A NARRATIVE APPROACH TO UNDERSTANDING THE EXPERIENCE OF
BECOMING AND BEING A NURSE: PROFESSIONAL IDENTITY FORMATION
AMONG NEW NURSES

by

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Abstract

Research into how nurses form their professional identity is crucial to the development of the nursing profession as well as to understanding the factors that contribute to transition to practice and retention of new nurses. The purpose of this research was to explore the stories nurses tell to describe experiences of professional identity formation and transition to practice. Narrative methodology was used to understand transition to practice for newly graduated nurses and their experience of professional identity formation. This dissertation begins with an autobiographical reflection of my own journey of becoming and being a nurse. The research study includes the stories of five nurses who shared their unique experiences of becoming and being nurses. Participants were interviewed twice, and data was analysed using a three-dimensional narrative inquiry space of time, sociality, and place. Each story was organized by plotlines of beginning, becoming, and being nurses. Resonating narrative threads emerged and are presented as understandings across the five narrative accounts. In addition to the interpretations of each individual’s story of beginning, becoming, and being a nurse, threads that resonated across the stories include entering into the world of nursing, the journey to become a nurse, learning alongside others, and embodying nursing. The findings of this inquiry offer a new context for understanding professional identity formation and transition to practice in a way that preserves, values, and respects the voices and stories of the nurses themselves, while offering insight for nursing education, practice, and research.
Co-Authorship

This thesis is the work of Kathryn Lynn Halverson in collaboration with:

- Deborah Tregunno, PhD, Associate Professor, School of Nursing, Queen’s University (supervisor)

- Pilar Camargo Plazas, PhD, Assistant Professor, School of Nursing, Queen’s University (thesis committee)

- Rosemary Wilson, PhD, Associate Professor, School of Nursing, Queen’s University (thesis committee)
Dedication

I would like to dedicate this thesis to the brave nurses of the past, present, and future who inspire me every day. To those I have and will have the honour of sharing this beautiful adventure with, may you all become the nurses you want to be.

To my Mom for always telling me to just do my best, and my Dad for telling me to do better. Your unconditional support and understanding over the years has guided my own experiences of becoming the person I am today. To my beautiful sisters, nephews, and niece for the laughter, happiness, and perspective you bring to my life. To my Grandma Ingeborg, thank you for your inspiration. You would have been an amazing nurse.

To my family and friends for helping me to enjoy my journey. You are the people who make the moments I will cherish forever. You are my story. Your love and inspiration fill my heart with joy.

My sincere love and thanks to each of you.
Acknowledgements

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To Mrs. Laura Turner, my high school guidance counsellor, who strongly encouraged me to become a nurse. Thanks to you and this important “turning point” in my life, I am exactly where I am supposed to be, doing the work I was meant to do. I think of you often and am grateful that you knew the path I should be on. You were the beginning of my becoming.

Finally, a very heartfelt thank you to the five nurses who voluntarily agreed to share their stories for this study. Your time, honesty, courage, and willingness to share your experiences made this thesis possible. I hope that you are proud of your stories and of yourselves. You have not only inspired me and my commitment to this research but also offer great hope and promise for the future of nursing.
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<tr>
<td>BScN</td>
<td>Bachelor of Science in Nursing</td>
</tr>
<tr>
<td>CT</td>
<td>computerized tomography scan</td>
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<tr>
<td>ER</td>
<td>emergency room</td>
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<td>ICU</td>
<td>intensive care unit</td>
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<tr>
<td>IV</td>
<td>intravenous therapy</td>
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<tr>
<td>LTC</td>
<td>long-term care</td>
</tr>
<tr>
<td>MET</td>
<td>medical emergency team</td>
</tr>
<tr>
<td>MSN</td>
<td>Master of Science in Nursing</td>
</tr>
<tr>
<td>NCLEX</td>
<td>National Council Licensure Examination</td>
</tr>
<tr>
<td>PSW</td>
<td>personal support worker</td>
</tr>
<tr>
<td>REB</td>
<td>Research Ethics Board</td>
</tr>
<tr>
<td>RN</td>
<td>registered nurse</td>
</tr>
<tr>
<td>RNAO</td>
<td>Registered Nurses’ Association of Ontario</td>
</tr>
<tr>
<td>RPN</td>
<td>registered practical nurse</td>
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Chapter 1: Introduction—The Path to Understanding Professional Identity in Nursing

If you want to know me, then you must know my story, for my story defines who

I am. And if I want to know myself, to gain insight into the meaning of my own

life, then I, too, must come to know my own story (McAdams, 1993, p. 11).

Prologue for Research Study

This initial chapter begins by providing context to the research in the form of my own personal narrative as a nurse and a researcher interested in the formation of professional identity. McAdams provides a lifespan-development theory of how individuals create an identity through the stories they tell (1993). We each aim to present our experiences with a sense of coherence by assembling episodes of our lives into stories (McAdams, 1993). McAdams (1993) describes “nuclear episodes” as key events in a person’s life story, each offering invaluable information about dominant themes, imagery, and tone. One of the first things a narrative inquirer does is position oneself “in the midst,” by writing stories of one’s own experience, often presented as autobiographical writing (Clandinin & Connelly, 2000). Autobiography is always a re-presentation or re-telling of our lives as they have been lived and as they are remembered or reconstructed as an individual narrative (Clandinin & Connelly, 2000). The following section is comprised of plotlines resembling a connected series of occurrences highlighting aspects of my own nursing journey of professional identity formation: my early years, beginning, becoming a nurse, being a nurse, and becoming what I was meant to be. Following the autobiographical portion is the problem statement, purpose, and research questions that will guide the study.
My Early Years

Ms. Turner, who I fondly referred to as “Turner,” was my high school guidance counsellor and had an early and influential role in my choice of nursing as a career. Turner and I met several times during my final year of high school as I attempted to make a career choice. I completed at least one survey to determine what field of work might best fit my personality and considered various options which were informed by my preferred and strongest subjects as a high school student. Turner consistently remarked that she felt my extroverted personality and strong interpersonal skills would be best suited to a helping profession, specifically in health care. Turner would always come back to nursing as a sound and suitable career choice, and I would respond by saying I didn’t like hospitals and couldn’t picture myself handling blood, other bodily fluids, and illness on a daily basis. I expressed to Turner that I wanted instead to be a professor. She responded, “A professor of what?” I said “I don’t know … maybe English? I like English class. I just think I would like being a teacher, but not of children. I would prefer to teach adults.” I look back on this and wonder how many others at this juncture attempt to choose their careers based on their preferred high school subjects, many of which do not directly translate to a specific post-secondary program or, subsequently, to a career. Turner explained that you have to have a subject major before you can become a professor and finally convinced me to take nursing, by suggesting I consider working as a travel nurse. Time had run out and applications for university were coming due, so nursing it was. And along came a series of inspiring and influential nursing professors for whom I had, and still have, the utmost respect and admiration. The influence of my role models, specifically my nursing professors, was the most significant factor contributing to how I perceived nursing and my role and responsibility in the profession. I was very fortunate to
have passionate, compassionate, and knowledgeable nursing professors to guide and inspire me from my early days as a nursing student. I remember vividly the classrooms they taught me in, where I sat, and how I took so literally every word they said, almost each of which was carefully documented in my spiral notebooks as my hands learned to write at the pace at which they spoke. They so eloquently and carefully presented each concept and, when possible, connected it to other concepts previously discussed. I hung onto every detail and every story that they shared about their own personal lives as individuals and as nurses, and I allowed my mind and my heart to be truly shaped by their words and ideas. I had never before had such respect and admiration for another. It was during my time as a student of these powerful nurses that I determined it would truly be an honour and a privilege to join them in their mission to educate and inspire future nurses about what is important in this evidence-informed and caring profession. It was at this early point in my nursing journey that I realized I identified more with my nursing teachers than I did with the nurses I encountered on the clinical units in the hospital.

**Plotline One: Beginning—My Grandmother Had Always Wanted to Be a Nurse**

I remember wearing my nursing-student uniform and walking through the hospital doors for the first time. Not for the first time ever, but for the first time as someone there to help and not to be helped. I remember the nursing badge that was sewn onto the sleeve of my uniform top. My grandmother had sewn it on for me. Most of the other students had attached theirs with safety pins. I had her sew mine on for two reasons: first, because I wanted my uniform to look perfect and polished; the second was I wanted to give her the satisfaction of participating in what I understood and appreciated at the time to be a symbolic gesture. She was another reason I had wanted to become a nurse. My grandmother had always wanted to be
a nurse and shared that with me on numerous occasions. One occasion in particular stands out in my memory. I was in high school at the time. My grandmother and I were standing in her kitchen baking cookies. We had in common that we both loved to bake. I was explaining to her my recent struggle with deciding on a career path. She told me she had always wanted to be a nurse but didn’t have the opportunity. I told her I was torn between becoming a nurse and becoming a teacher. Once I indicated I was seriously considering nursing, she was very excited about the idea, which helped me to feel less afraid. I felt like I was choosing nursing for both of us and was grateful to have the opportunity she didn’t have. I admired her and had a lot of respect for her opinion. She was very proud of my decision to pursue a career in nursing. She told me a story about her friend who went to the residential nursing school close to her house when it had first opened. She shared stories about how much fun the young women would have in those days and the mischief they sometimes found themselves in. She talked about how strict the nuns were who taught them at that time. She told me a story about her friend going on a date and not being back in time for curfew. She loved to talk about the white hats, the stockings, and the various mishaps related to their strict uniform rules that her friend had told her about. My grandmother held these young women in high regard, and it was evident she envied them. She felt nursing was the most respected career a woman could pursue, and in her era, she may have been right. She may still be right. As I walked through the hospital doors on my first day of clinical as a first-year student, I was prepared, very early, and terrified. I was terrified that I would need more help than I could offer the sick patients who needed care. How would I know what they needed? What could I really do to help them to feel better? What if I couldn’t help them to feel better? I remember picturing the hospital like it was in the old days which my grandmother spoke of. My first placement was at the very
hospital where her friend had trained as a young nurse, the very place where I had pictured the young women climbing in the windows and ripping their stockings and getting caught smoking. The nursing students slept there. On waking, they would put on their white uniforms—head to toe, pressed uniforms. My mother had dropped me off. I was wearing blue scrub pants and a blue scrub top. I had ironed my uniform and was sure to adhere to all the dress code rules. I wasn’t sure I looked like a nurse … and I certainly didn’t feel like one. The contrast of these things, of my vision and the reality, I do think challenged my ideas of nursing and the early formation of my professional identity. I wondered if I had idealized and romanticized what it meant to become a nurse. Several clinical placements and many courses later, I graduated and wrote the licensing exam. Neither the pinning ceremony, nor convocation, nor notice of registration with the College of Nurses seemed to contribute to my sense of professional identity. I was surprised by this, as I had expected these milestones to feel more significant, to symbolize becoming a nurse. Instead of provoking feelings of validation, accomplishment, and success, they provoked feelings of anxiety, fear, overwhelming responsibility, and the end of an era of fun and friendship.

**Plotline Two: Becoming a Nurse—I Felt an Overwhelming Sense of Responsibility and Pressure**

I remember my first job as a registered nurse (RN), hired to a busy surgical floor in the hospital where I had completed some of my clinical rotations as a student. I had finished my nursing program two months earlier than my peers and was hired immediately, as the hospital and unit were short-staffed at the time. Being the only new graduate from my class, hired when I was, I did not know anyone in orientation, and my friends and peers were not experiencing the same transition I was. I was still three months from officially graduating but
was working as an RN and feeling like I should still be a student. I felt an overwhelming sense of responsibility and pressure. I recall beginning my shift one day, during the first week following my orientation period. I was walking out of one of the rooms and two students approached me. They informed me they had been assigned patients in my section and would be working with me that day. I remember looking at them and feeling shocked, terrified, and very relieved. I said to the students, “Well am I ever happy to see you! This is my first week on my own, and I could use the help. And please, if you see me doing anything wrong … can you please let me know?” I struggled with the responsibility of role modelling nursing practice for these two nursing students. I felt like I should still be paired up with someone who could show me what to do and make sure I didn’t miss anything. I felt I could not be to these students the competent and knowledgeable role model that they needed and that I had been fortunate enough to have. I worried that I would let them down and that I was not suited to be a mentor, or even a nurse for that matter.

A turning point that triggered feelings of fear as well as disappointment in what I expected nursing to be and what it really is occurred one day when I was standing at the sink in the semi-private room occupied by two of my six patients, and I felt my eyes well up with tears. I was holding a vase of flowers in my hands and had walked over to the sink to change the water. I had just opened the curtains and finished changing my client’s bed linens while she was in the washroom. I took care to make the bed just as I had learned in the lab. I hoped none of my colleagues walked by and saw me spending time on what they may consider a frivolous and unnecessary task. I felt changing the water in the flowers was important because leaving the flowers in the small amount of dirty water I found them in would cause them to die and, thus, convey neglect and disregard for the one thing in the room that made it feel less like
a sterile hospital environment filled with things that did not belong to, or represent, the two patients occupying the space. If my patient were to look at the flowers wilting in the small amount of dirty water, they might feel sad and frustrated that they couldn’t get up and disappointed that the flowers were dying. The flowers symbolized love, and my maintenance of them was a gesture that conveyed caring and respect to my patient and their family. I worried that I would be judged by others who may think I must not have enough “real” work to do. In this moment, I began to fear that my values would become eroded over time and that I would be forced to embrace efficiency and tasks at the expense of caring. What if I could not be the nurse I had hoped to become? What if I could not uphold the values and ideas that had been instilled in me by my nursing professors? The tension I felt at this moment challenged my professional identity in that I perceived a dissonance between the nurse I had been trained to be and the nurse I was expected to become. Would it be possible for me to accept nursing despite the dissonance between my expectations and the reality of the role?

Plotline Three: Being a Nurse—I Felt Proud to Be a Nurse

A couple of months later, on a sunny day in May, I received a phone call from the health unit at which I did a student placement, to inform me that I had been scheduled an interview for what I considered at the time to be my dream nursing job as a public health nurse in the sexual health department. I hung up the phone and felt a wave of relief, joy, and anticipation come over me. It was as if something beyond me had filled me with light and given me hope: hope that I could love being a nurse. I was offered the job and was ecstatic to leave my position at the hospital. Oddly, the uniform mattered less than ever, and I felt more like a nurse in my new role as a public health nurse, in regular clothing, than I did as a bedside nurse in scrubs. My fear of incompetence quickly dissipated; the overwhelming sense of
responsibility faded; and my confidence immediately improved. I felt proud to call myself a nurse, proud to be a nurse, and cherished every opportunity to sit across from one client at a time and have a genuine, caring conversation about sensitive and personal issues. I felt confident in my nursing skills and my ability to help my clients to navigate complex situations and to improve their health and safety. I felt every aspect of my personal and professional life come together just as I had envisioned as a nursing student. I was truly grateful to have been given the chance to be the nurse I had hoped to become. I enjoyed this position immensely for over three years and formed many strong relationships and friendships with colleagues. I proudly embraced my nursing role and was relieved to confirm that not all nurses worked in hospitals and that not all nurses worked with blood, bodily fluids, and illness on a daily basis, as I had originally thought in my conversations with Turner as a young high school student.

While working as a public health nurse, I was presented with two casual job opportunities, one as an RN for Veteran’s Affairs; and the other as a contract lecturer for a second-year assessment class in the Bachelor of Science in Nursing program from which I had graduated a few short years before.

**Plotline Four: Becoming What I Was Meant to Be**

In my role as a lecturer, I would be teaching two classes, each with over 50 students. I remember my first day as a lecturer at the university. I remember staying up late the night before, making sure I had memorized the chapter on which the first class would be based for fear that the students might ask questions I would not know the answer to. That morning, I put on my carefully planned outfit, triple-checked the two USB storage devices I had saved my lecture on, ate breakfast, and made my way to the front door of my house. This day was so significant it felt like everything was in slow motion, and I remember it in great detail. My
partner took my picture at the door and presented me with a gift to commemorate the special day. It was a small piece of art I still have on my wall now, 10 years later. I remember driving down the familiar road into the university parking lot, listening to my favourite song on repeat to calm my nerves. I even saved my parking pass from this first day for many years. I arrived two hours early, anxious to stand at the front of the class, in front of a room filled with strangers, potentially judging my qualification to teach the course. I remember standing at the front of the room as the students came through the doors and took their seats. I could see them exchange looks with one another, mostly what appeared to be looks of curiosity, as I was admittedly the youngest course instructor they had had, 25 years of age at the time. The sun was streaming in through four windows along the top of the back wall. It was a beautiful September afternoon. I began to introduce myself and carefully explain the course in a way I felt would peak their interest. I even made a few jokes and watched them smile and laugh. I couldn’t believe how silent they were when I was speaking and was sort of surprised to see them writing things down in their notebooks. Of course, I remembered this is what students do; however, the idea that they would be writing down what I was saying did catch me by surprise. As I stood there, looking out at the sea of eyes, paper, pens, desks, coffee cups, and water bottles, I felt more alive than I had ever felt in my life. The sense of awareness I felt in this moment suddenly gave me a sense of meaning in my existence. I felt in this moment what it was to become what you were meant to be.
Attending to My Story of Becoming and Being a Nurse as an Impetus for this Research Study

These stories are drawn from my own personal experiences as a nurse and describe my experience of becoming and being a nurse. Each plotline, or occurrence, represents a period of transition along the continuum of becoming, each contributing to the formation of my professional identity. Reflecting on what being a nurse meant to me at each of these points in my journey helps me to gain understanding of the meaning of becoming a nurse through my own lived experience. Stories ultimately aim to fulfil our human nature and guide us toward becoming more fully who we are (van Manen, 1997).

