Every occupation develops and acquires an identity — an identity in the eyes of its immediate clients and the general public as well as of the occupational incumbent himself or herself. Both are crucial in determining the quality of the performance of the occupational incumbent. This is true when the public conception corresponds to the self-conception of the incumbent; even when these do not. The public conception is based on socially prevalent normative criteria for the location of appropriate occupational role. These criteria are usually known to the occupational incumbent. The process of knowing these criteria, a major component in occupational culture, and internalizing them, is a major dimension of occupational socialization. Every person in an occupation must have a sufficient degree of occupational culture, at least an awareness of and commitment to norms regarding his or her specific role. We are interested in an enquiry into the process of occupational socialization, the character of the resultant occupational self and the structures associated with occupational socialization. We do not assume that occupational culture is always an organic entity; nor do we assume that the general culture and the basic self formed through general socialization prior to joining an occupation and throughout
one's life time, do not play any role in the formation of
conception of one's occupational role, that is, the self-role
conception and in role performance by the occupational incumbent.
With this view we have studied the process of occupational
socialization of a category of working women, namely nurses as
it enters into the formation of self-role conception, and its
bearing on the process of role performance.

The self is attributed to a person by virtue of the
person's incumbency of a status and performance of the role
congruent to a status. Possession of self-characteristics
appropriate to a role, in effect the expression of these
characteristics in role performance, is a normative obligation
of a status incumbent. Self is the most significant product
of the socialization process. Self arises in the course of
interaction in a pre-existing symbolic environment. Mead
pointed out that the self is the result of a social process,
which implies both interaction among individuals and the
prior existence of the group in which the self arises (Mead,
1934, p. 164). The formation of self is a process; we mean that
the individual may change a particular structure of attitudes
that comprise the self at a particular time. Self has a
reflexive character, in that the individual can be "an object
to himself; and he acts towards himself and guides himself in
his actions towards others on the basis of the kind of object he is to himself (Elumex, 1969, p. 18). Self is an organization of shared attitudes (Mead, 1934, p. 185) because it apprehends and appropriates the organized attitudes of those generalized others. Thus, the individual is socialized into various communities throughout his or her life. To have a self is to internalize the attitudes of the community and thereby to control one's own behaviour in terms of these attitudes. The development of the self and of self-conceptions occur through socialization process. The individual and the social milieu are engaged in an ongoing process of reciprocal influence that involves a degree of change in each. This implies that socialization is a life-long process. Effective participation in any social group depends upon an understanding of the symbolic system of that group. Each group, each organization and each individual coming into an interaction situation has a unique set of meanings; the construction of set of shared meanings for those participating in the organizations, the groups and the interaction is a socialization process (Lauer & Handel, 1971, p. 56). This means that socialization is a reciprocal process.

Socialization to occupational roles is properly viewed as a developmental process (Borros, 1966, p. 375). Socialization
to the world of work may be for some a kind of conditioning, a reluctant preparation for harsh realities and for others a kind of commitment to calling. An occupation is a social construct and its performance, a social role or set of roles. Occupational role performance depends upon an understanding of the symbolic environment of the occupation and an ability to function within the symbol system of that occupation. It is assumed that most occupational incumbents behave approximately according to the normal expectations most of the time even when no real and external sanctions operate. Therefore, it is inferred that most incumbents of occupational roles have a sufficient degree of internalization of those roles, both cognitively and affectively, that they are likely to perform competently when placed in the appropriate setting of formal expectation. Occupational socialization, therefore, is an interaction process that involves the acquisition of shared meanings that are manifested in the symbol system of that occupational group and in the attitudes that prevail among group members. Out of such interaction process arises "occupational self-concept". The ingredients of occupational self-concept range from idealization of occupational roles to actual self-role in relation to the structured socializing agents such as hospital authority and trade unions. The
Interaction between the occupational community and these agents gives rise to self-esteem, self-evaluation, self-ranking, etc. at a more abstract level among the incumbents of occupational positions. At a more behaviourally tangible level, they learn norms and techniques of behavioral adjustments.

