

The “Brand Called You”: An Integrated Professional-Identity Toolkit for Nurses

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Abstract: ***Introduction:** The professional identity of nurses is the product of the interaction of personal values, clinical competence, workplace relationships, reflective learning and organisational context. Professional identity in contemporary nursing scholarship is conceptualised through knowledge, values and ethics, leadership, and professional comportment; however, there is limited evidence evaluating interventions that target professional identity. Workplace development initiatives often address issues of interpersonal competence, safe practice or personal confidence as separate issues rather than as mutually reinforcing aspects of professional formation. Innovation: “Brand Called You” is a three-module professional development toolkit that was first developed as employee branding material for the 2022-2023 annual operating plan. “Knock It Out” focuses on conflict-management styles, communication, listening, collaboration, reflection, and escalation. “Be Meticulous” emphasises accurate communication and documentation, medication safety, organisation, avoiding unsafe shortcuts, and reflective self-monitoring- all with focused attention. “I Am Enough” looks at self-esteem, confidence, boundaries, self-reflection, feedback, professional pride, and dealing with challenges at work. Reflective activities are recorded in a My Career Growth Diary (MCG). Proposed framework: The toolkit suggests that conflict-management competence, reliable professional practice and healthy self-esteem may help to develop stronger nursing professional identity but does not prove these claims. The MCG diary is presented as a transversal reflective-learning tool designed to connect experience, self-assessment, feedback, action planning and behavioural change. Implications for practice: The revamped framework replaces unsupported or potentially unsafe statements with evidence-aligned guidance on context-sensitive conflict management, communication of medication, documentation, lawful delegation, escalation, psychological safety and validated measurement. No conclusions on effectiveness can be drawn due to the lack of data on systematic implementation and outcomes. “Therefore, initial testing should focus on acceptability, feasibility, fidelity, psychological safety and measurement performance before controlled effectiveness evaluation.” Summary: The concept of “Brand Called You” offers a memorable and potentially valuable framework for integrating interpersonal skills, practice reliability, and self-development competencies. Its value lies mainly in its program theory and educational design. Its effects should be evaluated prospectively.*

Keywords: Professional identity, continuous professional development, conflict resolution, patient safety, self-esteem, reflective practice, professional demeanour, and nursing workforce development.

1. Introduction

Professional identity in nursing is more than a matter of occupation. It includes the knowledge, values, ethical commitments, leadership responsibilities and comportment of the profession as understood, enacted and communicated according to the literature informed by the International Society for Professional Identity in Nursing and the Midwifery Council (NMC), which has established the Code outlining the knowledge, values and ethics of the nurses. This identity is organised into four domains according to the literature informed by the International Society for Professional Identity in Nursing and the Midwifery Council (NMC), which has established the Code outlining the knowledge, values and ethics, the literature informed by the International Society for Professional Identity in the Nursing and Midwifery Council (NMC), which has established the Code, which outlines the knowledge, values and ethics, nurse as leader, and professional comportment [2]. However, a narrative review in 2025 found much of the literature to be conceptual or expert-based with relatively few quantitative studies, and therefore, careful language is needed when suggesting professional-identity interventions [2].

Continuing professional development assists nurses in continuing to learn and to be knowledgeable and competent. Nurses value practice-relevant workplace-based learning, with leadership support and linked to patient care; however, limited time, staffing, funding and organisational support can

limit participation or transfer into practice. The “Brand Called You” meets this need by presenting three integrated modules instead of three separate topics on communication, practice reliability and self-development. [5]

The aim of this paper is to describe and critically develop the toolkit, to state its programme theory, to clarify its expected mechanisms and to suggest an evaluation agenda.

Essential Development and Refinement of the Toolkit

The conflict module correctly acknowledges that nurses may adopt different styles in managing conflicts. A recent systematic review also identified accommodation, collaboration, compromise, avoidance and competition as conflict management strategies used by nurses, finding that context, workplace culture, relationships, experience and individual characteristics affect their choices. Training should therefore include the development of a repertoire of skills: curiosity and collaboration when interests can be combined; assertive boundary setting when safety or ethics are threatened; temporary deferral when emotions impair dialogue; and formal escalation when risks are beyond the authority of an individual nurse. [3]

The meticulous-practice module connects attention, communication, documentation, medication administration and delegation to patient safety. But contemporary safety science cautions against describing reliable care as merely the vigilance of the individual. Medication errors can result from

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a combination of fatigue, staffing levels, environmental conditions, communication, workflow, technology, and system design. [8,9]. The revised module should teach personal accountability in a systems approach, including the use of approved protocols, independent checks where indicated, interruption management, clarification, reporting and help-seeking.