My own experience of becoming and being a nurse, including my unique journey of professional identity formation and transition to practice, inspired a curiosity in me that is the impetus for this research study. My interactions with future nurses as a nurse educator and my desire to better understand professional identity formation and transition to practice through the stories of others have shaped and guided this inquiry.

Problem Statement

In Canada in 2018, there were 303,146 RNs (CNA, 2019; CIHI, 2019). A total of 12,283 new RNs graduated in 2017 in Canada (CIHI, 2019). The College of Nurses of Ontario gained 4,507 new RN members in 2017, bringing the total number of RNs employed in Ontario to 95,350 in 2017 (CNO, 2018). The number of male nurses in Canada grew by more than 17 per cent over the last five years (CIHI, 2019). In Ontario in 2017, seven per cent of RNs were male (CNO, 2018). Ontario has the lowest RN-to-population ratio in Canada, which the Registered Nurses Association of Ontario suggests puts patients at risk (CIHI, 2019; RNAO, 2018). With growing numbers of RNs in Canada, research into how nurses form their
sense of identity is crucial to developing the nursing profession and to understanding factors that contribute to retaining new nurses.

This growing number of Canadian nurses experience an ongoing change in their practice and work lives, attributed in part to the advancement of the profession and also to changes in the broader context of the health care system (Duncan, Rodney, & Thorne, 2014). Nursing takes place within broad cultural, sociopolitical, and economic contexts that influence and shape individual nurses and the practice and profession over time (Kozier et al., 2014). According to Kozier et al. (2014), the goal of professional socialization for new nurses is to instil the norms, values, attitudes, and behaviours considered essential for the sustainability of the nursing profession. Focusing on transition to professional practice, Duchscher (2009) concludes that while it is clear that the transition for new graduate nurses is often stressful, frustrating, discouraging, and disillusioning, what remains unclear are the stages of that journey. Nurses interviewed by Deppoliti (2008) reported traversing several passage points in the first three years of practice as these nurses constructed their professional identity.

According to the National League for Nursing (NLN, 2012), professional identity involves the internalization of values and ideas understood to be integral to nursing. The NLN (2012) identifies a significant relationship between the nurses that embrace these fundamental values and the delivery of quality nursing care, promotion of the ideals of the nursing profession, and improved patient outcomes. Johnson, Cowin, Wilson, and Young (2012) define professional identity as a sense of self that is derived and perceived from the role nurses take on in the work that they do, adding that self-concept and professional identity continue to be intertwined in contemporary nursing literature. As nursing students begin to form a professional identity, it is expected that they will embrace the values and ideas integral to
nursing (NLN, 2012). A person’s professional identity is a component of their overall identity and is augmented by their “position in society,” “interactions with others,” and their “interpretations of experiences” (Johnson et al., 2012).

To explore the experience of professional identity formation among new graduate nurses, it is important to understand the meaning of the experience of becoming and being a nurse from new graduates themselves. Qualitative research is considered essential in understanding the nature of reality which is dynamic rather than static (Packard & Polifroni, 1999). As is suggested in the professional identity literature further reviewed in Chapter 2, individuals experience a period of becoming that is dynamic in nature and warrants richer appreciation of the experiences of individuals. Becoming a nurse is presented as influenced by contextual factors, such as the organizational environment and the health care context (Johnson et al., 2012; MacIntosh, 2003). Narrative inquiry is a way of studying peoples’ experiences through collaboration between researcher and participants and entails thinking within the three common places of narrative inquiry: temporality, sociality, and place (Clandinin, 2013). This research study was conducted to achieve a deeper understanding of the meaning of the experience of becoming and being a nurse, with consideration of the contexts within which nurses experience the formation of professional identity.

To date, researchers and philosophers have studied professional identity within and beyond nursing, including related concepts such as moral character, individualism, self-concept, formation, and socialization. Nursing education and nurse employers may benefit from a deeper understanding of the meaning of the experience of becoming and being a nurse, with consideration given to the contexts within which nurses experience the formation of professional identity. The experience of becoming and being a nurse must be informed by the
experience of new graduates themselves. Gaining a deeper understanding of the meaning and experience of new graduates will help to clarify how we conceptualize professional identity formation and inform how nursing education and practice settings can better prepare and support new nurses.

**Purpose of the Study and Research Questions**

The purpose of this study is to explore both the stories that nurses tell to describe experiences of professional identity formation and transition to practice as well as how these accounts can inform our understanding of these concepts and their implications for nursing education, policy, and practice. The following research questions informed the inquiry:

The overarching research question is:

- What stories do new nurses tell about professional identity formation and transition to practice?

The following sub-questions were also used to guide the inquiry:

- What is the professional identity of new nurses?
- Does their professional identity change as they transition into practice?
- In what ways has becoming and being a nurse influenced their sense of self-identity?
- What/who is most influential in becoming and being a nurse?
Chapter 2: Literature Review

A review of literature was conducted to situate the inquiry and research questions in the context of our current understanding of professional identity formation in nursing. The literature review was conducted using the following databases: Medical Literature Analysis and Retrieval System Online (MEDLINE), Excerpta Medica database (Embase), and Cumulative Index to Nursing and Allied Health Literature (CINAHL). Initial Medical Subject Headings (MeSH) included were nurses (and related subjects), student nurses, professional identity, and self-concept. Initial keywords used were new nurs$, new graduat$, novice nurs$, and graduat$ nurs$. Only articles published in English were included. Following the database searches, papers were reviewed by title, abstract, and then by full paper. Studies were excluded at each step of this process if they did not meet inclusion criteria. This review included studies of nursing students in any year of any program as well as graduated, registered, and licensed nurses in any educational or practice setting. Studies in English exploring the core concept of professional identity in nursing were included in the review. The review considered professional identity in nursing on an international level, including qualitative and quantitative studies, opinion papers, and discussion papers. Research question(s), sample populations, methodologies, findings, and implications of the relevant studies were compared, analysed, and appraised. Review of the literature revealed three main themes that support further investigation of the experience of becoming and being a nurse to inform our current understanding of professional identity in nursing. The three themes that emerged from the literature are professional identity, becoming a nurse, and individual characteristics.
Professional Identity

This section summarizes the current understanding of the concept of professional identity based on available definitions and the conclusions of nursing research in this area. The conceptualization of professional identity in nursing is vague, and there is incongruence between definitions of the concept and the multiple measures used to evaluate professional identity. Professional identity is defined as the internalization of values and ideas integral to nursing (NLN, 2012). Professional identity is defined as a sense of self that is derived and perceived from the role nurses take on in the work that they do; the authors explained that a person’s professional identity is a component of their overall identity and is augmented by their “position in society,” “interactions with others” and their “interpretations of experiences” (Johnson et al., 2012). Professional identity as a concept has been explored in various disciplines including, but not limited to, psychology (Erikson, 1968; Kroger & Marcia, 2011; Marcia, 1966), education (Beijaard, Meijer, & Verloop, 2004; Connelly & Clandinin, 1999), and medicine (Cruess, Cruess, Boudreau, Snell, & Steinert, 2014; Jarvis-Selinger, Pratt, & Regehr, 2012). Erikson’s (1968) stages of psychosocial development, including his ideas about identity and the influence of social forces on formation of personality, originate in the field of psychology. These ideas also ultimately served to inform our earliest understanding of development of professional self-concept in nursing (Leddy & Pepper, 1985).

In 1981, Cohen began exploring professional identity in nursing to better understand both the problems that affected nursing students choosing not to complete their education and nursing’s struggle to become a full-fledged profession. Prior to Cohen’s consideration of professional identity in nursing, most research related to professional identity (often referred to as career, occupational, or vocational identity) was in the field of psychology. From a
psychological perspective, a person’s professional identity is a component of their overall identity, with psychosocial theory and theory based on personality type dominating the professional identity literature (Johnson et al., 2012). More than three decades after the work of Cohen (1981), the need to better understand professional identity remains a significant reality for nursing and has been identified as having implications for nurse retention and job satisfaction (Duchscher, 2012; Hensel, 2014; Johnson et al., 2012). Understanding patterns of professional identity is essential for evaluating curriculums and identifying opportunities for continued development of values in nursing education and throughout the transition from student to professional nurse (Hensel, 2014).

Our current understanding of professional identity in nursing is comprised of definitions and conceptualization, including the internalization of values and ideas integral to nursing, a sense of self derived from the nursing role, augmentation of position in society, interactions with others, and interpretation of experiences (Johnson et al., 2012; NLN, 2012). In health sciences, Flexner (1910) introduced the conceptualization of “profession” and the considerations and implications of professionalism for medical education in the United States and Canada. According to Flexner (1915), a profession involves intellectual operations paired with individual responsibility; demands learned operations requiring refreshment of knowledge in the form of labs and seminars; is not merely academic and theoretical, but also has practical aims; requires technique capable of communication through a highly specialized educational discipline; is self-organized with activities, duties, and responsibilities which engage participants and develop group consciousness; and is responsive to public interest and is increasingly concerned with achieving social ends. Expanding on the early work of Flexner (1915), others have more recently offered contributions aimed at moving us toward a better
understanding of nursing as a profession. Professionalism has been called the most important and powerful idea in nursing’s belief system (Joel, 2011). The term “profession” is essentially a social concept, the meaning of which must be appreciated in relation to its social context (Joel, 2011). The nurse’s view of self as a professional is significantly influenced by the image of nursing and the manner in which nurses are portrayed by the public, the broader profession, and the nurse’s own mentors and role models (Leddy & Pepper, 1985). Reflecting on the evolution of our broad social interpretation of a profession offers this study context for the further exploration of what it means to be a nurse from the perspective of new graduates and for how our interpretation of experiences of becoming and being nurses in the context of a dynamic health care system can inform our understanding of professional identity.

The goal of professional identity development is to feel self-certain in the role as a professional nurse and to accomplish the responsibilities of the role (Leddy & Pepper, 1985). According to Leddy and Pepper (1985), the most significant outcome for the successful achievement of a professional identity is that identity makes it possible for the person to carry out responsibilities of the role. The nurse who has a personal sense of a professional identity knows what the role entails, can experiment with role implementation, and can begin to articulate a personal belief system about the discipline (Leddy & Pepper, 1985). In summary, a nurse who has established a sense of professional identity is considered able to carry out responsibilities of the role, feels self-certain in the change-agent role, assists clients to take steps to change health behaviour, and influences other nurses to facilitate change in clients toward better health (Leddy & Pepper, 1985).

While the importance of professional identity is well supported, what constitutes this phenomenon and how it is constructed is poorly understood (Hensel, 2014). Researchers have
conducted numerous studies in an effort to evaluate the psychometric properties of instruments designed to measure professional identity (Cowin, 2001; Cowin et al., 2013; Dagenais & Meleis, 1982; Mancini, Caricati, Panari, & Tonarelli, 2015; Weis & Schank, 2009; Worthington, Salamonson, Weaver, & Cleary, 2013). Although the utilization of measurement instruments with the nursing population can be advantageous for screening or surveying nursing students for things such as perceived fit with professional values or for evaluating learning outcomes in specific nursing courses designed to teach about values or attributes of a professional nurse, their application also faces several limitations. First, the scales used to measure and examine professional identity in nursing may not share a common meaning and may not accurately capture the concept of professional identity as it is defined in the literature, further indicating vague conceptualization of professional identity. Second, no one specific measure has been commonly used in nursing professional identity research, thus creating a lack of measurement standardization and, consequently, difficulty interpreting results in a meaningful way (Cowin et al., 2013).

Career choice, professional socialization, and professional development have been examined in samples of nursing students (Cook, Gilmer, & Bess, 2003; Cowin, 2001; Cowin & Johnson, 2015; Cowin, Johnson, Wilson, & Borgese, 2013; Dagenais & Meleis, 1982), practicing nurses (Duchscher, 2008, 2009; Kelly & Courts, 2007; MacIntosh, 2003; Ohlen & Segesten, 1998; Price, McGillis Hall, Tomblin Murphy, & Pierce, 2018), Indigenous nurses (Martin & Kipling, 2006), and psychiatric nurses (Boschma, Yonge, & Mychajlunow, 2005; Hercelinsky, Cruickshank, Brown, & Phillips, 2014; Kristoffersen & Friberg, 2015). While focused on the related concepts of socialization and career choice versus professional identity specifically, Price (2009) identified three studies conducted in Canada on these related topics.
In a meta-analysis of qualitative research seeking insight into the experience of choosing nursing as a career, Price (2009) identified ten studies in total, three of which were conducted in Canada. Each of these three studies had one of the following sample populations: Indigenous nursing students, year-four baccalaureate nursing students, and experienced nurses. New graduate nurses were not specifically sampled in any of the studies.

Canadian literature on professional identity in the nursing profession includes the following studies. Boschma et al. (2005) explored how the work and professional identity of psychiatric mental health nurses in Alberta, Canada, were influenced by class and gender from the 1930s to mid-1970s. Nurses’ stories were utilized to understand the historical evolution of the psychiatric nursing profession in the context of gender identities, work relationships, and shifting perspectives on psychiatric care (Boschma et al., 2005). A grounded-theory approach examined how experienced nurses in three Canadian provinces interpreted their professional development and the influence of professional socialization (MacIntosh, 2003). Research was conducted on career choice with a sample of those accepted for admission to a Bachelor of Science in Nursing program at a school of nursing in Eastern Canada (Price, McGillis Hall, Angus, & Peter, 2013). Later, Price and colleagues (2018) studied new graduate nurses one-month post-graduation in Eastern Canada, examining professional socialization experiences of millennial nurses; however, the six nurses sampled in this study were still seeking employment and had not yet transitioned into a professional nursing role. The study concluded that an enhanced understanding of career goals and early professional socialization experiences of new nurses may inform strategies to improve professional satisfaction (Price et al., 2018). A limitation of the literature reviewed is that Canadian studies primarily utilize samples of nursing students and explore the related concepts of career choice, professional development,
and socialization. The gap in the literature is the professional identity formation of new graduates.

**Becoming a Nurse**

The theme “becoming a nurse” includes the factors, facilitators, and catalysts influencing the evolutionary and dynamic stages of professional identity formation during the period of socialization and transition into nursing. There is an emphasis on the role of nurse education in the research conducted to date as it relates to becoming a nurse, including clinical experiences and the influence of teachers, mentors, and role models. A degree of professional identity is evident even before students begin their nursing education (Adams et al., 2006; Johnson et al., 2012). Understanding professional identity formation, specifically in the context of Canadian nursing practice, begins with a review of nursing literature on the related topic of career choice (Price, 2009; Price et al., 2013; Price et al., 2018).

After choosing nursing as a career, students undergo a process of professional socialization and experience the influence of many contextual factors as they begin to identify with nursing. A theme that emerged from the literature review was the way that students begin to develop their professional identity and feel like a nurse: doing, learning, knowing, and speaking (Williams & Burke, 2015). Similarly, new graduates were found to evolve through three stages identified as doing, being, and knowing during their first 18 months of practice (Duchscher, 2008). While each newly graduated nurse experiences a unique transition experience, the first 12 months of employment encompass a relatively consistent pattern of emotional, intellectual, physical, sociocultural, and developmental issues that evolve to form a progressive and sequential professional evolution (Duchscher, 2009). Narrative pedagogy was used to solicit students’ narratives about becoming a nurse, followed by a hermeneutic circular
approach to analyse the written narratives (Williams & Burke, 2015). Doing, learning, knowing, and speaking emerged as the way students begin to develop their professional nursing identity and feel like a nurse (Williams & Burke, 2015).

Researchers have examined students’ perception of the influence of education and training on construction of professional identity (Arreciado Maranon & Isla Pera, 2015; Kelly & Courts, 2007). Students considered clinical placements and clinical mentors essential in shaping their identity (Arreciado Maranon & Isla Pera, 2015). Nurses expressed dissonance between expectations and experiences through a three-stage process of reworking professional identity: assuming adequacy, realizing practice, and developing a reputation (MacIntosh, 2003). Contextual factors that influence the re-working of professional identity include expectation, perception of the status accorded by others to nursing, and support of nursing colleagues in the workplace (MacIntosh, 2003).