Since self-role conception is the starting point of our investigation, it may be useful to spell out the dimensions of self-role conception. The 'self' refers to the inferences the person makes about the referent for 'I' (Lindsay and Aronson, 1968, p. 522). The self is not either individual or social primarily but emerges out of the ability to take the role of others and to respond to it. When an actor's incipient or overt acts evoke within his own reactive system the responses of others to these acts, he experiences an essential element in what is referred to as a self. "So, self is the reflexive product of social interaction" (Costrum, 1969, p. 548). Hole-taking is basic to the development of the self and of human society. "Hole-taking", is vital for the maintenance of an organized community. In the ideal human society all individuals are capable of entering into the attitudes of all others whom they are affecting in the course of performing their own functions (Mead, 1934, p. 327). All social interaction proceeds by virtue of taking the role of the 'generalized other'. It is
in the form of generalized other that the social process
influences the behaviour of the individuals involved in it.
It is in this process that the community enters as a determin-
ing factor into the individual thinking (Mead, 1934, p. 150).

The capacity to take the role of others and the
emergence of self by responding to it comes out of learning
(Young, 1964, p. 137). It is a form of sharing. Socialization
is the process which leads to the succession of stages of
sharing rather than a process involving the transformation of
an aboriginal selfishness (Danziger, 1971, p. 69). The function
of socialization is to transform the human raw material of
society into good working members (Erim, 1968, p. 289).

Effective participation in any social group by the
members is mediated by the process of socialization (Shibutani,
1961, p. 475). The definition of memberships ranges from child
to adult. Although socialization is a lifelong process there
are some differences between child and adult socialization.
The socialization that an individual receives in childhood
cannot be fully adequate as preparation for the tasks demanded
of an individual in later years. Socialization in later years
builds on attitudes and skills acquired earlier, using them as
foundation for later, more demanding learning. The usual
concern of adult socialization is represented by overt behav-

From the perspective of individuals, socialization
designates the process by which people selectively acquire the
values and attitudes, the interests, skills, and knowledge — in
short, the culture — current in the groups of which they are,
or seek to become members. It refers to the learning of social
roles (Merton, 1968, p. 158). Roles constitute the organizing
framework for the self-conception (Turner, 1968, p. 94). Merton
identifies social roles as 'culturally defined expectations'
(1968, p. 424). This is the normative aspect of a status,
grasped by Merton’s important concept of a 'role-set'; "that
complement of role relationships which persons have by virtue
of occupying a particular social status" (Merton, 1967, p. 369).
The role is a set of shared expectations of behaviour in rela-
tion to various kinds of people with whom one is related by
virtue of occupying a particular status (Sztompka, 1986, p. 166).

Role-partners related to each social status are differ-
ently located in the social structures. As a result the status
incumbent having a role set is likely to face a wide, distract-
ing, and sometimes conflicting array of role obligations. The
status incumbent cannot meet all these demands to the satisfaction
of all the persons who are part of his total role network. Consequently, the individual experiences 'role strain' and faces the psychological necessity to reduce it to some manageable proportions (Goode, 1975, p. 104). The normative standards defining appropriate relationships with some role-partners are not always co-ordinated with the standards defining relationships with other partners. This unco-ordinated condition is described as role-conflict. The role conflict signifies a strain within a role-set (Szontyka, 1986, p. 161). When disagreements exist in a person's role-set, he seeks the acceptance and approval of others so that his performance will be a compromise among the conflicting demands made upon him (Menziea, 1982, p. 66). The performance of a status incumbent is to be understood as a response to the current differing behaviours of these in his role-set, a coping with his perceptions of their differing expectations of him and an adjustment to his perception of their capacity and willingness to sanction him.

The formation of occupational self-role conception depends largely on influences ranging from anticipatory socialization in relevant norms to on-the-job occupational socialization in norms directly related to the respective occupations. In the course of occupational socialization the incumbent absorbs to a greater or lesser degree the standards and ideals of
respective occupational group so that they become effective motivating forces in his own conduct, independently of external sanction (Parsons, 1964, p. 230). The 'self', then as a performed character, is not an organic thing. 'Performed self', is a product of a scene that comes off, it is not a cause of it (Goffman, 1969, p. 282).