The original instruction of the document and read back for verbal medication orders is supportable but incomplete. Verbal orders are error-prone and should generally be limited to situations when electronic or written entry is not feasible. If unavoidable, the order must be recorded by the recipient, read back, and confirmed by the prescriber, and institutional policy must be followed. Medication administration includes patient identification, review of unambiguous order, allergy and administration direction checks, timely documentation, and escalation of uncertainties. [8, 12]

Instead of discouraging the transfer of tasks to 'another hand', the statement should be about accountable delegation. Delegation involves assessing the patient, task, context,

delegatee's competence, required supervision, and outcome. Requirements differ by jurisdiction. Nurses must comply with applicable law, regulation, institutional policy, and scope-of-practice standards. [11]

The self-esteem module uses a 10-item questionnaire, with locally constructed items and cut-points for "low", "average", and "high" self-esteem. Some of the language is similar to the Rosenberg Self-Esteem Scale, but items have been altered to include relationships with seniors, pride in one's profession, comparison, failure, and work improvement. Hence, the Rosenberg scale's validity, scoring, reliability, and interpretive cutoffs cannot be assumed for the custom instrument. The Rosenberg scale is a commonly utilised 10-item measure of global self-esteem that includes both positively and negatively worded items and has established psychometric properties. The custom TQS can remain a non-scored reflection prompt, but research use requires content-validity assessment, cognitive interviewing, factor analysis, reliability testing, responsiveness analysis, and culturally appropriate validation.

Table 1: Updated elements of the "Brand Called You" toolkit

Module	Existing focus	Retained learning activities	Proposed mechanism	Scholarly and safety refinement
Knock It Out	Conflict types; listening; communication; respectful dialogue; compromising, collaborating, avoiding, obliging, and competing; reflection and escalation	Case discussion, conflict diary, perspective-taking, communication rehearsal, facilitated manager review	May strengthen emotional regulation, communication adaptability, speaking up, negotiation, and relationship repair	Present strategies as context dependent, not inherently good or bad. Patient-safety, harassment, violence, discrimination, or ethical concerns require immediate policy-based escalation rather than informal reconciliation. Remove expectations that conflict should always be resolved in one sitting or that parties should shake hands, hug, or socialize.
Be Meticulous	Attention to detail; read-back; documentation; medication checking; organization; avoiding shortcuts; delegation; seeking help	Scenario review, safety-verification exercises, reflective observation, weekly practice review in the MCG diary	May strengthen attention control, verification habits, accountability, help-seeking, and values-behavior alignment	Replace personality-based "meticulousness" with reliable practice supported by systems. Verbal orders should be exceptional and policy governed. Delegation should be based on competence, supervision, scope, and outcome review—not avoided categorically. Avoid equating all errors with individual carelessness.
I Am Enough	Self-worth; confidence; boundaries; Johari Window; professional pride; feedback; challenges	Guided reflection, strengths identification, boundary scenarios, feedback conversations, goal setting	May support balanced self-regard, receptiveness to feedback, assertiveness, and professional agency	Distinguish self-esteem from self-efficacy, resilience, well-being, and professional identity. Treat the Johari Window as a reflective device, not a psychological assessment. Retire the custom TQS thresholds from research use until psychometrically validated.

2. Theoretical Background

Set boundaries.

- Self-esteem is how a person evaluates their overall worth.
- Self-efficacy is about the confidence to do things and face challenges.
- Resilience is adaptive functioning despite challenges.
- 'Well-being' is a term used to describe a broader positive functioning or experienced quality of life.
- Professional identity consists of patterns of thinking, doing, relating, and feeling, grounded in the knowledge, norms and values of nursing.