The influence of educational experiences and contextual factors is also represented in a professional identity pathway organized into five subsections: initiating the professional identity pathway; academic content, teachers, and mentors; clinical placements and their effects; professional identity and transition to practice; and evolving professional identity within a changing world of health care (Johnson et al., 2012). The first subsection of the professional identity pathway is initiating the professional identity pathway. Initiating the pathway is most associated with career choice, personal values, as well as the values and beliefs about nurses and the profession that individuals bring with them as they commence nursing education (Johnson, et al., 2012). The second subsection of the professional identity pathway is academic content, teachers, and mentors (Johnson et al., 2012). Teachers and mentors (combined with the integration of information related to professional values, nursing-
related knowledge, as well as the skills and competencies required in the nursing role) shape an ongoing construction and deconstruction of identity (Johnson et al., 2012). Clinical placements and their effects are identified as the third subsection of the professional identity pathway (Johnson et al., 2012). Clinical placements can challenge a student’s sense of belonging and can make students feel disconnected and undervalued; however, mentorship and participation in social relationships are essential for shaping students’ professional selves. Professional identity and transition to practice are considered the fourth subsection of the professional identity pathway (Johnson et al., 2012). Professional identity is considered a key issue in the transition from student to practicing nurse, and dissonance between expectation and experience can have a significant influence on retention rates. Finally, an evolving professional identity within a changing world of health care is identified as the fifth subsection of the professional identity pathway (Johnson et al., 2012). Evolving professional identity has been defined as a nurse’s professional identity constantly developed and redeveloped throughout their career (MacIntosh, 2003). On a broader level, the context of nursing is constantly changing and responding to shifting demographics, globalization, education, policy, and technological advances (Johnson et al., 2012). A limitation of the professional identity pathway presented by Johnson et al. (2012) is that the authors do not clearly state how they came to identify the five subsections based on their review of the literature and fail to outline how this pathway may be used or applied in future research. For example, Hensel and Laux (2014) use the professional identity pathway presented by Johnson et al. (2012) as a framework for their study; however, it is not clear the original authors intended for it to be used in this way.
Although the exploration of research into identity formation in nursing can be advantageous for its potential influence on nursing education, transition to practice, mentorship, and job satisfaction, the application of findings faces some limitations. First, most studies exploring the experience of becoming a nurse have been conducted among samples of nursing students, including students beginning their education. The question, to what extent the students have a professional identity to measure? is an important one to consider in the interpretation of these findings (Adams et al., 2006; Arreciado Maranon & Isla Pera, 2015; Cook et al., 2003; Cowin, 2001; Cowin & Johnson, 2015; Cowin et al., 2013; Dagenais & Meleis, 1982; Davis, 1969; Hensel, 2014; Hensel & Laux, 2014; Kelly, 1992; Williams & Burke, 2015; Worthington et al., 2013). The trend in the current literature to utilize samples of nursing students to explore professional identity by exploring the experiences that led them to become and remain nurses, however, fails to capture how new graduates describe, and form meaning of, their professional identity. There has been a lack of research that explores professional identity formation in new graduate nurses and minimal research on experienced nurses or nurses with varying work experience. A limitation of the findings of research on professional identity utilizing a sample population of students is that the population may identify more with being a student than it does with being a nurse. The definition of occupational or professional identity refers to the conscious awareness of oneself as a worker (Skorikov & Vondracek, 2011). Sample populations of nursing students may not present a clear and accurate portrayal of the conscious awareness formed by practicing nurses. A sample of students may have a conscious awareness of oneself as a learner or a student, but it is possible their internalization of values and ideas, and understanding of their role as nurses, has not developed enough to be measured and evaluated as a professional identity.
Individual Characteristics Influencing Professional Identity

Individual characteristics are the qualities that make each individual unique and uniquely prepared to internalize the values and ideas of nursing. Based on the review of existing literature, individual characteristics emerged as important factors that influence the formation of professional identity. Some characteristics found to shape early and continuing development of professional identity include gender, prior work experience in health care, understanding of team work, knowledge of the profession, cognitive flexibility, confidence, caring, communication, leadership, professionalism, autonomy, social extroversion, expectations, sense of fit, self-esteem, self-image, and values.

Researchers have explored factors that influence professional identity by analysing nursing students’ stories, beliefs, moral ideas, and definitions of nursing (Cook, Gilmer & Bess, 2003; Kristoffersen & Friberg, 2015; Williams & Burke, 2015). Specific factors (including public image, self-care, stress, age, marital status, and educational level) influence acquisition of professional identity (Hensel & Laux, 2014; Kelly & Courts, 2007; ten Hoeve, Jansen, & Roodbol, 2014). Predictors of baseline professional identity include gender, work experience in health care, understanding of team work, knowledge of the profession, and cognitive flexibility (Adams et al., 2006). A positive correlation was found between age and level of professional self-concept; however, no statistical differences were found between levels of professional self-concept and marital status or educational level (Kelly & Courts, 2007).

Positive correlations between the following variables were identified: educational aspiration and professionalism, professionalism and autonomy, as well as professionalism and social extroversion (Dagenais & Meleis, 1982). Social extroversion was also correlated with
the empathy scale (Dagenais & Meleis, 1982). Qualities of caring, empathy, knowledge, and respect changed significantly across time for students assessed in each year of a four-year undergraduate nursing program (Cowin & Johnson, 2015). Nurses’ professional values are best labeled with five factors: caring, activism, trust, professionalism, and justice (Weis & Schank, 2009). Nursing students perceived themselves as caring and valued professional competence; however, many identified a lack of confidence in their skills (Kelly, 1992).

Nurses derive their self-concept and professional identity from their public image, work environment, work values, education, as well as social and cultural values (ten Hoeve, Jansen, & Roodbol, 2014). Sense of fit was found to be the strongest aspect of the nursing student’s identity at every measurement point; it was also found that caring and spiritual growth are predictors of sense of fit (Hensel & Laux, 2014).

Summary

A review of the literature uncovered a gap in our understanding of the experience of professional identity formation in new nursing graduates. There have been many approaches and efforts to understand professional identity formation in nursing. Throughout this chapter, I have aimed to document how the nursing literature to date has primarily examined professional identity from the perspective of nursing students. Few of these studies were conducted in Canada and most used quantitative measures. The conceptualization of professional identity in nursing is vague, and incongruence exists between definitions of the concept and the multiple measures used to evaluate professional identity, many of which examine values, qualities, development, and self-concept. Professional identify formation demands new and different approaches from those currently offered in the literature. While the existing knowledge offers diverse mixes of ingredients to understand professional identity in
nursing, little is known about how new nurses experience professional identity formation and transition to practice in the Canadian context. A limitation of the literature is that the individual characteristics of new nurses, for example the sense of self they derive from the work that they do, are unknown. The need for this specialized knowledge is significant, as it will assist us to improve our understanding of professional identity formation and to develop stronger nursing practices, specifically related to the preparation and support of new nurses. A narrative inquiry approach will assist me in gaining a deeper understanding of the stories of new nurses and how they make sense of their professional identity formation and transition to practice. In this way, I hope to contribute to our embodied knowledge of nursing with an innovative way to address our understanding of how the experiences of new nurses assist them to form meaning of professional identity.
Chapter 3: Methodology

The function of theory in an inductively oriented qualitative project is to provide an orientation to a way of inquiring about human nature, serving to justify a methodological approach (Sandelowski, 1993). Paradigms represent belief systems that attach the researcher to a particular worldview (Denzin & Lincoln, 2013). A discussion of the paradigm in which the researcher is situated frames the project and provides direction for the inquiry and research process. Each interpretive paradigm makes demands on the researcher, including informing the questions that are asked and the interpretations made (Denzin & Lincoln, 2013).

Social constructivism is discussed below, as it is the interpretive paradigm most consistent with my beliefs and worldview and most consistent with naturalistic inquiry. I will also describe how the philosophical and theoretical perspectives of narrative identity, informed by the writings of Ricoeur (1984; 1991) and McAdams (1993), will provide a framework for my research. I justify the methodology selected and provide an overview of the study design, including research setting, participants, recruitment strategy, data collection, data management, and data analysis. Trustworthiness criteria and techniques informed by the constructivist paradigm include credibility, transferability, dependability, and confirmability and are presented based on the work of Lincoln and Guba (1985). Ethical considerations are also discussed.
Interpretive Framework

The interpretive framework for my study is social constructivism. The constructivist world view often manifests in studies in which individuals describe their experiences (Moustakas, 1994). According to Denzin and Lincoln (2013), constructivism assumes a relativist ontology, or belief there are multiple realities. This study approached data collection and analysis in a manner consistent with the ontological perspective, acknowledging that participants’ perspectives reveal multiple realities, each a reflection of unique lived experiences and influential factors. The epistemology of social constructivism focuses on subjective evidence from research participants and seeks to explain, through stories around experiences, the influences upon and processes by which individuals come to describe, explain, and account for the world in which they live (Holloway & Freshwater, 2007). The theoretical lens of social constructivism assumes a subjectivist epistemology and a naturalistic set of methodological procedures (Denzin & Lincoln, 2013). The axiological assumption of the social-constructivist approach entails an interpretation on the part of the researcher to make sense of the meanings participants have about the world, allowing the knower and respondent to cocreate understandings.

In situating myself within social constructivism, I recognize individual realities as being unique, and I value narrative knowledge. In exploring how new nurses describe and form meaning of their professional identity, I draw upon my own narrative, reflecting on my own unique values and beliefs, in addition to my lived experiences as they relate to my formation of a professional identity, as I described in Chapter 1. The use of an interpretive narrative approach to inquiry, aligning with the assumption of a subjectivist epistemology, inherently supports co-creation of understanding and seeks to ensure that participants have
more power than the researcher in shaping the findings of the research study, as they control their own stories and articulation of experiences (Denzin & Lincoln, 2013; Holloway & Freshwater, 2007). The interpretive narrative epistemological position of this inquiry seeks to provide an understanding of professional identity formation as told and interpreted in the stories of new nurses.

**Narrative Inquiry**

In addition to a paradigmatic position, theoretical and philosophical perspectives inform and guide the framework within which the inquiry was conducted. I followed a narrative inquiry approach to understand individuals’ experiences as a way of honouring lived experience as an important source of knowledge (Clandinin, 2013). Narrative analyses reveal discourse between story and experience, with a focus on devices used to make meaning in stories (Sandelowski, 1991). The conceptualization of human beings as narrators and their stories as texts to be interpreted is a critical opportunity for nursing scholars, as it presents solutions for analytic problems typically disguised by debates about objectivity and validity (Sandelowski, 1991). Clandinin (2013) states who we are, and who we are becoming, is an idea thought of as a set of complex relationships among knowledge, contexts, and identities, thus allowing us to think about identity relationally. Clandinin’s interpretation is consistent with the central research question of this inquiry and lends itself well to exploring the stories new nurses tell about professional identity formation and transition to practice.

Ricoeur’s (1984; 1991; 1992) narrative theory, in addition to his introduction of the idea of narrative identity, informs the theoretical and philosophical foundation of this research project. Ricoeur’s narrative theory was influenced by the principles of phenomenology, specifically the work of Husserl, Heidegger, and Gadamer, which shaped Ricoeur’s ideas
related to phenomenology as well as interpretation of experience, time, and temporality. Ricoeur believes human lives become more “readable” when interpreted through stories that people tell about themselves, or “life stories” (1991, p. 73). Temporal position, as it is described by Ricoeur (1984), is the ability to pass from the subjective to the objective, or to apply characteristics of the present, past, or future to unique lived experiences. Ricoeur (1984) states it is by “disentangling” the identity of the temporal position from the identity of the object that we reach the problematic of objective time, or a fixed position in time (p. 84). The concept of temporal position is closely related to narrative theory and aligns very well with this inquiry which explored the stories new nurses tell about the events and experiences related to professional identity formation and transition to practice. With an inherent implication of experience over time, narrative theory will inform interpretation of professional identity from the participants’ narratives.

The perspective of Polkinghorne (1988) is useful in understanding the early formation of ideas surrounding narrative theory. Polkinghorne (1988) describes narrative as the “primary form by which human experience is made meaningful” (p. 1). Kerby (1991) states narrative articulates what is of value to us and why, for it essentially defines who we are and what we want. Narrative is defined as an organizational scheme expressed in story form (Polkinghorne, 1988). Narrative is a function of the relational processes of the realm of meaning and is displayed through language (Polkinghorne, 1988). Ricoeur (1991) states that we equate life to the story we tell about it, adding that the act of telling or narrating appears to be key to the type of connectedness we evoke when we speak. Kerby (1991) agrees, stating it is the narrated past that best generates our sense of personal identity, adding narration in the form of story gives both a structure and degree of understanding to the content of our lives. Ricoeur (1991)
claims the question of identity is deliberately posed as the outcome of narration, whereby the character of the individual, or their narrative identity, is constructed as the protagonist in the story. Polkinghorne (1988) describes narrative as a drawing together of individual experiences, specifically actions and events, to create meaningful discourse. It is through interpretation of the plot where we must search for the intersection between permanence and change to establish the narrative identity of the character in relation to the story itself (Ricoeur, 1991). Data collection results in a collection of stories, with the goal of analysis being to uncover the common themes or plots in the data (Polkinghorne, 1988).

**Methods**

*Research Settings*

Northwestern Ontario was selected as the data collection site, primarily due to researcher location and feasibility. Clandinin and Connelly (2000) state the conditions under which the interview takes place, including location, time of day, and degree of formality established, shape the interview. All interviews took place in a private meeting room reserved at a local coffee shop. The space provided a private, comfortable, quiet, and accessible setting in a convenient location that was familiar to most of the nurses. The room did not have windows, which maximized privacy and minimized distractions. van Manen (2014) notes that it is best to conduct interviews in informal settings, as people are more inclined to remember and tell life stories when the surroundings are conducive to thinking about these experiences.

*Participants*

According to Holloway and Freshwater (2007), the type of sample influences the depth, breadth, and quality of data collected. The sample consisted of participants who had experienced, and/or are experiencing, professional identity formation through becoming and
being nurses. The sample consisted of five nurses, three females and two males. One nurse was employed in harm reduction, one as a home care nurse in the community, one on an acute care medical unit, one in an emergency department, and one in an intensive care unit. Each nurse completed the requirements of a Bachelor of Science in Nursing program in the province of Ontario, graduated in May 2017, and had approximately 20 months of experience as a licensed registered nurse. All were employed full-time as RNs with a license to practice issued by the College of Nurses of Ontario.

Recruitment Strategy

Upon receiving ethics clearance from the Queen’s University Health Ethics Research Board (Appendix A) and an exemption waiver from the Lakehead University Research Ethics Board (Appendix B), I began a combination of purposive and snowball sampling to recruit nurses living in Northwestern Ontario for this study. Holloway and Freshwater (2007) state that researchers initially gain access to participants through “gatekeepers,” or those who control access to the participants. Holloway and Freshwater (2007) suggest that some participants will volunteer in response to an advertisement or promotion of the project. An online social network, Facebook, created an opportunity to advertise details about the study. A dedicated Facebook page was created for the study and shared via the personal page of a nurse at the hospital who volunteered to promote the study. Nurses interested in obtaining more information about the study self-identified and contacted me by email. Three nurses expressed interest initially when the study was first promoted. Following their initial interview, two of these nurses referred friends they felt would like the opportunity to share their stories for the research study.
Following expression of interest, I contacted each individual to ensure that they met inclusion criteria. The eligibility criteria of practicing as an RN for a minimum of one and maximum of three years as well as residing in Northwestern Ontario was listed on the poster linked to the Facebook page, and all nurses who expressed interest were determined to be eligible participants. After confirming eligibility over email, I invited participants to set up a brief telephone call to discuss the study with the goals of ensuring that information exchanged with participants was secure and creating an opportunity for dialogue and discussion. I asked participants their preferred method of communication, and all chose email to receive further information about the study.

I emailed individuals the Information Letter to Research Participants (Appendix C) and Consent Form (Appendix D) in advance of scheduling the initial conversation to provide participants an opportunity to review the study to gauge their interest in participating. In my email, I included the central and single question around which the initial conversation would be shaped: Can you tell me your story, the events and experiences, related to your becoming and being a nurse. I explained the purpose, significance, time commitment, expectations, voluntary nature, and potential harms and benefits of the study and assured confidentiality. Nurses were informed that they could cease their participation at any time until the findings were submitted for publication. Over email and using a Doodle poll with the settings for a “hidden poll,” all of my available times were indicated for a period of several weeks, and participants chose their preferred time. To protect confidentiality, they could not see the other names and selections of the other participants. I included options at various times of day and days of the week, including evenings and weekends, as two of the nurses worked primarily days in community-practice settings. I indicated we would arrange a mutually convenient
location for the conversations, suggesting the local coffee shop, but stating if they had a preference for an alternate location, we would explore whether the alternate space would be conducive and available.

During the initial conversation, each nurse was provided with a hard copy of the Information Letter to Research Participants (Appendix C) and Consent Form (Appendix D). Hard copies were also available and accessible in the meeting room during the subsequent conversations.

