse also carried assumptions about the form and content of disciplinary knowledge.

**Conclusions:** Academic study of identity construction in discourse is important to disciplinary development by raising nurses' and midwives' consciousness, alerting them to the ways that their own discourse can shape their identities, influence public and political opinion and, in the process, shape public policy on their professions.

**KEYWORDS**

discourse, identity, midwifery, nursing, policy, professional, regulation

## 1 | INTRODUCTION

The Nursing and Midwifery Board of Ireland (NMBI) is the professional regulatory authority for nursing and midwifery in Ireland. The Department of Health (DOH) is the Government department with overall responsibility for health policy in Ireland, including policy about the development of the nursing and midwifery resource. From time to time, the NMBI publishes guidance documents for practitioners, in such areas as scope of practice and standards for professional education (NMBI, 2015, 2016). Similarly, the DOH publishes reports on nursing and midwifery, including evaluative reviews and future-oriented policy statements on the educational preparation, development and deployment of nurses and midwives (Government of Ireland, 1998, 2000).

Taken in their totality, these regulatory and policy documents constitute a professional discourse, which can be defined as debates about nursing and midwifery policy and practice, conducted by nurses and midwives; that is, the way the professions discuss themselves with themselves. As professional discourse, the documents realize dominant and recurring narratives that represent nursing and midwifery in particular ways and carry both explicit and latent ideas, beliefs, assumptions and values. As an essentially *public* discourse, they also reveal how nursing and midwifery are talked about and, in this way, give a basis for analysing discursive constructions of professional identities. Importantly, the discourse presents a window on how the disciplines of nursing and midwifery “talk” about themselves to themselves.

### 1.1 | Background

Several authors have examined nursing’s disciplinary discourse using the method of critical discourse analysis and have variously used the analytical methods described by Fairclough (2010) (Fealy & McNamara, 2007; Gillett, 2012, 2014; Kelly, Fealy, & Watson, 2012; Middleton & Uys, 2009), Potter and Wetherell (1987) (Middleton & Uys, 2009), Wetherell, Taylor, and Yates (2001) (Fealy & McNamara, 2007; Gillett, 2012), Gee (2005) (Fealy & McNamara, 2007; McNamara, 2010) and van Dijk and Kintsch (1983) (Gillett, 2012; McNamara, Fealy, & Geraghty, 2012). Some authors have also studied midwifery discourses using the Potter and Wetherell’s (1987) iterative analytic scheme (Lee & Kirkman, 2008) or using a metasynthesis of qualitative studies informed by the Noblit and Hare’s (1988) method (O’Connell & Downe, 2009).

The texts studied typically include documentary materials, media items and interviews and focus groups. For example, authors have analysed existing published discourses (Fealy, 2004; Gillett, 2012, 2014; Grealish & Trevitt, 2005), including newspaper texts (Fealy, McNamara, Treacy, & Lyons, 2012; Gillett, 2012, 2014), online texts (Kelly et al., 2012; McNamara et al., 2012), historical texts (Fealy & McNamara, 2007) or discourse conducted in everyday practice (Middleton & Uys, 2009), while others have generated discourse as primary textual data through focus groups and interviews (Grealish & Trevitt, 2005; McNamara, 2010).

#### Why is this research or review needed?

- Professional identities are socially constructed through public discourse and, hence, it is important for nurses and midwives to be alert to both the form and content of discursively constructed identity.
- While several studies have analysed discourse in professional debates and in media texts, few have examined the latent beliefs, assumptions and values in policy and regulatory documents.
- The study of identity construction is important scholarship in that it raises nurses’ and midwives’ consciousness, alerting them to how ideological positions can assign identities to them.

#### What are the key findings?

- Using a social constructionist approach, we uncovered recurring narratives in policy and regulatory documents that revealed latent beliefs, assumptions and values.
- Three discursively constructed identity types revealed themselves in the discourse: “the knowledgeable practitioner,” the “interpersonal practitioner” and the “accountable practitioner.”
- The discourse carried assumptions about the form and content of disciplinary knowledge.

#### How should the findings be used to influence policy/practice/research/education?

- Authors of professional policy and regulatory documents need to recognize that documents have significance beyond the texts themselves, since they constitute public discourse that has constitutive powers, capable of constructing professional identity.
- Discursively constructed professional identity can influence public and political opinion and, in the process, shape professional policy.
- When incorporated into analytical frameworks, critical discourse analysis is an important tool in policy analysis and review.