The incumbent's response to various socialising cues and instructions can vary between passive acquisition and activist selection among cues and instructions. This is a function of socialisee's personality and/or quality of relationship between the socialisee and the socialiser. When occupational socialisation takes place within a long-established large, formal organisation, structured agents of socialisation usually dominate in the process of socialisation. This ability is due to authority. Such an agent enjoys by virtue of its character organisation, and linkages with important structures of social power. Because of the dominant character of the structured agent of socialisation, there can be incipient or manifest conflict between the socialiser and the socialisee. Occupational socialisation becomes underlined by conflict, due not to the authoritarian mode of socialisation but to other dimensions of relationship between the socialiser and the socialisee. When the employer-employee relationship, or the
The techniques of socialization can be many, used simultaneously or successively. Socialization into occupational culture in a service sector organization, which is also a part of state apparatus, is bound to be deliberate in character in good part. Routinized and authoritative inculcation of the norms of the occupation by the organizational elite, is necessary and possible, also. But what the same elite does or does not can enter into the latent process of occupational socialization, even the relatively distant fact of the character of state power can have socializing implications. This observation would substantially hold true also of other structured agents of socialization 'operating' in the same organizational venue. The employees' formations like the organizational elite must be exerting deliberate socializing influence, and also become involved in indeliberate socialization. In such a situation an activist model of socialization must be urgent for the subordinates-socialized, because he must selectively learn elements of occupational culture from both socializing agents.
Particular type of social climates found in occupational life contribute to certain behavioural outcomes both on the job and in the wider community. A man's work is one of the more important parts of his social identity, of his self, indeed, of his fate in the one life he has to live. An understanding of occupational life, then is incomplete unless one understands the social-psychological outcomes of occupational role performance. Fromm presents a theory of "market orientations" of personality. Fromm's approach presents a frame of reference which relates the broader cultural milieu to the personality dimensions of occupational performance (1947).

Whyle pointed to the strains in the work situation that exert marked influence on everyday emotional adjustment of the assistant and types of demands she must meet. The only resource a person has to meet these pressures are his own personality and his concept of self (1962).

The culture of an occupation is a response to the technical or physical attributes of the job as well as to the types of interpersonal relationships possible on the job, the type of identification employees have towards the organization and the occupational organization as well as self-concepts and basic aspirations and motivations. These responses are not
always harmonious with one another and this results in role ambiguities and ineffective role performance (Seldman, 1962).

Ineffective role performance by nurses in their professional field is due to the large gap between nursing as a professional body and autonomy, authority and prestige issues characteristically associated with any professional body (Brown, 1969; Davis, 1966; Etzioni, 1969; Goodman, 1973). In fact, nurses enjoy very little autonomy in the field of their own work and the thrust of their organizational role in the overall administration of the hospital or at anywhere else is at the minimum level. The functional relations between occupations and socially prescribed sex roles such as nursing is traditionally identified with woman's social role of ministering to the ill and womanly kindness and affection. Changes in the occupation (for example, present neglect in developing requisite emotion in the nurses) have resulted in increasing ambiguity in the nurse's role and in her self-concept. Developments in nursing as in other occupations present a paradox vis-a-vis the basic functions of the occupation; in this case providing care and affection for patients, the marginal relationship of this occupation to others such as the medical doctor and the hospital administrator presents additional status conflicts for the nurse obscuring her basic motivation and goals.
& Leiner, 1963). That the occupational structure determines
the development of self-concept is shown by J.J. Preiss (1968)
in the case of medical students.

The criteria of competent practice have a powerful
situational reference. Attributions of competent practice by
police officers are sensitive to the delicate and continued
interplay of formal organizational mandates, occupational culture
shows that perceived competence moderates the relationship
between role-clarity and the role performance of employees.
And role-clarity, occupational self-direction in Japan as well
as in United States leads to the ideational flexibility and a
self-directed orientation to self and society (Hoai, 1986).