These constructs may be related but are not interchangeable. For example, a study among nursing students found associations between self-efficacy, resilience and professional identity, but the cross-sectional design did not allow causal

conclusions. Thus, the "I Am Enough" module should direct its attention to healthy self-regard and self-awareness, and self-efficacy, resilience, and identity should be considered as separate potential evaluation outcomes. [7,3]

Program theory (integrated)

The framework suggests that:

- Conflict-management competence may also enable nurses to raise concerns, listen across differences, choose responses appropriate to the context, maintain working relationships and escalate risks.
- Reliable professional practice enables nurses to convert professional values into observable routines such as verification, documentation, safe medication practice, appropriate delegation and accountability.
- Healthy self-esteem and self-awareness can help nurses to share professional judgement, set appropriate boundaries,

ask for feedback, identify limitations and be open to learning.

- MCG-guided reflection can link clinical and interpersonal experiences to self-assessment, feedback, action planning and subsequent adjustment.
- Reflection and workplace learning are established elements of CPD. But participation alone does not lead to practice change.

Transfer depends on relevance, facilitation, workload, leadership and organisational support. The MCG diary should therefore use short, psychologically safe prompts and should never become a punitive surveillance record. [6,3]. The solid arrows indicate the design logic of the toolkit, and the dashed path to professional identity is an untested proposition as shown below.

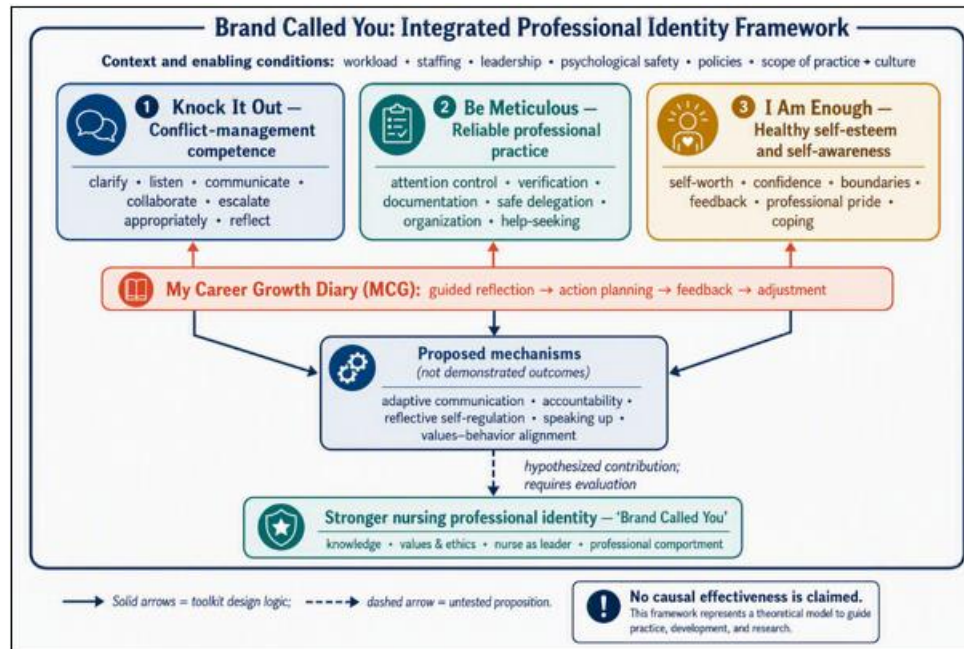


Figure 1: Proposed ‘Brand Called You’ programme theory. The three modules and MCG reflective cycle are assumed (not demonstrated) to promote professional identity formation through context-dependent behavioural and reflective mechanisms.

Proposed Delivery Model

The core intervention should comprise:

- Facilitated module sessions: evidence-based content, nursing scenarios, structured discussion and skills practice.
- Application to practice: behavioural objectives appropriate to the scope and clinical context, selected individually.
- MCG reflective cycle: describe the event; identify thoughts, emotions, actions, contextual contributors and professional values; consider alternatives; plan one testable adjustment.
- Feedback and coaching: private, developmental discussions with trained facilitators.
- Reinforcement: short team huddles or learning conversations, de-identified cases, no blame.
- Escalation safeguards: clear separation between normal interpersonal disagreement and safety incidents, unethical conduct, bullying, harassment, discrimination, violence or regulatory concerns.

Organisational conditions are not secondary. Psychological safety may promote candour and learning [4]. The relationship between psychological safety and objective patient-safety outcomes is complex and not always linear.[4] More reporting may mean more transparency, or more risk. Therefore, leaders should be wary of seeing low incident-report counts as success with their toolkit.