#### 1.1.1 | Recurring narratives and professional identities

Discourse is understood as language-in-use comprising words and phrases configured in ways that express certain ideas and assumptions. In discourse, narratives can be identified that are realized by and through the content and forms of language that comprise a particular discourse. Narratives can become dominant, in that through repeated use, they come to instantiate commonly held ideas. Authors have drawn attention to such dominant narratives, such as

that which privileges the relational and affective aspects of nursing and in the process, marginalizes the doing aspects and the scientific knowledge for the technical and body work of nursing (Nelson & Gordon, 2006). This narrative has been variously described as the “virtue script” (Gordon & Nelson, 2005) and the “caring science” narrative (Fealy & McNamara, 2015; Koch, Leal, & Ayala, 2016). A related narrative is one that discursively constructs contemporary university nursing education as imperfect in contrast to an idealized past of practical training (Fealy & McNamara, 2007; Gillett, 2012, 2014).

A key tenet of discourse theory is that public discourses construct identities and that these discursively constructed identities themselves become social realities (Fairclough, 2010; Gee, 2014). By analysing both professional and popular nursing discourse, several authors have demonstrated how nursing identities are constructed (Fealy, 2004; Fealy & McNamara, 2007; Gillett, 2012; Grealish & Trevitt, 2005) and how the discourse continues to position nurses and nursing in traditional stereotypical and gendered ways (Fealy & McNamara, 2007; Gordon & Nelson, 2005; Kelly et al., 2012). Similarly, studies of midwifery discourse have shown how the midwife is constructed with the identity of woman’s advocate in the face of medical hegemony (Lee & Kirkman, 2008; O’Connell & Downe, 2009). Discourse associated with curriculum and pedagogy reveals nursing to be a relatively weakly bounded discipline with a poorly defined and articulated body of knowledge (McNamara, 2010; McNamara et al., 2012).

The study of professional identity, as constructed in and through public discourse, is important in illustrating how the nursing profession sees itself and its social mandate, and how the public views the profession (Gordon & Nelson, 2005; Kelly et al., 2012). This paper reports on one element of a larger national study, reported elsewhere (Casey et al., 2017), aimed at developing a framework for policy formulation, analysis and evaluation. In developing the framework, the project team aimed to demonstrate the utility of analysing both the *content* domain of regulatory statements and policy reports and to that end, selected critical discourse analysis (CDA) as the means of doing so.

## 2 | THE STUDY

### 2.1 | Aims

We selected CDA as a distinct method of critically analysing the *content* of regulatory and policy documents in an Irish context, since it enabled us to investigate the constitutive effects of the documents by identifying recurring narratives that might reveal latent ideas, beliefs and assumptions. Informed by discourse theory and the literature on identity, we established the following study objectives:

1. Examine disciplinary discourses conducted through professional policy and regulatory documents in nursing and midwifery.
2. Identify recurring narratives concerning (a) the nature of professional practice (b) the professional role and (c) education for the professional role.

3. Identify and name the nursing and midwifery identities that are socially constructed in the discourses.
4. Discuss the implications of these constructed identities for professional policy and regulation.

## 3 | STUDY DESIGN

Critical discourse analysis is a method of inquiry that takes language-in-use as its data; it analyses language for both explicit and latent meanings that is going beyond what is overtly stated in texts to reveal underlying ideas and assumptions that are realized by the ways the texts are composed. Concerned with language as naturally occurring data and as social action (Fairclough, 2010), CDA investigates how social actors use language to construct self-interested and persuasive versions of the world and uncovers the power relations at work in their accounts (Fealy et al., 2012). The approach offers a rigorous method for analysing both popular and professional discourse and is particularly concerned with the ways that some discourses come to dominate under certain cultural and historical conditions and in broader socio-political contexts, including health care.

### 3.1 | Data collection

In selecting our texts to demonstrate how CDA can be applied to the analysis of texts in a wider policy analysis framework, we purposefully selected three regulatory documents and one policy document. The rationale for selection was based on the specific requirements of a larger commissioned study on which this paper is based, and which involved the development of an analytical framework for policy analysis in professional regulation. Additionally, the sample represented exemplars of contemporary documents that described and discussed professional regulation and policy in nursing and midwifery.