Data Collection Methods

Data collection methods consisted of two face-to-face interviews, participant journals, researcher journal, and field notes. Following recruitment and informed consent, the initial interview was arranged for a mutually convenient time and place. At the conclusion of the initial interview, participants were provided with a journal and pen to record any emerging thoughts, ideas, stories, reflections, or feelings following the initial interviews. Participants were provided with instructions regarding use of the journal, including an open-ended set of questions serving as suggestions to offer direction for entries. Journal entries served as the starting point for sharing in the second interviews. Entries were shared and elaborated on verbally by participants, and the hard-copy pages of the journal were also collected at the second interview. The second interviews were scheduled four to five weeks following the initial meeting; were guided by the participants, their journal entries, and specific and unique questions prepared by the researcher; and were informed by preliminary analysis of the first interview.
**Narrative conversations/ interviews.** A researcher’s basic source of evidence about the narrative is the interview (Polkinghorne, 1988). Interviews provide a format for participants and researchers “to organize their temporal experience into meaningful wholes and to use the narrative form as a pattern for uniting the events of their lives in unfolding themes” (Polkinghorne, 1988, p. 163). The researcher is required to move from the specific stories shared by participants to particular episodes or events, to more general life stories that provide self-identity and give unity and cohesiveness to the person’s existence (Polkinghorne, 1988). Each participant was interviewed twice. Consecutive interviews may mobilize participants to reflect on their experiences with interpretive insight to determine the deeper understanding or themes (van Manen, 1997). Face-to-face interviews were conducted with each of the participants for both interviews, with the second interview conducted approximately four to five weeks after the initial interview. The audio of interviews was recorded on two devices: an MP3 recorder as the primary device and a voice recorder application on a smartphone as the secondary device.

Opportunity for questions and clarification of the consent was verbalized and recorded at the beginning of each conversation. Participants were reminded of how the data would be used, stored, and protected. Participants were informed they could discontinue the conversation at any point for any reason. The interview guide allowed for flexibility and responsiveness to the emerging narratives as the direction and content of the conversation could not be anticipated and was unique for each participant. The narrative interview is restricted to a small number of questions from the researcher and focuses on the flow of talk from the participants (Holloway & Freshwater, 2007). For the initial conversation, a single question was used. In the subsequent conversation, unique questions were derived as lines of
inquiry and were based on the data collected in the first conversation and the purpose of the inquiry. The conversations in the second interview started with the nurses verbalizing and elaborating on their journal entries. I asked participants how they would prefer to be contacted should any data require clarification during the analysis phase. Consistent with the ethical agreement, participants were reminded of counselling services accessible to them following the interview should they wish to seek emotional support following the interview. All interviews were transcribed verbatim.

Participant journals. Diaries or journals may be used to complement oral tales (Holloway & Freshwater, 2007). Clandinin and Connelly (2000) state journals, a method of creating field text, are a powerful way for participants to provide accounts of their experience. Journals were given to the participants at the time of their first interview. At the end of the first interview, I explained the journal and drew their attention to the page of instructions and suggested topics for journal entries. I clarified that these were only suggestions and that there was no obligation to write anything in the journal. Participants were encouraged to use their journals to record any emerging reflections, thoughts, memories, ideas, questions, or stories in any format (bullet points, sentences, or artistic expression). Prior to the second interview, I communicated with the participants and reminded them to bring their journals if they had written anything in them since our initial conversation. Each of the nurses had written something, ranging from just a few points to remind them of things they wanted to tell me about, to a few pages of entries.

Researcher journal. I used a personal journal to reflect my thoughts and feelings before, during, and/or after each interview. This journal shaped insight and interpretations throughout the data collection and analysis processes. Reflexivity notes related to biases and
assumptions as they arose were documented in the researcher journal. In addition, I created a process journal to document decision making and rationale throughout the various aspects of the study, including in relation to interviews, interpretation, and analysis. The details of what was done, how it was done, and the rationale for all decisions were documented in the process journal.

**Field notes.** Field notes may be written with various levels of depth, detail, and interpretive content, providing the researcher with a record of the moments of our inquiry and the story of our experience (Clandinin & Connelly, 2000). Narratives are context-sensitive and are responsive in their form and content to the aims and conditions of the interview situation (Polkinghorne, 1988). During each interview, I documented characteristics of the interview environment, such as notes about the setting, time of day, or circumstances related to the participant and the timing of the interview in relation to any other life events they mentioned. I also noted any non-verbal cues or gestures that contributed to the storytelling and had the potential to inform interpretation of the resulting narrative. Field notes were also made as I listened to the audio recordings and reviewed the transcriptions (Clandinin & Connelly, 2000). Field notes were used to facilitate interpretation and acknowledgement of the context of the interview, non-verbal communication, and any biases and assumptions noted during the data-analysis phase.

**Data Management**

Confidentiality was ensured throughout the data collection and analysis processes by offering participants the option to select a pseudonym to be used for audio recordings, data transcripts, and all other research documents. Participants who did not want to use a pseudonym were informed of the opportunity to do so at any point during the stages of data...
collection and analysis. Participants were sent their interpreted story by email for review prior to inclusion in this thesis and were invited to reconsider their decision to select a pseudonym at that time. Confidentiality was maintained at all times between the researcher and participants.

A list of names, assigned pseudonyms, consent forms, hard copies of the transcribed data, the researcher’s personal research notes, and a USB device with all electronic data are stored in a locked cabinet in the researcher’s personal locked office. Transcribed data and electronic documents, including audio files of interviews, are stored on a password secured, encrypted computer. All electronic and hard copies of the data will be stored for five years as per the policy of Queen’s University, after which time all electronic data will be deleted, and hard-copy data will be destroyed using a professional confidential shredding service. Data are only accessible to the primary researcher and supervisor during this time.

**Data Analysis**

Narrative analysis should accommodate the data as it presents itself and not be fixed and determined from the outset (Holloway & Freshwater, 2007). Flexibility was maintained to allow the method of analysis to shape itself to the data as it presented from the participants in their interviews and journal entries, thus allowing the researcher to remain open to illuminating insights (Holloway & Freshwater, 2007).

**Analysis of first interviews and preparation for second conversation.** Once each of the first interviews was completed, the audio recordings were transcribed verbatim. I played each conversation and listened carefully to ensure accuracy of the transcription and to familiarize myself with the data, including the verbal tone and other nuances not accessible to
me in the transcripts. Corrections were made to the transcripts as needed to ensure accuracy, correcting errors and inaudible markers. During this early stage of the analysis process, notes were made in the researcher journal, and comments were added to the transcripts. Transcripts from the first interviews were read and reviewed prior to the second interviews to inform those conversations. I began the initial analysis by reviewing the study research questions, the aim and purpose of the study, and the definitions of professional identity. The purpose of this step was to remind myself of the research questions I was hoping to answer with this inquiry, as it is easy to become distracted by, or curious about, something interesting but unrelated to this specific inquiry. Next, I engaged in a holistic reading of the transcripts, then as selections of descriptions and stories, then in detail as phrases and words. I carefully considered the stories, phrases, and words that aligned with the study as they had emerged in the initial conversations. I used the data from the initial conversations to shape questions designed to elicit stories and expand details or reflections on stories presented in the initial conversation.

**Analysis of second interview and merging of transcripts.** As each of the second interviews was completed, the audio recordings were transcribed verbatim. Again, I played each conversation and listened carefully to ensure accuracy of the transcription. Corrections were made to the transcripts as needed to ensure accuracy, correcting errors and inaudible markers. During this stage of the analysis process, notes were made in the researcher journal and comments were added to the transcripts. Transcripts from the first interviews were read and reviewed to recall stories and sequence of stories. Where possible, the transcripts from each interview were divided into stories, so space was created between stories that resembled a plot, possessing a beginning, middle, and end. Next, the data from the two interview transcripts was integrated and merged into a single file, maintaining chronological sequence.
where possible, and merging stories that were a continuation of, or expansion on, a story across interviews.

**Organization of data by narrative dimension.** Each participant’s transcript was analysed according to the narrative dimensions of time, sociality, and place, described as a “three-dimensional narrative inquiry space” (Clandinin & Connelly, 2000). A template of the three categories was created; it included the language that would support interpretation of the dimension and justification for placement of pieces of data within the dimension of best-fit. The dimension of time included temporal position, becoming, reflections on past events, future projections, turning points, transformation, change, and evolution over time (Clandinin, 2007; Clandinin & Connelly, 2000). The social and personal narrative dimension included perception of self, inward reflections on personal feelings, interactions of self and other, socialization, and relational practice (Clandinin & Connelly, 2000). The dimension of place included context and situation beyond people, including stories specific to practice settings, and sequences of places (Clandinin, 2007; Clandinin & Connelly, 2000). If a story or excerpt aligned with more than one dimension, it was situated in the dimension of best-fit until all interview data was partitioned into one of the three narrative dimensions. Comments were added for each of the stories, using track changes in Microsoft Word, to justify how the data aligned with that dimension, and the others if applicable, and to record preliminary interpretations and reflections for the next phase of analysis.

Next, to form a sense of evolution of becoming over time, and as a means of reducing the data to generate shorter interpreted stories, each nurse’s transcript was reanalysed to resemble a structure aligned with transition to practice and professional identity formation, including the categories of “beginning,” “becoming,” and “being” which emerged naturally
from the narratives and served to organize the stories in a temporal orientation. Key stories of significance from each of the three narrative dimensions were identified, and this became the foundation for the retelling of each participant’s story. In this case, significance was determined by how well the story, or excerpt, fit with the temporal position of beginning, becoming and being, alignment with the narrative dimensions, and the extent to which the story provided insight into the research questions. An audit trail was created to record decisions about which data was included in the final retelling of each nurse’s story. Finally, the transcript was reviewed to ensure all significant stories were highlighted and had been migrated to the final story template. Corresponding comments justifying alignment of data to the narrative dimension of best-fit were maintained throughout this process to ensure order and organization. Also during this phase, a summary description of each nurse was generated.

Each nurse’s story was rewritten following an approach that van Manen (1997; 2014) refers to as an artistic activity, and which allowed me to go back and forth between the whole story and its parts to create new meaning in response to the research questions. Themes and thematic statements were used to interpret the narratives and to create meaning of the nurses’ experiences of being and becoming a nurse. The process of rewriting each nurse’s story created an opportunity for me to reflect on my experience as a nurse and a nurse educator and illuminated my understanding of the experiences and reflection shared by the nurses.

**Inclusion of grace notes.** To create a conversational element of discourse and reciprocity, a brief note titled a “grace note” was included at the conclusion of each nurse’s story chapter. The Merriam-Webster.com Dictionary (2020) defines grace notes “as a small addition or embellishment.” Each note was written to reflect the personal implications each story had on me as the researcher and included an expression of gratitude and appreciation.
Each grace note consists of four components: the key lesson or lasting impression that emerged from each nurse’s unique narrative, their strength or most admirable quality or virtue, my message or wish for them, and a quote that summarizes their story or key message.

**Emergence of narrative threads.** Throughout each stage of data analysis, beginning with listening to the audio recordings and reviewing the transcriptions, I documented trends and noted experiences and reflections in my researcher journal. In addition, I recorded all decisions about data analysis in my process journal. The resonating narrative threads, or patterns, emerged through the iterative process of analysing, organizing, sorting, merging, and redefining the data and were triangulated by comparison with notes in both the research and the process journal. A master table of narrative threads was created as an extension of the process journal.

**Trustworthiness of the Research Study**

Trustworthiness of the research study is assessed according to the criteria delineated by Lincoln and Guba (1985) and includes credibility, transferability, dependability, and confirmability.

**Credibility.** Lincoln and Guba (1985) describe credibility as confidence in the “truth” of the findings. In accordance with the recommendations of Lincoln and Guba (1985), to implement the credibility criterion I carefully analysed the data in such a way that my interpretations or reconstructions of my participants’ experiences were credible and representative of the constructors of the original multiple realities (to the participants). In addition, I demonstrated credibility of the findings by having them approved by the study participants (Lincoln & Guba, 1985).
Purposive sampling and specific inclusion criteria helped to ensure the participants were well-suited for the inquiry, thus contributing to trustworthiness by ensuring appropriateness of data. Accuracy and validity were promoted during the data-analysis phase by carefully balancing holistic interpretation of experiences and line by line interpretation of text while carefully documenting emerging themes. When writing each nurse’s story, I included direct quotes from participants to support insightful interpretation and dominant themes, thus helping readers to see “truth” in the findings. Credibility was established by conducting follow-up interviews with participants and utilizing an integrated approach to data collection and analysis with a combination of interview transcripts, journal entries, and researcher field texts.

Lincoln and Guba (1985) suggest member checks as a means to test data, interpretations, and conclusions with participants. Member checking is informal and formal and has occurred throughout the study to assess intentionality, to correct errors, to gather additional information, to reduce misunderstanding, and to summarize (Lincoln & Guba, 1985). Each nurse had the opportunity to review their interpreted story chapter and offer any feedback.

Lincoln and Guba (1985) suggest peer debriefing as a way to ensure my biases are probed, meanings explored, and the basis for interpretations clarified. I have utilized my supervisor extensively for peer debriefing during the data-analysis and interpretation stage of my project, also inviting peer debriefing from my committee members.
**Transferability.** Transferability is the extent to which findings of a particular inquiry have applicability in other contexts or with other individuals or groups (Lincoln & Guba, 1985). Lincoln and Guba (1985) caution that the very controls instituted to ensure internal validity actually mitigate against clear generalizations as the uniqueness of each lived experience is preserved. The person, or consumer of the research, seeking to make an application elsewhere is most responsible for assessing similarity and suitability for comparison and transferability.

In accordance with the recommendation of Lincoln and Guba (1985), transferability has been established by using thick description to ensure my report contains sufficient information for readers to determine whether findings are meaningful to other persons in similar situations, for example to other nurses entering the profession in similar contexts under similar circumstances. I have kept researcher field notes and maintained records (including details such as the location setting, atmosphere, attitude of the participants, reactions and nonverbal communication not captured on the audio recording, as well as my personal feelings and reactions) in an effort to provide a vivid picture of the events of the research.

**Dependability.** Described by Lincoln and Guba (1985), dependability, or consistency, relates to how one can determine whether the findings of an inquiry would be repeated if the inquiry were replicated with same (or similar) participants in the same (or similar) context. The naturalist considers both factors of instability and factors of phenomenal change, such that differences or changes may be related to human factors or the nature of the inquiry and experiences being explored (Lincoln & Guba, 1985).
Dependability is best demonstrated with an audit trail (Lincoln & Guba, 1985). I have established dependability by providing a very clear and detailed audit trail in the form of a researcher journal, process journal, and other documents such as the master table of narrative threads, to demonstrate the clarity and integrity of fair process as it relates to all aspects of data collection and analysis. I have used the audit trail to document justification for decisions made throughout the process to ensure transparency.

**Confirmability.** Confirmability is consistent with neutrality and objectivity, or how one can establish the degree to which findings of an inquiry are determined by the participants and conditions of the inquiry and not by the biases, motivations, or perspective of the researcher (Lincoln & Guba, 1985). I have demonstrated confirmability by reflecting on my reflexivity statement throughout the process of data collection and analysis and have included this as part of the audit trail mentioned above. I have also included in my audit trail consultations with my committee members, including meeting notes, as they serve to support and ensure reflexivity is maintained throughout the stages of data analysis as outlined above.

In accordance with Lincoln and Guba (1985), my audit trail includes: raw data (recordings, researcher journal entries, process journal entries, and field notes); data reduction and analysis products (process journal entries and master table for narrative threads); data reconstruction and synthesis products (documentation of categories, themes, interpretations, definitions, conclusions, and final report with connections to literature); process notes (process journal for audit trail); materials relating to intentions and dispositions (entries in researcher journal); and interview-development information (specifically detailed in process journal for each unique interview).
Ethical Considerations

Data collection began after ethics clearance was received from Queen’s University Health Ethics Research Board (Appendix A). The researcher is employed by Lakehead University, and as such, the Lakehead University Research Ethics Board (REB) was advised of the research project. Lakehead University granted a REB exemption waiving REB review, deeming the research not to be in association with Lakehead University (Appendix B).

Written informed consent was obtained by the researcher from each participant during their initial interview. Following the member check, all participants elected to adopt a pseudonym for their transcript, published story, and other research documents. The participants gave their time to share personal experiences for this research, and I have ensured as much as possible that they have not suffered any discomfort or distress throughout the research process. At the beginning of each conversation, participants were verbally informed of the purpose of the study by the researcher. After that, a written explanation, with plain language, of the study was made available to them in hard-copy form and informed consent was obtained. The language used in the consent form is clear to assure understanding by the participant. Consents were signed by the participant and the researcher prior to the initial conversation. The participants will keep a copy of this informed consent (Appendix D).