Expected Practice Significance

“Brand Called You” is expected to make professional identity behaviourally visible through the way nurses communicate, verify, document, delegate, collaborate, reflect and uphold professional standards. "This interpretation is aligned with the professional standards which focus on effective practice, the maintenance of safety, professionalism and trust. The brand should serve as a memorable metaphor that reflects collective nursing values, rather than focusing on self-marketing, popularity, appearance, or individual reputation. A defensible academic definition would be: A nurse’s “brand called you” is the consistent familiarity of acting with professional knowledge, ethical values, relational competence, reliable practice, self-awareness, and accountability from situation to situation.

Considerations for Implementation

The materials should be reviewed before wider use.

- The materials should be reviewed by clinical teachers, bedside nurses, patient-safety experts, psychologists, human-resources representatives, and regulatory or legal counsel before wider use removal of stigmatising, gendered, judgemental, appearance-based, or overly absolute language; replacement of generic clinical guidance with locally approved policies;
- The core components include confidentiality, the preparation of facilitators for debriefing, management of conflict escalations, and ensuring psychological safety.
- The specification of core components should be distinguished from locally adaptable examples. Protection

of diary privacy and prohibition of reflective entries for routine performance appraisals;

- An accessibility review and adaptation should be conducted, considering language, culture, role, experience, and clinical setting.

3. Future Appraisal Agenda

The toolkit should be seen as a complex intervention and its program theory, context, feasibility and stakeholder perspectives should be evaluated iteratively.[6] Suggested phases include [6]

Phase 1: Co-design and feasibility

- Cognitive interviews on module language and prompts from the MCG
- Feasibility testing on a small scale with predefined criteria for progress.
- Implementation outcomes are concepts of acceptability, appropriateness, feasibility, adoption, fidelity, cost and sustainability. [14]
- Process indicators: recruitment, attendance, session completion, diary engagement, attrition, facilitator fidelity, adaptations, adverse or unintended experiences.
- Qualitative interviews to explore usability, psychological safety, relevance and contextual barriers.
- Phase 2: Evaluation of pilot outcomes

Some possible measures are:

Table 1: Evaluation of pilot outcomes

Domain	Candidate approach
Professional identity	Professional Identity in Nursing Scale 2.0, subject to permission and local validation; it measures self and environment across knowledge, values and ethics, leadership, and professional comportment [1].
Self-esteem	Rosenberg Self-Esteem Scale; do not substitute custom thresholds.[13]
Self-efficacy	General Self-Efficacy Scale or a role-specific validated measure, depending on the hypothesis.
Conflict competence	Validated conflict-style instrument plus standardized scenario assessment; avoid treating one style as universally preferable. [16]
Team climate	Validated psychological-safety or teamwork measure, interpreted alongside reporting culture.
Practice reliability	Policy-based audits of documentation, medication processes, handover, or delegation; use trained independent reviewers.
Safety outcomes	Near misses, incident reports, and harm indicators only with contextual interpretation; reporting frequency alone is unsuitable as a primary effectiveness endpoint.

A controlled before-and-after, stepped-wedge cluster, or cluster-randomised design could follow feasibility work. Mixed-method process evaluation should assess fidelity, mechanisms, context, adaptations, and unintended consequences. Ethical review or governance determination must be obtained before collecting identifiable workforce data. Participation should be voluntary where research is involved, managers should not access individual psychological scores or raw diary entries, and protocols must address confidentiality, coercion, data minimisation, distress referral, and conflicts of interest. SQUIRE reporting would be appropriate only if a systematic improvement intervention is implemented and outcomes studied; the current conceptual description does not meet that threshold. [15]

4. Constraints

This paper critically improves existing educational material. It does not report on implementation, participant characteristics, acceptability, fidelity, behavioural change, patient outcomes, or organisational effects. The pathways proposed are plausible in principle but have not been tested. The three modules share commonalities in communications, accountability and reflection, and isolating their independent contribution may be challenging. Some source claims were stronger than the evidence available and have been omitted or qualified.

Statements

Ethics approval is not applicable to this conceptual practice/innovation paper. Prospective ethics or governance review will be needed for future implementation research.

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