### 3.2 | Sample

The sample included two professional regulatory documents published by the NMBI, namely the *Code of Conduct and Ethics for Nurses and Midwives* (NMBI, 2014) (hereinafter the Code) and the *Scope of Nursing and Midwifery Practice Framework* (Nursing and Midwifery Board of Ireland, 2015, 2016) (hereinafter the Scope Framework). Since both documents constitute guidelines on professional practice, each registered practitioner is expected to be familiar with and, where appropriate, use them in their daily practice. We also analysed a precursor review document that gave rise to Scope Framework; this was the *National Review of the Scope of Professional Practice Framework Final Report* (Fealy et al., 2014) (hereinafter Scope Review). In 2012, the Irish DOH published the *Review of Nursing and Midwifery Undergraduate Programmes* (DOH, 2012) (hereinafter Undergraduate Review), the final report of a national review of all undergraduate preparatory training programmes in nursing and

midwifery that were introduced in the early to mid-noughties in Ireland. The review was conducted on the basis that, since the programmes were in existence for over a decade and had not been evaluated at a national level, such a review was warranted. As a national policy review, the Undergraduate Review contained a synthesis and distillation of the thoughts and beliefs of nurses and midwives about professional preparatory education.

### 3.3 | Ethical considerations

The main data sources for this discourse analysis study were extant published policy and regulatory documents, and hence under the criteria for ethical review of the lead author's institutional review board, ethical review was not warranted. Our study also involved analysis of some secondary data, specifically, anonymized interview transcripts of focus groups, interviews and written submission that were generated as part of the Undergraduate Review and the Scope Review. The results of the analysis of this secondary data, for which Research Ethics Committee approval was granted in the original studies, are reported elsewhere.

### 3.4 | Data analysis

We treated all four documents as a single data set. Our analysis of the texts was informed by key authors in the theory and method of CDA, including Fairclough (2010), Wetherell (1998) and Gee (2014). For example, Gee (2005, 2014) proposes that there are several building tasks of language that include building identities. A key challenge in our analytic process was to examine the discourses in a systematic and rigorous way, consistent with the epistemological and theoretical assumptions of CDA (Greckhamer & Cilesiz, 2014).

### 3.5 | Rigour

Since discourse analysis relies on interpretation, it was important therefore to maintain transparency and assure rigour of our methodological processes and to that end, we applied the following analytical steps: (a) read and become familiar with the texts; (b) analyse the texts to identify prominent key words and statements; (c) identify the dominant discourse to uncover unspoken and unstated assumptions; and (d) discuss the policy and practice implications of the dominant discourse. Three members of the research team analysed all the documents and used this four-step process, initially acting independently when analysing the texts and then discussing the findings to arrive at a consensus as to the emerging discourse. The focus of analysis in this sensitizing framework was to reveal discursive constructions of professional identities that the texts might reveal (Gee, 2005, 2014).

## 4 | FINDINGS

Our analysis indicated recurring narratives that appeared to confer nurses and midwives with certain identities. Three identities

emerged as dominant: "the knowledgeable practitioner," the "interpersonal practitioner" and the "accountable practitioner" (Figure 1). These identities were evident in all the texts.

### 4.1 | The "knowledgeable practitioner"

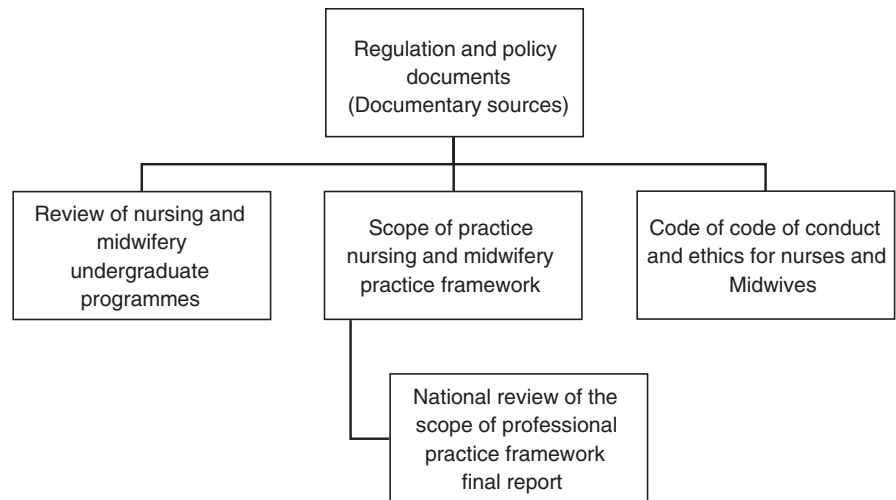
The idea of the knowledgeable practitioner, often expressed as "the knowledgeable doer" in early policy discourse proposing educational reform (UKCC, 1986), has been prominent in professional discourse for several decades. The texts that we analysed suggest that this idea remains enduring and dominant in professional discourse and continues to be deployed to justify the continuance and consolidation of the nursing and midwifery degree programmes in Ireland. For example, the Undergraduate Review declared that "nursing or midwifery school graduates will be knowledgeable practitioners" and the Scope Review referred to "the development of a highly educated and skilled workforce of nurses and midwives" (p. 44). The Code similarly entreats nurses and midwives to use evidence-based knowledge and to "value research ... [which is] central to the nursing and midwifery professions" (p. 20).

