



Editorial

Remembering nursing: why collective memory matters for professional identity and professional autonomy

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Nursing is often described as a profession looking to the future. Discussions centre on digital transformation, artificial intelligence, advanced practice, precision medicine, and workforce sustainability. These developments are both necessary and welcome. They promise better care, stronger evidence, and new opportunities for professional development. Yet amid this forward-looking agenda, one question is rarely asked: how does nursing remember itself?

Every profession possesses a collective memory. It is reflected in the stories it preserves, the values it transmits, the milestones it celebrates, and the struggles it refuses to forget. Collective memory is far more than an archive of historical events. As Halbwachs (1992) argued, memory is socially constructed, allowing communities to interpret their past through the needs of the present. More recent scholarship has reinforced this understanding, emphasising that collective memory is not a static record but a dynamic process through which communities continuously reconstruct shared meanings (Cordonnier et al., 2022; Orianne and Eustache, 2023). Collective memory does not preserve history for its own sake. It preserves continuity (Halbwachs, 1992; Orianne and Eustache, 2023).

Continuity matters because professions are more than collections of specialised skills. They are communities of practice bound together by shared values, responsibilities, and a common understanding of their purpose. Professional identity develops through education, clinical experience, and socialisation, but it is also inherited through collective memory. Each generation enters a profession that has already negotiated its ethical commitments, established its social role, and defined the principles that distinguish it from other occupations. Without this historical continuity, professional identity becomes increasingly dependent on the immediate demands of healthcare systems rather than on the profession's own intellectual and ethical traditions.

This perspective has particular relevance for nursing. Contemporary nursing possesses more scientific knowledge than at any previous point in its history. Evidence-based practice has transformed clinical decision-making. Research has

strengthened the profession's scientific foundations, while technological innovation continues to reshape healthcare delivery. Yet knowledge alone does not create professional identity. Scientific evidence explains what works but it cannot explain why nursing developed particular values, why caring remains central despite technological advances, or how professional responsibilities evolved over time.

Professional identity has increasingly become a focus of nursing scholarship because it influences professional commitment, resilience, leadership, and retention. Recent research demonstrates that identity is not acquired simply through graduation or professional registration (Cruess et al., 2015; Joseph et al., 2023). Rather, it develops through participation in professional communities, role modelling, reflection, and the gradual internalisation of professional values and responsibilities. Professional identity is therefore an ongoing developmental process rather than a fixed characteristic.

What remains largely absent from these discussions is the role of collective memory in sustaining this process. Professional identity cannot develop in isolation from the profession's historical consciousness. Every profession constructs a narrative about who it is, why it exists, and what responsibilities it carries. These narratives are not ornamental additions to professional life. They shape professional judgement, influence ethical reasoning, and provide coherence during periods of rapid change.

Collective memory also provides the historical foundation for professional autonomy. Autonomy is frequently understood as the authority to make independent clinical decisions, apply professional judgement, and participate in shaping healthcare practice. Contemporary nursing research consistently identifies professional autonomy as a multi-dimensional concept involving decision-making authority, accountability, collaboration, professional competence, and healthy organisational environments (Mrayyan et al., 2024; Pursio et al., 2021). Recent empirical evidence for example suggests that nurses' opportunities to participate in clinical and organisational decision-making are associated with high-

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er perceived work effectiveness, stronger work motivation, and a more positive attitude towards organisational change (Svobodová and Bártlová, 2026). Professional autonomy is therefore not only historically constructed but also essential for contemporary nursing practice.

This understanding, however, risks overlooking an important historical reality. Professional autonomy did not emerge because legislation (where it exists) granted nurses greater authority or because educational programmes expanded their competencies. It developed through decades of negotiation concerning professional jurisdiction, educational standards, ethical responsibility, and public trust. Freidson (2001) argued that professions derive their distinctive position from their capacity to define and regulate their own work. Such authority is neither natural nor permanent. It must continually be justified and renewed.

Collective memory enables this renewal, reminding the profession that autonomy was achieved through sustained professional development rather than administrative reform alone. It preserves the debates that shaped nursing education, the efforts to establish nursing research, the gradual expansion of clinical responsibility, and the continuing struggle for recognition as an autonomous profession. Without this historical perspective, autonomy risks being understood merely as permission to perform particular tasks rather than as the professional responsibility to exercise independent judgement in the service of patients and society.

This distinction matters because healthcare systems are changing rapidly. Artificial intelligence, predictive analytics, and digital decision-support systems increasingly influence clinical practice. These technologies will undoubtedly enhance healthcare delivery. Nevertheless, they cannot replace professional memory. Algorithms retrieve information; they do not preserve professional identity. They cannot explain why advocacy became central to nursing practice, why ethical responsibility extends beyond technical competence, or why caring continues to define nursing despite profound technological transformation.

Ironically, the greater our capacity to generate new knowledge becomes, the greater the risk of institutional forgetting. Nursing rightly celebrates innovation, yet innovation alone cannot sustain a profession. Professions are not defined solely by what they know today, but by what they choose to remember across generations. When historical continuity weakens, professions become increasingly vulnerable to external definitions of their purpose, priorities, and values. Professional identity becomes shaped by organisational demands rather than professional conviction. Professional autonomy is reduced to operational efficiency rather than intellectual and ethical responsibility.

Remembering nursing should therefore not be confused with nostalgia. Collective memory is not about preserving traditions uncritically or resisting change. It is about maintaining continuity while embracing innovation. Every generation must reinterpret the profession's history in the light of contemporary challenges. Memory is therefore an active process rather than passive preservation. It enables nursing to adapt without losing sight of the principles that define its unique contribution to healthcare.

Institutions play a crucial role in this process. Academia, professional associations, scholarly journals, museums, archives, and historians do far more than document the past. They preserve the profession's collective memory and provide the intellectual continuity through which professional identity

is transmitted. Historical scholarship should therefore not be regarded as a peripheral academic exercise; it represents an essential investment in the profession's future.

Perhaps the most important lesson history offers nursing is humility. Many issues currently presented as unprecedented have deep historical roots. Questions surrounding workforce shortages, professional recognition, educational reform, scope of practice, and the balance between caring and efficiency have accompanied nursing for generations. Historical awareness does not provide simple solutions to these challenges. It does, however, remind us that today's debates form part of a much longer professional journey. That perspective strengthens judgement, enriches professional identity, and supports informed leadership.

The future of nursing will undoubtedly depend upon scientific discovery, educational excellence, and technological innovation. It will also depend upon something less visible but equally fundamental: the profession's willingness to remember. Collective memory transforms history from an academic discipline into a strategic professional resource. It enables nursing to preserve its identity while adapting to changing healthcare systems. It safeguards professional autonomy by reminding each generation that the authority to define nursing has been historically earned and should never be taken for granted.

Innovation determines how nursing evolves. Collective memory ensures that, throughout this evolution, nursing continues to recognise itself. A profession that remembers its past is better equipped to define its future.

Ethical aspects and conflict of interest

The authors have no conflict of interest to declare.

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