At the beginning of each conversation, participants were informed that there was no obligation to participate in the study, that they may stop the conversation at any time or refuse to answer questions, and that they may withdraw from the study at any time. I have ensured privacy and confidentiality through proper storage of, and access to, their information. Although some of the information they provided will be published, only their pseudonyms will be associated with that publication, not their names. Participants had the opportunity to read
their complete story chapters to review the excerpts from their transcripts that have been included in this thesis. The person who shared their story should always have the final word in how their story is presented in written form before it is passed on to others or is published (Clandinin, 2007). The ethical commitment toward my participants has been my priority throughout this project.
Chapter 4: Jay’s Story

Prologue: Meeting Jay

It was a cold and sunny afternoon in the middle of winter. Jay joined me across the board room table in the meeting room of the local coffee shop immediately following his day shift as a nurse in the community. He appeared grateful to be in the warm coffee shop and to have a chance to sit down in a comfortable chair and not have to be so conscious of time. I imagine driving all day on winter roads in February is not the most pleasant experience, as it can certainly impact your travel time as a community nurse and make an already busy day feel even more rushed. Jay looked at the papers on the desk, expressing interest in the formalities of the project and the desire to make sure he answered the question as best he could. He looked around the room, taking in the environment and all that was around us. It was a new space for him, and he seemed to truly see every detail of the walls, the few decorations, the large table, the black leather chairs, the interview question written on the whiteboard on the back wall, the papers on the table, and our steaming coffee cups. I wonder if his attention to the environment is a skill he has adopted as a community nurse. Being in and out of unfamiliar places all day long, there is certainly a need to assess the environment, to feel safe and to know your patient through their space. Comfortable and professional, his demeanor was initially as if he were still working, but quickly shifted as he relaxed. Jay had carefully contemplated the research question in advance and was ready to share his story from the beginning.
Jay’s Early Years

Jay has been an RN for almost two years, working in the community visiting clients in their homes. Jay has a “niche” for palliative care and wound care and has enjoyed many opportunities working as a mentor and training new nurses, in part because his organization and manager think very highly of his abilities and value his mentorship of new staff. Jay is a husband and a father; growing up, he was the son and grandson of nurses who inspired and motivated him. His brother was also a nurse, but a nurse who became burnt out and left the profession. His brother serves as a constant reminder of the importance of balance and protecting himself from the same end. Jay values his faith and relationship with God and service. He perceives his role as “love in action” and is very oriented to service in the community, perceiving nursing as vocational and service oriented. Jay’s greatest tension seems to be balancing his personal life and his career, specifically maintaining his dedication and commitment to God as well as to his wife and son. He has a passion for working with the Indigenous population and aspires to pursue his master’s degree and nurse practitioner (NP) certification.

Plotlines in Jay’s Narrative Account

Plotline 1: Beginning—I Love Caring for People

Jay started with:

I guess where my story begins, as far as the nursing profession and career, would be I grew up amongst nurses. My mother was a nurse, both my grandmothers were nurses. At that time, I had no interest in nursing whatsoever because I’ve seen the toll it can have on people personally and on families. But also, there were great rewards that I witnessed as well too.
It is evident that Jay’s inspiration to become a nurse originated from the careers of his mother and grandmothers. A later impetus was a service trip to Peru, after which he recognized the connections between the church, caring, and nursing as his purpose. Jay reflects on Peru:

Doing some work in Peru, building orphanages and stuff like that. Events and experiences throughout life that really contributed [to becoming a nurse] would be the Peru thing. We went there, basically the goal was to work on an orphanage in a high-risk area. We taught about some regular hygiene stuff, and in that, you could see sort of the difference in just giving them a little bit of knowledge, and even a toothbrush and some soaps and stuff and fresh water; how that has a lasting impact on someone. I love caring for people. So, where I ended up was in nursing, and that’s sort of the beginning of it.

Jay thought back to his original plan when he was younger:

Growing up, my plan was to be an aircraft maintenance engineer. Everything I did in school leaned towards that. Once I started schooling for that, I realized that I really preferred to work with people than machines.

Jay had planned to take aircraft maintenance engineering as he perceived a more mechanically oriented vocation as an opportunity to work with his hands. Jay reflects on his perspective after Peru:

Coming back to Canada, my mom was a nurse, and at the time my eldest brother had become a nurse. He was an ER [emergency room] nurse in Vancouver. Just sort of speaking through my experience in Peru, I just asked him, “it seems like it’s every little thing there makes a huge difference. Don’t you feel like sometimes here it doesn’t make a difference?” My mom, I just remember her saying “You know what? Sometimes you don’t see the reward of your care.” And I was like, Oh, okay.” So that has stuck with me throughout. So that Peru trip kick-started that idea of nursing care and how that can be what my life is, my purpose as a career.
In our interview, Jay started his story with “I grew up amongst nurses. My mom and
grandmothers were nurses. I saw the toll it takes on people and families.” I realized the intent
and honesty behind this opening statement. Jay had been provided with the central research
question in advance and had had some time to think about this interview, and the question of
“what are the stories, events and experiences related to your becoming and being a nurse.” I
am struck by the fact that this single sentence comes close to summarizing his entire story. It is
how his first interview began, and comes full circle to the end of his subsequent interview.
This one sentence summarizes both his inspiration and his greatest tension and struggle. It is
why he is a nurse and why he struggles to be a nurse. Jay also talks about witnessing great
rewards, suggesting his mom may have shared positive stories or examples of how the care
she provided benefited others, and maybe also herself. His positioning of himself as “witness”
to these rewards suggests he was watching and observing, possibly from a young age.
Witnessing not only what his mom did for her career, and when she was gone and home, but
actually acknowledging what she was gaining from, or achieving by, the work that she did. Jay
aims to consider a temporal orientation of the events and experiences comprising his story,
especially as he begins to share. I am intrigued that he chose to start from his childhood and
note where he perceives the “beginning” to be. He elects to present his story as a temporal
sequence of events, each one influencing and leading to the next. He suggests his exposure to
nursing in childhood, while significant, was not entirely positive and inspirational. This
suggests a level of awareness and objectivity as he saw not only the rewards but also the
consequences, personally and for a family, that often come along with having a parent in a
helping profession. He describes his perception of nursing over time as an evolving interest
and understanding of the role based on his exposure to it, primarily through his mother’s own evolving career.

Jay reflects on his plan growing up to be an aircraft maintenance engineer. His desire to work with his hands is an important part of who he was and is. Jay reflects on a past event that ultimately was a turning point for him, a change of career plan, when he realized he preferred to “work with people than machines.” Jay personally expressed having had a feeling it wasn’t what he was called to do. His decision to choose people over machines was one that came following his trip to Peru where he used his hands on a service project, building orphanages in a high-risk area, to express caring and compassion. The service project in Peru, the place itself and its temporal position in his life story, including the proximity of this event to the time at which he was making a decision regarding education and career choice, was a significant turning point for him. This experience was also something he reflected back on later, as in Peru he could “see the rewards” of his work. He could touch them and build them and create something tangible that he could feel confident was real and was going to make a difference for the disadvantaged and vulnerable people he had connected with on this project. Jay’s valuing of others, including the people of Peru, and his perception of self and nursing as having the potential to be “what my life is, my purpose as a career” was clarified by this experience. This positions nursing in his perceived orientation of the role as his “purpose.” He offers this early window into the relational practice and orientation of self to others that continues to present personally and professionally throughout his journey of becoming and being a nurse. Jay’s reflection back in time, his inward reflection on self and orientation to others, as well as his personal feelings and moral position related to his purpose to make a
difference in people’s lives all resonate in this reflection on how he perceives his role and how he came to choose nursing as a career.

**Plotline 2: Becoming—This Person Is More Than Just the Nurse**

Continuing to reflect back on the experiences that influenced him to feel drawn to pursue nursing as a career, Jay recollects:

*Over those two years [I worked as a technician for orthotics and pedorthics], I realized, thinking how I really enjoy working with people [in] this job. I just remember one day, I was thinking about it and I was like, “You know what? This is not what I’m supposed to do. I don’t know why, but I just know I’m supposed to work with people.”*

Jay continued to hold onto his mother’s comment about not always seeing the reward of his care:

*Now working as an RN, I can see where [my mom] comes from. You have the opportunity to care for people who are maybe in a tough situation. They might not understand the process, and they get frustrated. You feel a little bit defeated that you haven’t given anything. But whenever I go through those situations, I was like, I’m a nurse and I don’t necessarily see the reward of [my] care, and I might never. And that’s okay.*

Jay compares the nursing experiences of his mom and brother:

*They had two difference experiences with nursing, and I think I land with my mom in that I found it to be more enjoyable than I thought I would. I thought it would be really taxing, and it is sometimes, because of what my brother went through. And I felt like oh, he’s a male nurse so it’s probably going to be like that for me. So, it was better than I expected because I expected my experience might end up like my brother’s, unfortunately.*

Reflecting on his first placement in long-term care (LTC), Jay said:

*I can remember the first day doing that first communication placement in first year. I remember thinking, “Wow, this is rough going.” And as a student, you’re just intimidated.*
Jay spoke about a role model, one of his nursing instructors, who expressed such empathy and compassion in response to a personal issue he was experiencing:

[She] had a lasting impression on me. I remember, I think it was third year or something, and I was just destroyed [from grief and loss]. I remember, I just hadn’t really processed [the event], I guess. I was talking to [her] about it. And I never cry. I never cry. If you ask my wife, I don’t cry. And I started crying about it with her, and she just had so much compassion for me. And I thought, this person is more than just the nurse. They’re just a compassionate person. She really had a lasting impact on me because of that. She probably doesn’t even remember it. So yeah, it’s all about the relationships through school that I think have helped shape me too. But yeah, especially that instance, I just remember she showed so much compassion.

Jay spoke about the mentorship and inspiration of another important role model who served first as his preceptor and is now his manager. He placed great value on her feedback and attributes this to his growth and confidence during his transition from student nurse to RN, and still at this time. Reflecting on her influence on his growth and transition, Jay prefaced with:

events that have helped establish me as a nurse and then influenced where I’m going as a nurse and why I wanted to become a nurse. So, I’ll start with positive feedback. And this is more to where I am as an RN now. But, I remember in placement, my preceptor for my community was ... she told me she was very diligent about giving me positive feedback when I did well. And I think that really boosted my confidence. Now she’s my manager. But, she still always gives positive feedback to me and the other nurses. For me it’s so beneficial. If you set a bar to live up to instead of just being happy with whatever, you encourage them to where they are. So, saying “you’re going to be a great nurse so you are a great nurse and you’re only going to grow because of this, this, and this.”

Jay commented on her feedback when he was a student helping him to feel like:

okay, this is something I can do and I’m capable of doing. I was thinking about that and how important that was for me actually following through with becoming a nurse. At that point, I had already made the choice to go to school. But, you can drop out at any point so I think that was huge for me.
Jay talks about having niches, stating “I think nurses love having niches.” He remembers:

when I first went into nursing, or was thinking about going into it, I had family members who had done it and so they were so encouraging and saying “you’ll find something that you just really enjoy.” And the thing about nursing is you can ... it’s such a flexible career and that you can pick a niche.

Jay describes his niches as wound care and palliative care, noting his first thought about palliative care was:

Oh, I can’t stand this, I’m not good here. But people saw, I guess, characteristics or abilities within my set that they felt was strong.

Jay commented:

there’s a lot of experiences, but some that stand out in shaping me as who I am as a nurse is a lot of those palliative situations where you think you know a lot, but you really know so little. A lot of that knowledge isn’t necessarily the physiology or the medical science, it’s the social knowledge. Everyone’s got such a unique story. A lot of people, especially when they’re palliative and passing away, they’re processing a lot of what went on through life. I know so little about social work. And I’ve only been on the Earth for 27 years. But I learn more each time, because you see someone’s different story, you see how they process it differently.

Jay considers why he enjoys working as a nurse in community:

Patients are so appreciative. They’re so comfortable. You build these healthy relationships. I get to do every single skill. That’s when I first started. Now skills are the thing you think about last, but as a new nurse I thought it was so cool. I’ll be good at everything, I thought. Now it’s just the relationships are so good in the community. The experience is just unbelievable, because you really get to learn about everything. Then there’s also a lot of autonomy, which was attractive in the beginning. Now, sometimes I wish I had, you wish you had more support. But that’s sort of what got me into community, just that you have these amazing relationships with patients and that they’re so appreciative the majority of the time.
Jay talked about feeling scared and anxious as a student in his emergency placement:

_I used to feel scared in emerge placement, and some days going into there ... not scared, maybe is not the right word. But very anxious. And not for any particular reason._

Reflecting on his current role:

_as far as being scared as a nurse, in the community you go to some sketchy places. Even drug homes and stuff where it’s obviously a drug house. I remember there was a house ... they were the last person I had to see. No one had seen them before. Partway through the visit, I’m like “something funny is happening in a different room here.” And sure enough, people were shooting up and stuff. And it was just not a safe situation. So, I told the patient, “This isn’t safe. We’re not going to come here and see you if you’re here. You need to go somewhere else.” I remember that instance. I felt not ... a little bit scared maybe because I was vulnerable. There’s a lot of people and there’s only me. And for the record, most drug users are the nicest people._

Reflecting on graduation, and feeling like a nurse, Jay stated:

_I think as new nurses you’re super proud coming out of ... especially when you pass your exam or whatever, you’re very proud. Which I think is good. I think sometimes there’s a lot of pressure to not be proud because you actually going to get eaten alive but I think there’s a lot of pressure from ... know you’re a newbie and you’re going to get eaten alive. You’re not and maybe it’s just a nursing culture thing, I think, but new nurses shouldn’t be proud because what do they have to be proud about, you know? But, I think they should be proud, you learned a lot, you did a lot of hard work. The one instance where I was proud, I’m like, “I’m a nurse now. This is it.” It’s really silly, I think the first time I started an IV [intravenous therapy] or something on my own it’s like, “This is ... I’ve made it!” Which is silly now. That is not something that people should focus on because that is the last skill that is going to make you a nurse but I think probably something silly like that._

Jay considers how his confidence and growth evolved over time:

_Yeah, the big thing I’ve noticed is either there’s overconfidence or underconfidence, probably a little bit of both. That’s probably for any nurse, but it’s more evident in new nurses because they’re trying to prove themselves as practitioners. Even myself, I think there were times where I_
was overconfident and probably gave information that wasn’t completely accurate or was false. And you don’t realize it because you’re trying to give the patient an answer and make sure that they know that you’re competent. But I think part of being competent is admitting that you’re wrong, or that you don’t know as well. And even now, I’m still a new nurse in my opinion. Two years isn’t enough experience to know anything.

Jay reflects back on a job he had between finishing high school and beginning his nursing education. He worked as a technician in orthotics and reflects on this time in his life as contributing to the turning point that prompted a change in his career plan. This role may have served as a catalyst in his evolution of self and his perception of self, specifically his feeling that he’s “supposed to work with people.” Socially, this orientation of self to other offered him the experience with people, in a helping role, that served as an impetus in his choice to become a nurse. Jay considers the reassurance of his mother that “you don’t always see the rewards of your care” and how he perceives that now working as an RN. He has come to appreciate the social context and personal struggles of his clients and accept that he will not always see a difference. In his evolution of caring for others over time, Jay has come to understand that he will not see the rewards of his care as a nurse as he did when he was building the orphanage in Peru and that the rewards will not always be tangible, significant, or apparent to him. I am struck by the combination of the narrative dimensions of time, social, and place in this reflection: how his perspective of seeing the rewards of his care over time has changed, from before becoming a nurse to now as an RN; his appreciation for social context and personal struggles; and his comparison of how caring felt in different locations, Peru and Canada. In Jay’s process of becoming, I wonder if his mom’s comment about the rewards of his care helped to facilitate his transition and has almost served as a comfort and guiding light that has carried him from the experience that inspired him, to the reality of the role he experiences on a daily basis. Jay notes that his expectations of nursing were framed by the
experiences of his mom and his brother and that he had originally anticipated his experience, as a male nurse, may be more aligned with that of his brother. This discrepancy between expectation and reality is an insight that reflects strong self-awareness and perhaps suggests an alignment of values and ideas more consistent with those of his mom, suggesting his becoming in the female-dominated nursing profession was not as influenced by his sex as he had anticipated it may be.

In thinking back to his earliest clinical experience, the relevance of place is at the forefront of this memory. It wasn’t who he cared for or what he did that defined that experience for him, it was the place. LTC as the practice setting seemed to cast a backdrop on this clinical experience that overshadows in his memory anything about his early development and learning as a novice care provider. Jay was positively influenced and inspired during his time as a student nurse, specifically by one of his nursing instructors who demonstrated such empathy and compassion as she supported him through a period of loss. Jay comments on how this was such a timely expression of empathy during a significant time of vulnerability. He learned through this experience what compassion was, how to be with someone who was in pain, and that being a compassionate person is to be “more than just a nurse.”

Jay talked about receiving positive feedback from his preceptor, who is now his manager. Reflecting on receiving feedback as a collection of past events as they present to him now, he feels the influence of this feedback on his retention in the program, his evolution and becoming a nurse, why he wanted to become a nurse, and where he is going as a nurse, thus continuing to shape a vision of his future self as he projects it at this time. He reflects on the role of this feedback in his dynamic transformation that began when he was student and continues into the future. His personal perception of himself as a nurse, and his role as a care
provider, is embedded in the social and professional context. Jay reflects on how he internalized this feedback in the form of confidence in relation to his perceived capacity “this is something I can do, and I’m capable of doing.”