Phrases associated with the "knowledgeable practitioner" included "professional competence," "knowledge and cognition," the "sciences of nursing/midwifery," "evidence-based scholarship," "critical and analytical thinking" and "professional scholarship," defined as "disciplinary knowledge, behaviours, values and attitudes" (Undergraduate Review, p. 46). The Scope Review referred to "professional competence" as "the quantum of critical thinking, knowledge ... judgement, skill and practice, as well as metacognition" (p. 49). Knowledge was viewed as a prerequisite for other competencies, such as clinical leadership, which demanded "clinical decision making ... informed by up-to-date knowledge and skills, intelligence, insight and understanding" (Undergraduate Review, p. 32).

The Undergraduate Review also emphasized broad and generic areas of knowledge, such as knowledge about the context where nurses and midwives practice; hence, the texts spoke of the need for learning about: "developments in health policy and service delivery," "the quality and safety agenda," "models of community support" in chronic disease management and "healthcare issues [among] ... diverse, multi-cultural, minority and ethnic groups" (p. 38). Related to this was the requirement to prepare nurses and midwives with the knowledge to practice "now and into the future" (p. 51), which implied that the content of preparatory training was necessarily contingent and tentative:

*It was acknowledged that there would always be cycles of change driven by research and development and the needs of patients, clients and their families. There was a limit, however, as to the amount of content that could be captured in an undergraduate curriculum (Undergraduate Review pp. 8–9).*

Where knowledge for practice was discussed, generic competencies were emphasized, including: "clinical judgement ... and decision-



**FIGURE 1** Documentary sources: texts selected for discourse analysis

making,” “leadership”; “general management and team working skills”; “the ability to use evidence”; and “cultural competence” (Undergraduate Review, p. 38). Essential clinical skills were similarly described in broad terms, such as “health assessment skills and the use of early warning scores”; “physical and psychosocial assessment”; “pharmacology and medication management”; and “end of life care” (Undergraduate Review, p. 38). In a similar way, rather than emphasizing precise forms and types of knowledge, the Code entreated nurses and midwives to “deliver safe and competent practice based on best available evidence” (p. 21) and to “exercise professional judgment” (p. 23). The Scope Framework also declared that, in their practice, nurses and midwives possess and use “various kinds of knowledge in a critical manner” (p. 15). Where the texts discussed knowledge for clinical practice, they were also not explicit, but instead, the form and substance of knowledge was implicit in statements like “the [undergraduate] curriculum should reflect the ongoing developments in care and treatment . . . [and] current best practice” (Undergraduate Review, pp. 8–9.).

## 4.2 | The interpersonal practitioner

As researchers, we were already sensitized to an enduring professional discourse that tends to privilege the interpersonal and dispositional over the knowing and doing aspects of nursing practice (Fealy & McNamara, 2007; Nelson & Gordon, 2006) and in our analysis of the four documentary texts, our sensitizing framework revealed several examples of this discourse. For example, the Code advised the nurse and midwife to be “kind and compassionate in your practice” (p. 21) and to “develop relationships of trust with patients” (p. 24). Similarly, the Undergraduate Review spoke of the need to develop “compassion and caring for others” (p. 52) and “a person-centred philosophy of care” (p. 57) through preparatory professional training. The Code (Nursing and Midwifery Board of Ireland, 2014) was foregrounded with definitions of “therapeutic relationship” (p. 5) and “quality of practice” (p. 20); the latter construct was defined, not with reference to either content or

outcomes of care, but rather included reference to the transactional aspects of practice, thus:

*[Quality of practice] focuses on safety, competence, kindness, compassion, caring and protection from harm (p. 20).*

The Scope Framework spoke of nursing in terms of it being a “therapeutic relationship”, stressing the interpersonal and the dispositional:

*Fundamental to nursing practice is the therapeutic relationship between the nurse and the patient that is based on open communication, trust, understanding, compassion and kindness and serves to empower the patient to make life choices (p. 8).*

The document similarly stressed the dispositional dimension of midwifery practice, declaring: “fundamental to midwifery practice is the provision of safe competent, kind and compassionate care” (p. 13).