But to our mind, the rest of the problem lies at a
different plane which we want to explore here. We contend that
role-performance can be explained with the help of self-role
conception, which is a product of socialization process, deve­
loped in course of evolution of the organization (to which the
self-role conception has relevance, and taking place in a given
social environment). And it is clear from the aforementioned
discussion that this very vital point has escaped the attention
of the above mentioned researchers.
It is a natural anticipation that with the expansion of medical services an increase in the number of women nurses will always take place; so also in public demand for such expert help. So we feel that this significant category of professional women need to be investigated.

Nursing service deserves some special attention due to its peculiar historical background. For centuries nursing was (and is) regarded as a much stigmatized occupation in the sense that the images of nurses were those of dubious morals. "Only dire poverty induced women to go into nursing and often they were prostitutes or prisoners" (Bannister, 1962, p. 122). "In place of a slutish, amiable female of dubious morals the "Nightingale model appeared as a fresh young girl, pure in body and mind" (Maclean, 1974, p. 63). At the end of the nineteenth century nursing had yet to establish itself as a recognized profession and to direct itself of its domestic connotations. They were, of course, subordinate to "the man of the house" — the hospital physician or surgeon — and acted in complete submission to his instructions (Sumner, 1984, p. 40). This apart, majority of the nursing personnel moved up from their family origins below their present status (Stimson, 1969, p.288). The profession is chosen by its members for as an easy way up,
rather than for its intrinsic value (Srinivasi, 1986). Failure to become employed in occupations, rated favourably by society, compels these women to 'choose' nursing as an occupation. This facilitates perpetuation of stigma. These obscurantist ideas relating to the occupation prevented objective understanding of the profession. Prejudices relating to nurses were, not merely related to individual idiosyncrasies of the 'assessors'. These were part of social heritage. In fact, nursing profession has been exceptional in that no other profession has so persistently invited so much of social disapprobation and condemnation. It was Florence Nightingale who introduced a thorough system of nursing education. During the British rule women nurses presented themselves as a distinct occupational category in India. Still the nature of nursing occupation i.e. the elements of continuity, diversity of skills, contingency of team and action, emotional involvement, particularly because these combine, gives to nursing service pressures and problems — a unique tension that affects its administrative methods (Finer, 1963, p. 92). A large number of problems with administrative responsibilities, equipment, hospital policies and procedures, etc., leads Price (1967, p. 64) to observe that appropriate in-service programmes need to be provided if professional nursing care is to be assured.
A more recent study on occupational socialization of nurses by Mails (1937) shows the uneasy compromise between nursing education and nursing service, a compromise which has to be maintained if nurses are to be trained and patients are to be nursed. The question is how hard work is organized invariably leads to comments about ‘getting the work done’ and ‘getting the ward cleared’ (p. 31). The nursing students are caught between idealized version of nursing and practical experience of working in the wards. They learn to fit in with whatever versions confront them. The students’ accounts of the notion of ‘just passing through’ along with ‘fitting in’ are features of the socialization process (p. 164). “So long as the training programme continues to produce nurses who have a commitment neither to a ‘professional’ nor a ‘work load’ version of nursing, but merely a capacity to adapt to a given work organization, nursing is likely to retain these somewhat contradictory segments” (p. 166) between nursing education and nursing service.

The emergence of nursing by women and particularly by unmarried women as a distinct and secular occupation during the 1940-1950 has been facilitated by close initial nexus between women and bedside care of the sick. The social conceptions regarding the nature of woman has played an important role in
determining the function and status of nurses. When nurses fail, they are criticised on two counts: for failure as a nurse and for failure as a woman. Nursing job is gender linked as feminine (Hartman, 1986, p. 460). This very fact has facilitated the entry of women into the profession. The identity of nurses as primarily women's occupation in the eyes of their immediate clients and the general public as well as in the eyes of the nurses themselves is crucial to the occupational self-conception. The occupational self-conception is a critical factor in determining the quality of occupational role performance. It is in this perspective that we have studied the formation of occupational self-conception in women nurses under the socialising influences coming from relevant structures and situations.