In Jay’s reflection on niches, he talks about the importance of how others saw him, and what they saw as his strengths, in his realization of what he is good at. The reassurance of his family telling him he would find something he really enjoyed must have helped him to see variety and opportunity in nursing, and as a result, he does not feel hemmed-in by a narrow perception of the role. This also shows how he values the opinions of others, how the encouragement and insight of those around him served to guide and influence what he expected to “become,” and how much control he had over his career. Jay’s comment that “you can pick a niche” shows agency and a perception of control as it relates to employment opportunities and his ability to choose a specific practice area. He recalls his initial reaction to palliative care being, “Oh I can’t stand this. I’m not good here.” It strikes me that he combines feeling he didn’t like this type of work with a criticism of himself that he was “not good here,” suggesting he felt he didn’t have the skills to work in that type of role. I wonder if there was something about his first experiences with palliative patients that challenged him or caused him to feel this way. Jay remembers his early palliative care experiences and how a lack of social knowledge challenged him in these situations. He draws connections to social work, his life experience, as well as how each person has a unique story and processes death differently. Jay returns to the seat of witness, where he learned from his mom as a child, with his comment that “I learn more each time, because you see someone’s different story, you see how they process it differently.” This comment suggests a sense of evolution and change as he learns
and grows from each interaction and experience, suggesting it is the interactions and experiences that are teaching him and shaping his becoming a nurse.

Feeling valued and appreciated, and building healthy relationships are reasons Jay enjoys working as a nurse in the community. He sees that they are comfortable and must hear comments from patients that they appreciate having care at home. He talks about getting to do “every single skill,” which was something he perceived differently in the beginning compared to now, suggesting his perception of the importance of skills in his practice has evolved over time, going from thinking that was “so cool” in the beginning, to now thinking about the skills last. He now sees the relationships as the most attractive aspect of his role. He also talks about the evolution of his perception of autonomy, from feeling that this was attractive in the beginning to now wishing he had more support. He talks about the relationships and feeling the clients were so appreciative as being what motivated him to work in community after having a placement there in his final year of nursing school.

Jay recalls two experiences that provoked feelings of fear and anxiety: first, his placement in the emergency department in his final year as a nursing student and second, a time when he was in very close proximity to people that he didn’t know and who were engaged in high-risk behaviours that made him feel vulnerable. Jay orientates the feeling of vulnerability in relation to situations and social contexts, and not people specifically. He is cautious to suggest that drug users are not to be feared, but rather emphasizes that it is the social context that provoked feelings of vulnerability, anxiety, and fear. In the drug house situation, Jay demonstrated advocacy by requesting the client go somewhere else if he wished to continue to receive care. Even in a situation where he was feeling threatened, Jay was future-oriented and conscious of the safety of not only himself but also his colleagues.
Jay associated his memory of graduation with a feeling of pride; however, this memory was also paired with apprehension and reservation, indicating a “pressure to not be proud.” I wonder where this came from and why he felt he shouldn’t feel proud to graduate. He suggests feeling a sense of fear and apprehension at the time of graduation, worrying about being “eaten alive” and associating this worry with the nursing culture. This comment suggests Jay may perceive incivility as a characteristic of nursing culture. I wonder if this is a reason why he chose not to work in the hospital and, instead, is working independently as a community nurse caring for clients in their homes. I wonder if Jay attributes incivility with the nursing profession (social context) or hospitals (place). Jay remembers feeling like “I’m a nurse now” and feeling like “I’ve made it!” when he started his first IV. It seemed he was almost embarrassed to acknowledge this as a turning point or transformative experience for him, possibly for fear of judgement or criticism. This association between success and achievement of skills in relation to the nursing role is one that I wonder if we contribute to in nursing education in how and what we value and evaluate. Furthermore, to what extent how does this moment of feeling like one has “become” a nurse vary from one individual to another? Jay goes on to consider how confidence is related to the effort of new nurses to “prove themselves as practitioners,” considering socialization and the value new nurses place on how they are perceived by others. Jay talks about himself feeling more overconfident as a new nurse compared to now, stating he feels “part of being confident is admitting that you’re wrong, or that you don’t know.” His perspective of time and experience is that he feels he is still a “new nurse” and that “two years isn’t enough experience to know anything.” I wonder if Jay compares his experience and knowledge to that of much more senior nurses, such as his
mother for example, and does not compare himself to the new graduates he regularly orientates to the role.

Plotline 3: Being—I Feel a Lot of Joy in that I Can Love Other People

Jay’s expression of his faith in relation to caring is articulated in his comment:

_I don’t know if it’s a sense of security or what per se, but for me it is. I’m confident in what happens next, and I’m confident that I have purpose. So even if I were to die today, I know I’ve had a purpose and hope that I did a good job. But even if I didn’t, at least I have a hope for after. So yeah, just that whole faith thing is humongous for me in caring for people._

He adds that:

_for even me as an individual, what’s here in this life can be quite short. How do I just care for other people and express love through action well in this lifetime?_

Jay shared a story of a time he prayed with a patient:

_I had this palliative patient, I was her nurse for I think like six months or something. We got quite close as far as I saw her most frequently. If she had questions, she was comfortable asking me. I remember one time I was with her, and I was just doing regular care, like hooking up hydration or something. She just sort of said, “I’m absolutely terrified of dying.” And I said like, “Yeah, I can’t imagine. I haven’t died before.” She said, “You know what? I remember you mentioned to me that you were a Christian or something. Would you just pray with me?” I was like, “Yes.” I prayed with her, and afterwards she was just so thankful. She ended up passing pretty soon after that. I remember her husband calling me, and they were so thankful for me. I don’t know if they ever ... they weren’t there that time that I had the opportunity to do that. But that was just, she was so thankful, like more than any of the hydration or any of the meds I could give her, anything like that. I think it was what had a lasting impact on her. Because in that time of life, she knew she was going to die whether or not it was the next day or a month from there. She just, I think, needed some of that support._

Jay reflected on this story:

_I totally had that sense of this is going back to how I felt called to work with people and I think I was like, “Man, this is it. I feel a lot of joy in that I can_
love other people.” And not even with religion as a way that, “Oh, I only feel like that if I’m praying for someone.” But even if I’m caring for someone, I’m caring for you because I feel like I was cared for. So, that’s really the direction that that goes. I think ... it’s how it acts on who I am, I guess. The act of nursing.

Jay reflects on what he has learned from, and tries to convey to new nurses, when training and orientating new staff:

_I train quite a few nurses just because of like high nursing turnover. So, I’m usually training, probably like 12 different people in the last six months. Usually they’re with me for like two weeks or 10 days. One thing I’ve noticed is, and I’ve noticed this about myself, is if I am in a rush it takes me longer to do the care than if I take my time. If I’m training someone to the position, I try and say, “You know what? Take your time. You’re going to be late for stuff. That’s just the reality of the health care system right now. And you can’t put that all on your shoulders.” If you’re rushing, you might make a mistake. You might miss what the patient’s trying to tell you. So, through myself, my own mistakes, and then being able to see that in new people who I’ve trained, you just see that taking your time and listening. It’s just a huge, huge part of being a nurse, and especially for a new nurse. Yeah, my experience training people and making those mistakes of being in a rush and not listening, and sort of putting my needs as someone who’s busy and has a job to do ahead of the patient who feels like they’re in a vulnerable spot and they want to be heard and they have things to communicate. I think just through that, the main thing I want to be is someone who is able to listen, who is just understandable to the patient, and that makes them feel like they’re actually cared for and it’s not just some number on my cell phone that I check off.

Jay reflects on and compares his experience with nursing to that of his brother:

Now the story sort of continues on why I want to keep nursing. I have an older brother who was a nurse for 10 years, and he was emerge / ICU [intensive care unit] nurse in Vancouver. It took its toll on him. So, he’s not a nurse anymore, he’s actually a crane operator in Vancouver. Something I’ve learned from him is just to be wary of burnout. I’m still a new nurse. This is my second year. I can already see bad habits where I’m not, like you’re not eating as well as you used to, you don’t exercise as often as you used to. In my current position at our current work, there’s a nursing shortage so you’re working overtime pretty much every day. So that affects all these other areas of your life. Something that my brother told me is like, “Just don’t get burnt out. Because once you get burnt out once, then you totally lose your passion for nursing and it’s hard to get it back.” So, I’ve seen that.
So, I think from my brother’s story in his nursing career, he was a little bit jaded just because he got burnt out, and he had a really tough time recovering. It affected a lot of parts of his personal life. So, from seeing that, I think where my story goes and where my experience ends up has a lot to do with how I care for myself beyond nursing.

Reflecting on his earliest memories of his mom and grandmothers as well as the evolution of his perception of balance:

As I was sort of processing it last night ... in the order was, I grew up; I saw my mom as a nurse, my grandparents as nurses. I saw that they were pretty exhausted. I didn’t see a ton of my mom, sometimes just because she was working evenings or nights or she was travelling for work. But now that I’m in the career, I can see that it’s a very rewarding career, and you can have balance and be a nurse despite sort of the culture around it. There’s a lot of culture. Nurses are busy and exhausted and burnt out. And that’s true a lot of the time, but I think there are a lot of nurses who have a well-balanced life. And I just want to model myself after that. Someone who is really listening to the patient and being attentive, but also listening to my own body and my family. What I believe is that I do need to care for myself to be able to care for other people. Yeah, that’s a big thing, so just having a well-balanced life I think will lead to a well-balanced career. But I love nursing, it’s fun. It’s one of those jobs where you just get to do everything.

He talks about role models he knows who he feels appear to have a better balance and who inspire him that it is possible:

I’ve got two friends [who are nurses], and they are so good at balance. I think they’ve found themselves jobs that accommodate that because they knew that’s what they needed to have a good balance. And they’re always happy, always just spreading joy. They still volunteer, they still take time for each other. And they’ve been doing it for quite a few years, and so, I think those two have been encouraging. And I think what they do is they put themselves in positions where they don’t have to take work home, where they’re done at 5:00 and they’re done, done at five. And where their time off matches each other and then also they’re super active in their church community, they’re super active doing exercise and stuff. And they have close-knit friends.
Jay remembered a time when he felt like he needed to re-look at his job, the toll it was taking on his life, and feeling challenged to balance life and work:

One [day] in particular, I started my day by getting an email that says, “Urgent. Help needed.” And then they list all the patients for the day and there were 70 patients that needed to be seen in addition to all the ones that I’d already seen or that I had already had on my list and so I had ... I was already, you get booked to a 7.5 because you get a 30-minute paid break, and I was booked at a nine to begin with, without travel. And they’re just begging people, and I just wanted to call and tell them, “If you keep going to the well, it’s going to run dry.” And I remember that particular day, it was like 70 people, and I was booked at nine and I was so insulted and offended that they just assumed I could work overtime without even asking me. And when it happens once in a while, it’s not that big of a deal. But, this happened the previous four days and this was the fifth day of the week, I was working seven in a row and I remember that day I was just like, “There’s way more jobs that would be less stressful and easier.” And sure enough, I’m at the second patient’s house, and they’re super sick, and I’m trying to get ahold of doctors to get new orders and then the next patient, there’s no supplies. And so, I’m digging through my little stash in my car to get supplies. So, what was supposed to be a 30-minute visit is now a 45-minute visit. And everything was going bad, and my wife texted me and she’s like, “You’re going to be home at 4:00, right?” And I was like, “I don’t think so.” And then she didn’t text me for a couple hours, and I knew, I was like, “Oh boy. I’m toast.” And I remember I ended up working super late that day, and I came home and she was in tears. And I was like, “You know what? There’s so many other jobs where this could be way easier on my life.” And when you start your day off like that, you’re just fuming to begin with and I think every little thing just ... so, that particular day, that was the fifth of seven and I just remember that day. Just issue after issue and that was one of them. And I remember looking at the job bank that night. But I needed my hours for the master’s program.

A time that Jay felt that he was getting a handle on creating balance:

I think something that worked really well for me is I’m a Christian, so reading my bible and praying, I think, is a big part of that balance. And there was a time where my wife and I would do it together every second night, and I felt like I had so much balance. And we got away from it, life’s busy, there’s different ... the nights get busy with a baby or you got other commitments that you have to do. Or just different courses that I was doing for work and stuff beyond work hours, got in the way. And I think you can just sense that you’re not taking time for yourself or your spiritual growth or your personal growth. Whatever that is to anybody. But, for me, it’s just
praying and being in my bible and stuff with my wife. And I felt like when I did that, it’s like, “Man, that’s a healthy balance.” And with that, still doing stuff as a family. So, I love outdoor stuff, so getting outside, hikes, skiing, even if it’s just a 30-minute walk. Now, it’s beautiful, so it’s way easier, but when it’s minus 40, you’re just like fighting. But, I think that’s so important, just getting that exercise and taking that time for just quiet time because some days … and you really notice this. And that is really important for just longevity, I think, for me. That time praying with my wife and doing our bible and doing our exercise. And I notice when I’m not being active and when I’m distracted when I’m home, so I’m on the phone or even watching Netflix all the time, I’m not taking the time to actually silence a lot of the noise. I find the noise follows me to work or the work noise follows me home. So, that, for me, is so key though. Just having the longevity, I believe.

Jay adds to his reflection on how his balance has changed over time:

*I think for me, I used to be really active. So, I was in a lot of sports. And I’m really active with my faith and in my community. And I think those two things, when I first started I was really on track with staying healthy, exercise, really good diet. My wife and I are both really active outdoors. But then as we had a child, and then things got busy. Some of that stuff sort of went to the back burner. And now it’s, like I said before, we’re sort of putting it back up front and putting work behind.*

On whether being a nurse has changed how he perceives who he is and his sense of self, Jay responded:

*I would say yes. I don’t like to necessarily be defined by my career. But, I think most of us are, “I’m a nurse” or “I’m a police officer. I’m a teacher.” I think it has become part of who I am, and I don’t think that’s a bad thing. It’s not all of who I am. Part of who I am as a Christian and as a person is someone that cares and loves on other people. So, I think in that aspect, it very much is part of my sense of self, it gives me, I don’t want to say necessarily purpose, but it just gives me joy to know that I’m able to do that on a daily basis. Some days are better than others. So, I would say yeah, it’s a sense of self. But it’s not fully a sense of self, I think if that were the case it might be a little dangerous.*

Projecting on the things he hopes to achieve:

*Just those main principles of really listening to the patient, and taking my time with them and understanding them. Then just having a well-balanced personal life are two of the main things that I hope to achieve. Through the*
experiences of the Peru trip, the palliative care situations, caring for people when they’re going through the dying process. Then just being able to train some people. Even though I don’t have a ton of experience, it gives you a different perspective when you’re watching someone do care instead of always doing the care yourself. You sort of see things that you see in your own practice. Like, I could fix that, or, that person does that really well. I’d like to carry that into my own practice too. Those are sort of the main experiences that have led me to be a nurse, and that have taught me how to manage the load and the personal life, and then hopefully help shape who I become in the future.

Jay offers a personal insight into how his faith provides him with a “sense of security” and perhaps a feeling of comfort, protection, and safety. The way he says “I don’t know if it’s a sense of security or what per se, but for me it is” suggests that maybe he feels apprehensive to suggest that it is this to him, possibly understanding that this is not what all believe. His inadvertent positioning of his own beliefs in the broader social context may indicate his awareness of the fact that everyone has their own beliefs, or it could possibly suggest he has been challenged about his faith in the past. He goes on to express a feeling of confidence in what happens next, implying after death, and feels confident he has a purpose. He doesn’t clearly associate nursing with his purpose, but does perceive “caring for people” as his purpose, likely including but not limited to nursing, possibly also including caring for his family and caring for others through his church. He projects that if he “were to die today,” he would know he had a purpose and “hope that I did a good job. But even if I didn’t, at least I have a hope for after.” This suggests he believes that what happens after is dependent on his faith, purpose, and intent to care for others, regardless of the outcome and whether or not he did a good job, made a difference, etc. Jay’s insight on the intersection of his faith, his purpose, and nursing is personal and altruistic, highlighting his moral position and aspiration to care for others and express “love through action” in his life. He doesn’t limit this caring to nursing, so I wonder how much of this caring for others and expression of love he perceives as
being associated with his professional role and how much he associates with his family and service activities through the church. Jay’s consciousness of his mortality and his finite lifetime are also apparent in this statement. I wonder if the origin of this is his faith or perhaps a proximity to personal experiences of loss or recent experiences of death with palliative patients.

An example of how Jay expresses “love in action” in his practice is the story he shared about the time he prayed with a patient. His story demonstrates relational practice, his orientation of self to other, and how deeply connected he felt being able to use his faith to offer her the support she needed. He mentioned she felt comfortable asking him questions, and sharing her fear of death. He described praying with her as “having the opportunity to do that,” and it is evident he also personally gained from engaging in this experience of prayer with this patient before her death. Jay, himself, brought the story full circle to the beginning of how he felt “called to work with people,” and this story was symbolic of the very type of work that make him feel joy and love. He describes how he feels this way just caring for someone, and that he does so because he feels he was cared for. This suggests he perceives caring as an exchange, or return, and maybe also a sense of duty. That he is giving back what he has received, and that he holds this action close to who he is.

Jay often trains and orientates new staff, serving as a role model and mentor. He talks about how this helps him to notice things in his own practice, which helps him to see what he should emphasize in their training. He tries to communicate to them the need to slow down and not worry if they’re late. To stay focused on the patient and to take the time to listen and understand what they are saying. His sensitivity to the fact that patients are “in a vulnerable spot and they want to be heard and they have things to communicate” supports his value of
personhood, relational practice, communication, and patient-centred care. He feels giving more of his time will ensure safer and more patient-centred care. He talks about also having learned this lesson through his own mistakes and finding if he rushes it ends up taking him longer than if he takes his time. He mentions his aspiration to be someone who is able to listen, understand, and make the patient feel like they’re a person and actually cared for.