The Undergraduate Review described the required competencies for nursing practice; these included “interpersonal relationships”, “therapeutic relationships” and “person-centred holistic care” (p. 78). The competencies for midwives similarly included “holistic midwifery care,” whereby midwifery practice was concerned with providing “holistic support . . . [including] emotional support” (p. 77). The Scope Framework declared that “nursing care is holistic in nature, grounded in an understanding of the social, emotional, cultural, spiritual, psychological and physical experiences of patients” and the document recycled the same definition for midwifery care by merely replacing the word “patient” with “woman” (pp. 8 and 14).

In the Undergraduate Review, higher education institutions and their associated training hospitals were entreated to “ensure that the values of treating people with care and compassion, with dignity and respect and with impartiality remain at the core of the student experience” (p. 14) and the dispositions of “compassion and caring” (p.

52) were declared as being an integral part of professional scholarship. The graduate nurse or midwife was expected to “practice from a holistic, caring framework” (p. 48). Similarly, in making recommendations for the content of undergraduate instruction, the Undergraduate Review called for a “renewed emphasis on the core values of compassion, empathy and caring” (p. 38). The Undergraduate Review also stated that preparatory professional education should support “the development of a therapeutic relationship between the nurse or midwife and the patient” (p. 57) and declared: “nothing stands still, which requires all of us to have a more open and engaged approach with patients” (p. 5). The Scope Review represented “good nursing” as involving working in “proximity to patients providing total patient care” and the Undergraduate Review spoke of nurses and midwives “delivering care 24/7” (p. 5).

### 4.3 | The accountable practitioner

In both the explicit and implicit content of the texts, the discourse carried the view that knowledge or interpersonal skills were not, in themselves, sufficient to practice nursing or midwifery safely and effectively; hence, the discourse conveyed the notion that professional practice encompassed an ethical-professional dimension. The identity of “accountable practitioner” was sustained in the idea that the nurse or midwife was governed by a professional regulatory framework and by the individual practitioner’s own ethical sense; hence graduates were expected to “adhere to the code of ethics and standards” (Undergraduate Review, p. 28).

The identity of accountable practitioner was especially evident in the Code, which declared: “you must act within the law and follow the rules and regulations [of the Board]” (p. 17). While the Code included frequent mention of “professional responsibility” and “professional accountability”, the Scope Review also referred to practitioners as needing to be empowered, through professional knowledge and skills, “to act autonomously”.

The Scope Framework stressed nurses’ and midwives’ accountability in decision-making, including accountability for making decisions about their own scope of practice and accountability when delegating tasks to others. The Scope Review described the Scope Framework as follows: “As an enabling framework, it . . . emphasises nurses” and midwives’ individual accountability in making decisions about their roles and responsibilities’ and it defined the scope of professional practice as being “closely associated with notions of professional conduct, accountability and self-governance and expanded practice” (Scope Review, p. 2). The Code was more explicit in naming the sphere of professional responsibility and accountability as including “practice, attitudes and actions, including inactions and omissions” (Nursing and Midwifery Board of Ireland, 2014, p. 16). The Undergraduate Review exemplified the idea of the self-regulated, autonomous practitioner in the following:

*Establishing a clear understanding of what it means to belong to the professions of nursing and midwifery . . .*

*[is] the foundation to establishing the values, attitudes and behaviours that underpin good professional practice (p. 10).*

New graduates were required to practice within clear parameters of conduct that included “professional behaviours . . . appropriate relationships with clients and colleagues, attitude and appearance [and] professional responsibilities and accountability” (Undergraduate Review, p. 46).

## 5 | DISCUSSION

Discourse has constitutive powers, constructing subjects, objects or abstract ideas. It shapes and is shaped by the context where it is enacted. This paper presented an analysis of a disciplinary discourse conducted in Irish nursing and midwifery, revealing three discursive constructions of professional identity: the knowledgeable practitioner, the interpersonal practitioner and the accountable practitioner. These discursive constructions are not unique to Ireland. While the documents that we analysed were prepared for specific purposes that is to regulate professional practice or to communicate policy, they nonetheless represented naturally occurring data and, as such, conveyed self-interested and persuasive versions of nursing and midwifery. The analysis revealed how the texts are both structured by extant discourses and, at the same time, maintain these discourses.

The three professional identities that emerged as dominant in the discourse were evident in the range of texts that discussed aspects of the professional role of nurses and midwives, including the graduate attributes that professional preparatory training was expected to develop, the scope of professional practice and legal and ethical aspects of the nursing and midwifery roles. The evidence from this analysis suggests that nursing and midwifery in Ireland continue to engage in a professional discourse that carries assumptions about the nature of the professional role (Nelson & Gordon, 2006), the relationship between nursing and midwifery to society (Fealy, 2004; Koch et al., 2016) and the form and content of professional knowledge (McNamara & Fealy, 2014).

The idea of “the knowledgeable doer” has been prominent in discourse concerning the education of nurses over several decades, particularly in the UK and Ireland, and has been deployed in debates that seek to justify the move from hospital-based training to university-based education (Drennan & Hyde, 2009). The present discourse presented disciplinary knowledge as consisting of broad, undifferentiated forms, for the most part and in the process, conveyed no real sense that knowledge could be constituted as distinct, with its own conceptual structure, form-specific concepts or truth criteria (Hirst, 1974). Nor was there any attempt to differentiate practical and theoretical knowledge, in terms of their forms or structures, or the relationships between them (McNamara & Fealy, 2014). By emphasizing generic forms of knowledge and competencies and knowledge about the context of practice, the texts were largely silent in naming forms



of knowledge that might otherwise confer notions of *scientific* knowledge or, unthinkable, medical knowledge (McNamara & Fealy, 2014; Nelson & Gordon, 2006). For example, apart from generic competencies, the Undergraduate Review did not discuss specific the forms of scientific knowledge for the actual *clinical* work of nurses and midwives (McNamara & Fealy, 2014), such as that required for care of the sick or injured body, or in the case of midwifery, for the management of labour and childbirth.

A specialized and distinctive form of disciplinary knowledge is a prerequisite for a stable epistemic community of practitioners (McNamara, 2010). In the discourses that we examined, the texts carried a dominant discourse of nursing and midwifery practice as an interpersonal process that worked to decentre the scientific and technical aspects of the disciplines (Gordon & Nelson, 2005). In this way, the texts tended to represent the disciplines through a "lens of sentimentality" (Nelson & Gordon, 2006) and, thereby, constituted a discourse that took the ubiquitous form of the "virtue script" (Gordon & Nelson, 2005). By valorizing those aspects of the professions that seem naturally appealing to the public, such as kindness, compassion and caring, the discourse may represent an appeal for social legitimacy and public validation of a distinct practice in health care. Moreover, by privileging kindness, compassion and caring as the essence of practice, the discourse carried both explicit and implicit claims that nursing and midwifery are "holistic professions," whose "caring science" practice is detached from biomedical practice (Koch et al., 2016).

Being noncommittal about disciplinary knowledge, the discourse was, as a consequence, noncommittal about professional roles, suggesting instead that nursing roles were relatively weakly bounded, being highly flexible and unspecialized, and merging with and incorporating aspects of the roles of other professionals (McNamara et al., 2011). However, this was somewhat counterbalanced in those elements of the texts that demonstrated nurses' and midwives' evident willingness to embrace new and expanded roles and to demonstrate accountability in professional practice and service. This suggests that nurses and midwives seek to realize their disciplinary autonomy by embracing role expansion. Moreover, the fact that nurses and midwives debate ontological, policy and professional matters is itself a testament to their disciplinary empowerment and a desire for professional autonomy (Drennan & Hyde, 2009). Ironically, by constructing professional identity through a discourse that defines disciplinary knowledge in broad and generic terms and which characterizes professional practice as an interpersonal process, nurses' and midwives' agency in negotiating professional autonomy may be weakened.