Jay starts to talk about his brother saying “now the story sort of continues on why I want to keep nursing,” suggesting his brother’s story somehow serves to motivate him to continue in nursing. Jay describes how his brother worked as a nurse for 10 years in critical care in Vancouver and is now working as a crane operator. Jay feels he has learned from his brother to be wary of burnout, feeling some concern that he is still a new nurse and can already see bad habits that worry him. He worries about not eating well and exercising and worries about working overtime too often. This suggests a comparison of his present lifestyle behaviours over time and an association between eating well, exercise, and limiting his hours at work as potential mitigating factors related to his own burnout. His brother warned him, and showed him, that burnout results in a loss of passion for nursing. Jay describes his brother as “jaded” after he suffered from burnout and suggests it is something that can be recovered from. Jay saw the toll burnout took on his brother’s personal life, suggesting there were implications and consequences that may have been personal and/or social in nature. He feels like the trajectory of his career, his future, his unfolding story, and where he “ends up” is very much associated with how he cares for himself. He suggests caring for himself is entirely his responsibility, taking ownership for his own care of himself, and not suggesting his support network, family, etc. have a role in protecting him from burnout and ensuring he is cared for.
Jay reflected on his earliest memories of his mother and his grandmothers and how this idea of balance in relation to nursing has evolved over time and appeared to him then and now. He begins with, “as I was sort of processing it last night,” suggesting that this was something he had spent some time thinking about in advance and, thus, is evidently very important to him. His early memories were that his mom and grandmothers “were pretty exhausted” and his mom was often busy working when he was young. He now has insight into the career and its many rewards. He says “you can have balance and be a nurse despite sort of the culture around it,” suggesting that the culture and dominant attitudes in nursing are in opposition to this idea and that a lack of balance is normalized and more ingrained in the ideas and beliefs of nurses. This belief suggests that nurses expect to feel busy, exhausted, and burnt out and that the culture is to accept that as part of the job. Jay comments that while he often finds this to be true, some have achieved a good balance, and he aspires to model himself after those nurses. He notes that he would not want to sacrifice taking time to listen to the patient, but he does want to listen to his own body and his family.

Jay shared an example of two friends he knows who are both nurses and have achieved what he feels is a good balance of work, family, faith, friends, and activities they enjoy. He describes them as happy and spreading joy, having time to volunteer with the church, spending time together, exercising, spending time with friends, etc. This reassures him that achieving a balance is possible and highlights for him what aspects of his life are important, what he values, and what balance is and looks like to him.
A time Jay considered the toll his job was taking on him and his family and considered changing jobs was when he had worked overtime for consecutive days, felt his employer didn’t respect his time, and when he experienced a strong tension between his work and family commitments. He had felt unbalanced and a growing feeling of frustration that evolved over time. He felt like he disappointed his wife and failed to meet the unrealistic needs of his employer, causing him to feel dissatisfaction with his role. This example demonstrates his values of quality patient care, balance, his commitment to his wife and family, and his aspiration to pursue further education by applying for his master’s.

Jay reflected back on a time when he and his wife were in what he felt was a better place and were able to spend time nurturing a connection to each other and to their faith. He remembers the feeling he had then versus now, recalling how they would read the bible together and this made him feel like he had “so much balance.” Looking forward, he projects that this balance and connection to his wife and to God is the key to sustainability and longevity in his nursing role. He refers to “silencing the noise” and how time doesn’t simply silence the noise, and that only some activities do that for him. He refers to other activities like using technology or watching television as being “distracted” and not contributing to a feeling of peace and balance, rather they just create a different type of noise. He talks about how praying, reading the bible, and being active outside are things that silence the noise and help him to imagine longevity. He thinks back to when he was more active and involved in sports in the past as well as when he was active with his faith and church activities in the community. He notes that when he first started he was “really on track with staying healthy” and that now that they have a child those things became less of a priority. How this appears to him now is that these things need to become a priority again, and he finds himself at a turning point where
he feels the need to make changes to find a healthy and sustainable balance, to achieve “longevity.”

Jay believes being a nurse has changed how he perceives who he is and his sense of self, but is cautious not to suggest that he has given up his identity or other aspects of himself to become only a nurse. He resists the idea that people are defined by their careers, admitting that most of us are. He suggests that we tend to adopt our profession or career as our dominant identity, sometimes forgetting it is only a part of who we are. Jay’s respect for personhood is a value that resonates in his perception of patients and care, and his respect for his own personhood is of equal value to him. His perception of self as a Christian seems more deeply rooted and internalized than his perception of self as a nurse; however, that is possibly due to the fact he has been Christian for 27 years (since birth) and a nurse for only two years. He adds that he derives joy from caring for and loving people, but that doing so, and being a nurse, is not fully his sense of self. It seems the intersection of his Christian values and his nursing role, his being a person who “cares and loves on other people” is his dominant sense of self. When he claims with caution that that would be dangerous, it seems he is suggesting that overshadowing his personhood with altruistic motivation would threaten his core values and identity in a way he perceives as having negative implications, possibly leading to burnout.
Attending to Jay’s Story of Becoming and Being a Nurse

In looking forward and imagining the things he hopes to achieve, and the nurse he hopes to be and become, Jay reiterates the importance of listening to the patient and taking time to understand them, as well as his aspiration to have a well-balanced life. He summarizes his life story by threading together how his experience in Peru, caring for patients at their time of death, and training new staff have given him perspective that supplements his experience. He reflects on the fact that he is always learning from others how to improve and grow in his practice. He summarizes these as the experiences that have led him to become a nurse and have taught him how to be, and hopefully shape, who he will become in the future.
Grace Note to Jay

Dear Jay,

Thank you for showing me the synergy of spirituality, faith, love, and compassion. I have seen in your story what it means to allow these to guide how you are with others, both as a nurse and as a person.

I believe your ability to demonstrate love in action through the care you provide people in their homes, especially at their time of death, is your most admirable quality. The way in which your faith expresses itself through you, the work of your hands, and your words conveys boundless compassion for others.

My blessing to you Jay is that I hope you will continue to nurture your connection to God, to yourself, and to your family. I know you will not always see the rewards of your work, but I hope that you will always remember to feel them in your heart.

*Love cannot remain by itself—it has no meaning. Love has to be put into action, and that action is service.*

– Mother Theresa
Chapter 5: Henry’s Story

Prologue: Meeting Henry

Henry chose to meet early in the morning. I suspect because he has a limited number of days off, he likes to make the most of this precious time. Also, with two young children, I assume his household is awake quite early most days. I greeted Henry at the counter of the coffee shop to order our beverages and noticed he seemed a bit flustered when he arrived. He explained his car had been broken into during the night and his change was stolen, making parking at a meter difficult. He explained he found a parking lot a few blocks away and walked to the coffee shop, apologizing for being a couple of minutes late. I expressed my understanding and said we were in no rush. I validated that it is an awful feeling to have that happen. Knowing Henry as I do after hearing his stories, this must have been upsetting to him because of his sensitivity and underlying feeling of vulnerability. Our drinks were delivered to us in the meeting room, and we sat across from each other, welcoming long periods of silence throughout the interview. Henry would periodically hold the paper in front of him on which the interview question was written. He would read, and reread with focus and intention, contemplating his experiences. The soft sounds of the coffee machines and muffled voices could be heard behind the closed door.
**Henry’s Early Years**

Prior to becoming a nurse, Henry wasn’t sure where he belonged. He knew he liked to work with his hands, and it was his older brother taking the personal support worker (PSW) program that inspired him to apply to the practical nursing program. Henry worked as a registered practical nurse (RPN) in an ambulatory care setting prior to returning to school to pursue his degree. Henry has worked as an RN for almost two years, most recently in the area of harm reduction. His first nursing job was at a rural hospital where he was employed for two months, during which time he had a negative experience that ultimately caused him to decide to leave that position. He then worked for two months at a district jail before settling into his current harm-reduction role, which he really enjoys. He has come to embrace a broader perspective of nursing skills. Henry has demonstrated a great deal of resilience, determination, and perseverance on his journey to becoming a nurse. Henry is very sensitive, caring, and compassionate. He is passionate about, and understanding of, the struggles of those suffering with mental health and addiction issues. His passions are wound care, harm reduction, and advocacy. He aspires to become an NP specializing in harm reduction or wound care. Henry is married and has two young children; he enjoys gardening and staying connected to his family, including his grandmother.
Plotlines in Henry’s Narrative Account

Plotline 1: Beginning—I Knew I Was a Very Caring and Passionate Individual

Henry started with:

My story begins when I was about 18, graduating from high school. I really wasn’t sure what I wanted to do. I went through a few programs. Social work, geology, and then I had to stop going to post-secondary, because I wasn’t really sure of what program I would like to pursue. I knew I was a very caring and passionate individual. I just didn’t know where I belonged at the time. Then I was interested in the trades for a little bit. Then I did some plumbing work and welding. My brother, my older brother, was in the PSW program when I was around 22, 23 years old. I said, “Well, maybe I should do something like that.” He was interested in applying to the RPN program at the college. I applied initially to Lakehead, but I had no science background. I didn’t take it in high school. Then I ended up applying to the college program, and I was accepted. I went through the two years, and accomplished that. My brother [didn’t go on to be a nurse], I don’t think he finished the PSW program. At that point in time, it was the catalyst for myself to go into nursing.

Henry started his interview by reflecting on the past and how it appears to him at present, identifying when he was 18 years old as the beginning of his story. I wonder why he chose to begin his story when he was 18 and graduating from high school. It may be that it was at this juncture that his life story was no longer scripted, and he was now in control and feeling faced with decisions, opportunities, and a feeling of uncertainty. He knew he was caring and compassionate, but did not know where he “belonged at the time.” I am struck by his association of belonging and time, as it suggests where he felt/feels that he belonged/belongs has a temporal position and has changed throughout his life story. His sense of belonging has not been consistent over time, which is potentially more a reflection of uncertainty in search of belonging, or the absence of belonging. I wonder to what extent Henry’s experience with belonging has been a personal quest as well as the influence that context and the narrative dimensions of time, social, and place have had on his perception of
belonging. He recalls having had an interest in the trades, working in this capacity for a few years before his brother inspired him to pursue a helping profession such as nursing. Two years later he “accomplished” becoming an RPN. Henry’s reference to becoming an RPN as an accomplishment suggests that he associates pride and a feeling of achievement with educational pursuits, seeing them as more than a means to an end, but rather an end in themselves. He refers to his brother as having been a catalyst with respect to his decision to go into nursing, and this was a turning point for Henry in his pursuit of a career that fit his personality and aspirations and that had the potential to provide him with the sense of belonging he was searching for. I sensed he looked up to his brother at this time in his life and wonder if his brother being a male role model, and entering a female-dominant career as a caregiver, broke down a wall for Henry and gave him permission to follow his heart and allow his compassion and caring spirit to guide his career choice.

*Plotline 2: Becoming—I Feel Like This Is Where I Belong*

Henry admits:

> I’ve probably found myself a little more too. I used to be like, “Oh, yeah. I’ll go be a welder or a plumber.” But I always was that sensitive person and when I was working in the trades it’s … I’m just going to … they’re pretty tough people, right? And I really didn’t stand a chance really because I was really sensitive, and I took things to heart. And so, I think the nursing definitely is the route to go, and I can be sensitive, and I can be compassionate, and … . It’s also a place that I can be just genuine. If I was genuine in the trades, I would probably survive, but I know from my experience I’m vulnerable, because the people that I did work with in the trades were pretty arrogant, I would say.
Henry thoughtfully contemplates the question of whether anyone or anything has inspired him. He replies:

"Not specifically for nursing. But I always told myself that doing something is better than nothing. That's pretty much what got me through the programs. Knowing that I was a caring and passionate individual, I knew this was the profession to be in. When I first started out in social work, I was just right out of high school, and that's a caring and passionate profession as well. I got my first job in a group home with intellectual disabilities. At the time, I thought this was social work. It is but it was more of that personal-support role. At 18, I wasn't ready to do that. I didn't even know how to take care of myself. I think I grew from that and when I went into nursing, I'm like this is exactly what I was doing when I was 18, it just wasn't the time. When I was 18, I was working in the group home with people with intellectual disabilities. People were non-verbal, they were on an extreme end of bi-polar, and at 18, I was probably just not educated enough to understand. With the support of schooling and placements, I feel like that helped me a lot. I think that's where the game changer was. I came out of my first year of social work, and it was just all theory and textbook work, whereas the practical nursing was theory and clinical. I had that experience now. I think that's what changed it.

Henry reflected back:

"Leading up to my Bachelor of Science in Nursing, I worked as a registered practical nurse in ambulatory care. Which was a very skill-oriented job. I felt like I had already almost advanced practice, or mastered most of my skills. Being the new nurse as a registered nurse, I felt like I don't need to focus on that, I know a lot of the new nurses do, because I've already been there and done that. I know that's how I was when I first started as a registered practical nurse. I was very skill focused and needed to get all my skills. But now, I know if you're working in the nursing field anything you do is important. It's a vital service to everyone, every person that accesses it. And then all that leads me to there's a lot of times where I think nurses are supposed to be at their full scope, but I don't think any nurse is at their full scope, and I think just a term that's out there. That all nurses, RNs, should be at their full scope, but even like an emergency nurse is not at their full scope because there's so many different fields of nursing. There's public health, there's pediatrics, maternity, labour and delivery. You can be at the full scope of that area of practice, so I feel like I have to continue to remind myself that I'm at my full scope in the area of practice that I'm in. And then I feel like, "Okay, I'm lacking all these other skills." But like any nurse in their discipline is lacking skills somewhere else."
Henry describes his “becoming” in relation to his educational journey:

*I was pretty much one of the first people in my family to graduate from post-secondary and even Grade 12. I fell in love with the nursing profession. I went right into the Bachelor of Science in Nursing … in 2014. Graduated in 2017 in the compressed program. That was my becoming. The practical nursing program really laid a foundation that made navigating the Bachelor of Science in Nursing program much easier for myself. Because I do take a little longer to understand some things. I, years ago, was told I have a learning disability, but I don’t believe it. I just do what I do.

When asked to think back to his earliest memory of a clinical experience, Henry responded:

*I do recall my first clinical placement, long-term care, practical nursing. The clinical instructor came to talk to me, pulled me aside and said, “is this really for you?” It was because I was struggling to put on a brief on an individual standing up. I just didn’t know how to navigate that. That is not easy. It is difficult. The more you do it the better you get at it. I said, “this is for me. It’s just I don’t know how to do that. I can’t figure it out. It will take time.” And I was already struggling so much inside that I knew this was difficult, I didn’t know how to do it, I wish somebody was right beside me helping me, or like, “Okay, no. This is how it’s done. It’s that easy.” That was difficult. Because I was at the time still where I didn’t know where I belonged. I’m pretty sure I had tears in my eyes because I didn’t want to leave. I knew this was a learning environment and sometimes you’re just kind of, “Go and do this.” But sometimes you need somebody right there to show you how to do it. A couple of years later, I applied for a scholarship and that same instructor wrote me a letter of reference. So, I feel like I can talk to her at any time. I think she’s seen my growth.

I could sense the seriousness, intention, and concentration in Henry’s voice as he began to tell this story:

*Now, my first job that I got after graduating, and passing the NCLEX [National Council Licensure Examination] test, was in a rural community, on inpatient care. Being a rural community, you’re pretty much working with children, to the older adult, and everything in between. Newborns, infants, cancer patients, cardiac, everything. I remember my first shift solo, no mentor. I decided to take my first admission, and it was like 2 a.m. I was passionate to do this. It was like a step in my career. I took the chart aside; I settled the patient first. Then I went to review all the chart, and I was rudely
told to go take a break. Even though, I didn’t finish reviewing my chart. I said, “No. I would like to just know this patient before I go on my break. I think that’s the right thing to do.” Then, this veteran nurse, I would say, with supervisor status, but was working just a regular shift, told me, “No. You better go.” So, I said, “okay,” being the new person. While I was on my break, I just had this gut feeling to go back on the floor, and I heard this call bell. It was my patient. [He] had gotten out of bed, pulled his oxygen off, his IV was ripped out, and he was convulsing on the side of his bed. Then he ended up collapsing, and because I didn’t finish reviewing the chart, I had no idea what code status. I just said, okay from what I know, call a code blue. We were about to hook him up to all the monitors, and I pretty much just let it be with the veteran nurse, and I went back to the phone to contact family. The ER physician and the supervising nurse, ran down to the inpatient floor to find out he was a DNR [do not resuscitate]. That really bothered me for a long time, because I thought that my coworkers would be more supportive in my initial decision to know my patient. To me, I know breaks are important. But a life is more important, and if I feel like I need to review a chart before I go on a break, that’s where I struggled a lot. I actually went to counselling, and I left that hospital two months in. I just didn’t feel like it was supporting my nursing journey. Then I ended up back [home], and working in harm reduction. That was honestly a big break for myself, mentally. While I was pursuing counselling for, in my opinion, a traumatizing first experience. It almost made me want to leave the nursing profession altogether.