Several authors have highlighted how discourse functions to construct nursing or midwifery identities and have shown how these identities, in turn, serve self-interests, both internal and external to the professions (Fealy, 2004; Fealy & McNamara, 2007). Several authors point to a discourse that propagates public images of nursing, proffering a simplistic, stereotypical and inaccurate professional image, which is antithetical to disciplinary advancement and call instead for a counter discourse that more realistically portrays the

discipline (Fealy & McNamara, 2007; Gillett, 2012; Gordon & Nelson, 2005; Kelly et al., 2012). Such a counter discourse should name the work that nurses and midwives do, including the physical body work (Nelson & Gordon, 2006) and should identify the precise forms of knowledge needed to inform clinical work, including medical knowledge (McNamara & Fealy, 2014; Nelson & Gordon, 2006).

Evidence of popular discursive constructions of nursing identities indicate that nursing stereotypes persist in public media, including new social media (Kelly et al., 2012). These stereotypes incorporate taken-for-granted gender categories (Fealy, 2004) and include both favourable (e.g. "skilled knower and doer," "self-confident professional") and unfavourable (e.g. "sexual plaything") identities (Kelly et al., 2012). In professional discourse, constructing nursing and midwifery identities, primarily with reference to dispositions like compassion and empathy, implies that professional nursing and midwifery practice is merely concerned with relational and affective professional engagement and that these are the exclusive concerns of nurses and midwives. This discourse has been widely propagated by early nursing theorists, such as Watson (2005) and Parse (1999), who sought to distance nursing from the natural sciences and instead locate it firmly in the human sciences. The textual construction of nursing and midwifery in the present analysis suggests that these ideas persist in contemporary professional discourse in Ireland, despite the introduction of graduate education and widespread exposure to the life sciences and empirical research. Along with phrases like "proximity to patients," "24/7 [presence]" and "therapeutic relationship," this further suggests that the disciplines continue to seek to construct professional identity as distinct from medicine (McNamara & Fealy, 2014).

Codes of professional conduct and frameworks for scope-of-practice decision-making provide an explicit system of rules and principles for professional self-regulation and denote professional responsibility and accountability to society (Kennedy et al., 2015). The texts that we examined included a professional code and a decision-making framework, so it is unsurprising that these texts should carry a discourse that speaks of the accountable practitioner. Nevertheless, this form of discourse highlights the always contingent, relative and bounded nature of professional autonomy in nursing and midwifery and in so doing, further shapes professional identity.

## 5.1 | Limitations

The textual examples selected for this study may not represent either the full extent of professional discourse or the discourse that nurses and midwives conduct in their everyday professional lives. Accordingly, we may only confidently summarize professional discourse among Irish nurses and midwives, with reference to the texts that we analysed and not to other texts, such as every day professional conversations. Given the substantial volume of textual data, it is possible that other recurring narratives resided in the discourse and did not reveal themselves. Additionally, treating all the documentary sources as a single data set may have resulted in a missed opportunity to observe nuances within and among the documents.

## 6 | CONCLUSIONS

Policy and regulatory documents offer a window to the professions and to society on how nurses and midwives speak about their professions and, in the process, construct their identities. As such, they become important beyond their original function. The language used in regulatory and policy review documents is important, since it speaks directly to both the practitioner and the public; in the case of the former, successful implementation of policy is directly related to the messages delivered in policy documents (MacLachlan et al., 2012). At a discursive level, authors of regulatory and policy documents need to recognize that everyday language-in-use can serve several unintended functions, which include constructing professional identities for those who are the subject of the document and propagating a self-interested version of the profession to the wider society. Additionally, for nursing and midwifery to truly engage in interdisciplinary education and research, then having a clearly differentiated disciplinary identity with a distinct disciplinary discourse is a prerequisite. Such a discourse should avoid representing disciplinary knowledge and practice as esoteric and, consequently, inaccessible to other disciplines and should instead speak of the real and distinct nursing and midwifery contribution.

This study's findings support previous studies on discursive constructions of professional identity by demonstrating that professional identities can be extracted from both the explicit and latent textual content of discourse, including that contained in documents on professional policy and regulation. Academic study of identity construction in discourse using social constructionist analysis is important to disciplinary development by serving to raise nurses' and midwives' consciousness, alerting them to the ways that their own discourse can shape their identities (Kelly et al., 2012), influence public and political opinion and, in the process, shape public policy on their professions (Gillett, 2012).

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### CONFLICT OF INTEREST

No conflict of interest has been declared by the authors.

### AUTHOR CONTRIBUTIONS

All authors have agreed on the final version and meet at least one of the following criteria [recommended by the ICMJE (<http://www.icmje.org/recommendations/>)]:

- substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data;

- drafting the article or revising it critically for important intellectual content.

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