Reflecting back on his two months working in the rural hospital, Henry recalls:

> When I think back to my rural nursing experience, it’s an amazing place to work, I loved what I did there. It was more the older coworkers I had that pretty much drove me out of there. Also, working short, there would be some nights where I would have nine to ten patients, and they’re all acutely sick. I would have some day shifts where I would have six to eight patients, and they’re all acutely sick. Having a maternity ward as well, well one room. I’d be sometimes the only RN on, you are the, I got to remember, head nurse, I guess. There are three birthing mothers, and where do you put them? There’s one room. Things like that, that’s a real challenge for someone new. It’s a good challenge, you gotta work as a team. Yeah, the interactions I’ve had with the older nurses is really what drove me out of there, unfortunately. I’d go back in a heartbeat, if it was more supportive.
Remembering a personal detail about his life story, Henry adds:

*When I left [home] to go work in the rural community, my newborn daughter was only two-weeks old. I felt like I was in a very vulnerable position in my family life and work life as well being a new grad. I thought it would be a good change to go and move away, and I worked about two months at the hospital. Some of the staff there were great and some were not, but I think you find that everywhere. But the ones that were not were definitely, took a very large toll on my mental health, and I think that’s probably due to my already pre-vulnerability going there. There were some events that happened. As a new grad, I wish I had a little more support. I was super emotional every day, and I just said, “That’s enough.” Like my family at home. I hadn’t seen my daughter in two months. She was two-weeks old when I left so … a lot of big changes all at once too I think.*

Henry shared about his passion for wound care:

*I could talk a little bit about my ambulatory care experience as a practical nurse. That made me very passionate and involved in wound care, because we had a wound care clinic. We would treat maybe 40 wounds a day. Forty people. Right away, I saw that some people would treat the wound and not the person. The way I approached things, is I would treat the whole person, and not just the wound. I’d have a conversation with them, how their day was going, everything, while I was doing wound care. Then we would float around, because we had like six, seven different clinics in the space. But I always was pulled to surgical or wound care. I loved those. I ended up [working with my professional body], RNAO, due to my passion. I still have that passion, but right now I’m working in harm reduction. There are wounds in harm reduction, it’s just not the specialty. So, I still get to practice wound care. I do feel like one day, I’ll go and specialize in wound care.*

Henry also talked about having a passion for inpatient care and how his family and timing have impacted his current decision to work in a different area:

*So, at the beginning of my nursing career, I had a passion for inpatient care as well because I felt like people in the hospital were very vulnerable, and I just have this caring and compassion that I’m so mindful in the moment with them, and I feel like I was really appreciated. That passion is still with me. However, at this time I’ve chosen a different route just because of the work-life balance and my two little kids.*
On feeling comfortable in his role, Henry shares:

I feel like I’m definitely becoming grounded in my profession in harm reduction. It [feeling grounded] feels like I kind of know the direction that harm reduction should be going. Maybe knowing how to speak about it, how to advocate for it, how to interact with people who access the services, how to interact with the other health professionals in the field. Potentially how to talk to people that may be concerned that harm reduction is wrong and advocate that it is not wrong.

Henry’s resilience, relational practice, and feeling of belonging are summarized in the following excerpt:

I’ve been threatened to be stabbed with a needle. I’ve been threatened multiple times, but I’ve taken that and I’ve learned from that. I know how to navigate around these anticipated situations now. But being a new nurse at the time, most likely was anticipated to have an intense conversation or interaction. Knowing that you don’t know what this person’s been through, you don’t know what kind of day they’ve had. Being the nurse on the other side, it could be intimidating as well for some people. Yeah, I think I’ve come a long way with where I stand in my work and career. I feel like this is where I belong.

Henry’s comment about “finding himself” suggests a feeling of authenticity, feeling less lost, less uncertain, and more self-aware compared to his earlier expressions of not knowing where he belonged. This relative transformation presumably has a temporal dimension with contributing factors such as context, maturity, and life experience. Henry’s feeling that he has found himself offers a personal and inward reflection on his own evolution and becoming of his genuine and authentic self. Henry reflects on the social context in the trades and how his sensitivity made him feel vulnerable working with people in the trades he describes as tough and arrogant. This reflection suggests Henry perceived a discrepancy between his personality and theirs, which may have made him feel not only vulnerable, but like he was different from them and didn’t belong. He reflects with great insight on how his feelings of sensitivity and compassion are a good fit for nursing. His honest reflection on
nursing being a “place that I can be just genuine” is interesting, as he refers to nursing as a “place” in this statement. I wonder if he imagines nursing as a shelter or a home within which he can be Henry, that nursing is a place that offers sanctuary for his sensitivity and vulnerability, where he can feel safe and belong.

Henry responded that no one specifically inspired him in a nursing career. Furthermore, telling himself that “doing something is better than nothing” is what got him through the programs suggests a strong internal versus external motivation to become a nurse. He goes on to reinforce this internal motivation by reflecting on his self-awareness and by knowing that he was a caring and compassionate person. As a result of this reflection, Henry knows that nursing is the profession for him. He was very conscious of the fit between his personality and nursing, and that served to keep him moving forward toward his goal of becoming a nurse. He didn’t need to become caring and compassionate but needed to become a nurse to “do something” with those qualities, for the benefit of others. Henry’s reflection on the temporal position of his early experience as a young social worker, 18 years of age, caring for people with intellectual disabilities, is one that shows great insight. This is an example of the importance of the temporal dimension in his narrative, as he was the same person, in a similar caregiving role, in a similar place and social context, at one point in his life, and then later returned there with more life experience, education, and maturity. The contrast between his perception at 18 years of age, when he “didn’t even know how to take care of himself,” to his experience in a similar setting following his schooling and placements, which he refers to as “the game changer,” indicates a transformation, or turning point, in his readiness to assume the caregiving role.
Henry reflects back on his time as an RPN in an ambulatory care setting in a hospital. Henry associates this time and role with clinical skills, and conveys confidence in his mastery of skills at this time in his clinical practice. Henry differentiates himself from his peers in his comment that his focus was different from theirs as a new RN, as he was already very comfortable and experienced with skills. He recalls being very focused on skills as a new RPN. The temporal dimension of this reflection and the evolution of his perspective of skills over time positions clinical skills as a strong focus initially when he was a new RPN, to not being a focus as a new RN, to his current perspective that anything nurses do is important, and that nursing is more “service” than “skills.” Henry expands on this to consider the concept of “scope,” acknowledging his need to remind himself that he is at full scope in his area of practice, even though he isn’t utilizing all nursing skills. Henry believes that no one nurse uses all nursing skills; as a result, all nurses lack some skills in their practice.

I wonder if Henry’s concern about skills is somehow related to his first nursing role being so focused on clinical skills and is perhaps a constant comparison of other roles he has had since, or if he feels he compares himself to his colleagues in other practice settings. He seems to offer himself reassurance in an effort to accept that he has a unique skill set in a unique practice area that is different from his previous roles and those of his colleagues. I wonder if this discrepancy between what he expected and what is, and what others do and he does, contributes to his sense of belonging, and possibly his sense of self and identity. Professional identity being the sense of self derived and perceived from the role nurses take on in the work that they do (Johnson et al., 2012) suggests Henry’s change in role and work as a nurse over time may be challenging his sense of self and, thus, his professional identity.
Henry’s reflection on his educational achievements in relation to those of his family further supports his internal versus external motivation to pursue not only nursing, but also post-secondary education. Henry comments he “fell in love with the nursing profession,” evidence of his passion and genuine attraction to nursing, beginning with the RPN program and continuing into his Bachelor of Science in Nursing (BScN) degree. Henry associates his graduation from the BScN program as his “becoming,” suggesting a strong association between program completion and becoming a nurse. This is most aligned with the narrative dimension of time (or the event of graduation itself) versus social (which may have involved an association of role) or place (which may have involved an association of practice setting). His reflection on the event of graduation as his “becoming” suggests a turning point or transformation at this time. Henry’s disclosure that he was told years ago he had a learning disability, but doesn’t believe it, shows autonomy and agency. Henry’s ability to choose to reject this idea is evident in his statement “I just do what I do,” suggesting acceptance of his authentic self over accepting something he was told as truth.

Henry reflects back on his first clinical placement during his time in the practical nursing program and considers how it presents to him now. He talks about feedback from his clinical instructor and the personal feelings he had when he felt he was struggling and had to defend his desire and commitment to nursing. He connects his frustration with the skill of applying a brief, and his instructor questioning his fit for nursing, with his struggle for belonging. He orientates this struggle with belonging on the narrative dimension of time, stating “I was at the time still where I didn’t know where I belonged.” He admits this was emotional, and he felt sad and upset because he didn’t want to leave. How this situation appears to him now, and how he suggests it appears to his former instructor now, is that their
relationship has changed and evolved over time, and they both have gained perspective and respect for one another since.

Henry’s reflection on his first job as an RN in a rural hospital uncovers a significant event and turning point for him as a new nurse. Henry seems to have experienced moral distress and moral outrage as a result of the discrepancy between what he wanted to do in this situation and what he was forced to do by those who he perceived as having more power. This experience shaped his becoming and changed the course of his career. He considers how this event changed and transformed him as a nurse and caused him to not only change practice settings but also consider changing careers. The emotional impact this experience had on him altered his perception of self as well as his hopes for becoming the nurse he expected to become and belonging to a profession he thought had certain values. The actions of his colleague(s) caused an erosion of trust and faith, ultimately redirecting his career path. Henry went on to pursue counselling for what he calls a “traumatizing first experience.”

When Henry thinks back to his rural nursing experience, he says “it’s an amazing place to work,” suggesting it was not the place he didn’t enjoy. It was the social and relational aspect of the work that “drove [him] out of there,” specifically the older coworkers. He says, “I loved what I did there,” meaning the nursing role aligned with what he was passionate to do. He reflected on working short and challenges of the job but seemed to enjoy that aspect of the work, adding he would go back if it was more supportive. The rural context and how this shaped the work the nurses do was a good fit for Henry; it was, unfortunately, just the negative interactions he had with the older nurses that caused him to change his career path. This reflection offers an example of how the narrative dimensions of place and social can be in opposition to one another.
Offering additional insight into the personal and social context of Henry’s life story at the time of his work experience in the rural community when he had first graduated as a nurse, he and his wife had just had their second child, and his new daughter was only two-weeks old when he left. Henry admits that he was in a very vulnerable position in his family life and work life as well as being a new grad. This example includes all of the narrative dimensions of time, social, and place. He thought it would be a “good change to go and move away,” or to change his place orientation. The timing with respect to being a new grad and his daughter being only two-weeks old when he left contributed to what he describes as his vulnerable position. I wonder if he was maybe feeling a tension between his identity as a father and his professional identity as a nurse at this time. His family situation and the staff who challenged him took a “very large toll on [his] mental health,” which demonstrates a strong interplay of social context and personal feelings.

Henry values his experience as a practical nurse prior to entering the BScN program and talks about this being the origin of his passion for wound care, a passion that has continued to evolve over time. He reflects on how he viewed the client holistically, his value of relational practice, and his perception of self and other in his nursing role. He seemed to feel pride about his work as a student volunteer with his professional body, RNAO, and his aspiration to specialize in wound care in the future.

In the time dimension, Henry orientates his passion for inpatient care at the beginning of his nursing career. He remembers feeling that people in the hospital were very vulnerable. His comment almost suggests that it is the place, or their orientation to place, (the hospital) that makes them vulnerable, or perhaps, those who are admitted to a hospital have a certain vulnerability in common. Henry’s reflection on his own feelings as well as his relational
practice and social orientation of self to other have a strong underpinning of caring, compassion, and what he refers to as being “mindful in the moment with them.” He adds that he feels like this was really appreciated, suggesting that he was receiving feedback or some expression of appreciation, whether verbal or non-verbal, from his patients. He talks about how that passion is still with him, but he had to make a different choice for his career because of where his life is at this time, specifically in relation to his family context. In this excerpt, Henry reflects on his passion for inpatient care across the narrative dimension of time, using the lenses of past, present, and future, showing the dynamic movement and evolution of his perception of self in relation to his ability to be the nurse he wants to be and how he has been closer to, and further from, this at different times.

On “becoming grounded,” Henry expresses a relationship between having knowledge and confidence and knowing where he’s going. Henry doesn’t say he is becoming grounded in nursing; he specifically states that he feels he is “becoming grounded in [his] profession in harm reduction.” In addition to conveying a sense of belonging (that it is “his” profession), he is also including his practice setting and area of nursing, adding a strong contextual orientation to this statement. I am struck by how Henry associates feeling grounded with knowing where he is going, not where he is. He talks about knowing what to say, how to advocate, how to interact, and how to move the agenda forward toward what he believes in and thinks is right.

Henry shares that his physical safety has been threatened in his nursing role, stating that he has learned from those occasions and now feels that he has the knowledge to navigate these situations. He reflects on how his perception of these threats and how to respond to them has changed and evolved over time and comments that now he remembers to have compassion for what the person may be going through. His description of “sides” and the nurse being “on
the other side” suggests a divide or gap in our proximity to those we care for. Henry’s reflection on intimidation may describe a power dynamic within which our patients feel naturally threatened. Henry reflects on his evolution over time, saying “I’ve come a long way” and then says, “I feel like this is where I belong,” which is a reflection of self and his fit in relation to his context. Because of Henry’s earlier accounts of struggles with belonging and feeling like he didn’t know where he belonged, this is a significant achievement for him. I wonder if he feels a sense of peace and comfort from this feeling of belonging.

Plotline 3: Being—There’s Always Learning to Be Done

Henry reflects on Patricia Benner, an influential nursing theorist in relation to his own practice:

[Thinking about Benner and expertise], I’m not at the expert level yet, but I think maybe her terms are not necessarily the right terms to be using. In my opinion, I don’t believe in “expertise.” I believe you could be very well experienced and have a really good knowledge of what you’re doing. So, I really just take her model as an example and apply it, but there’s always learning to be done. So, I don’t think anyone’s an expert.

With respect to skills and Henry’s perception of his nursing role in harm reduction, he says:

It’s not a skill-oriented job, whereas I know a lot of new nurses are very set on, “okay I need to learn my skills.” The way I take this is, these are skills. They’re just different skills. They’re not necessarily your catheter skill, or an IV. But it’s communication and building relationships, which is to me, the core of nursing and caring. I’ve built that up within, so that I know that I’m doing the right thing.

Henry proudly comments on how grateful he is in his current role:

The harm-reduction work that I do is very rewarding. I have built many relationships with very vulnerable people. It’s absolutely amazing. I don’t know what else I would do if my path didn’t lead me here. Working [in
addictions] right now, I have built so many great therapeutic relationships, that I’ll never forget. I’m sure the people that I care for will never forget.

Henry considers his role in relation to its social context and some of the opinions of the general public, and the professional nursing body. Henry comments:

Reflecting back on my harm-reduction experiences, probably once a day, or sometimes multiple times, I think, “Am I doing the right thing as a nurse?” Because a lot of people think that we’re either enabling that behaviour or not taking that abstinence approach to specific things. One of the big things recently was, I opened up the Registered Nurse Association of Ontario Journal for the March issue 2019, and I think it’s on the front cover, or like six pages in, how they support the opioid crisis. It’s just like reaffirming for myself, to be like, I am paving the way in [my city]. Or I’m in this cutting-edge profession right now that is so important. Because everybody deserves a second chance. Some people are just stuck and need the nurse there to help. If it’s just saying “Hi” or “How are you doing?” It’s very simple.

Reflecting on the importance of therapeutic relationships in his practice, Henry describes:

In my patient interactions, the smallest gesture has built an amazing therapeutic relationship. Sometimes the services that I offer, or that our organizations offer, are the only services that these people access. Just knowing that, also it warms my heart, to know that I’m doing this.

In weighing fear, respect, altruism, and beneficence in his harm-reduction role, Henry describes how he felt yesterday and on other emotional days:

[Yesterday] was a really busy day. We had some people that we had no idea about. Brand new to our service, and just a lot of erratic behaviours, and a little bit too close for comfort. How do you approach those people? How do you safely ask them to leave the space? And sometimes you just let them do their thing. So that’s what we did, and eventually hours later they leave, but we don’t know them. We don’t know what they’ll do. And so, we just let them be and let them have their space. And I think just the emotions piled on because I’ve thought about this before a few times. Should I leave? I’ve had some emotional days before about it, and I always tell myself I’m doing more good than bad. I know my thoughts are there, but I’m doing such a good thing. If somebody did OD [over dose], I’m there to bring them back.
On contemplating leaving nursing:

Yeah, there’s days where I feel like quitting, but I know like, I don’t know who else would do that. There’s some nurses there that work a day a week or something, but I’ve been there from the beginning. I built a lot of relationships there; we have regular people, and they love seeing me. Sometimes seeing them in their ... just the lifestyle in general is exhausting. It’s a lot to take in, and I have to apply that harm-reduction model again because I think my personal feelings get in. So, I have to draw the line, and I’m learning that, as it’s only been about four months. So, I’m recognizing things that have to be done because it can get really personal, especially when they’re sharing their stories and having a lot of personal connections to drug people, people who use drugs and how their lives have never changed. Talking to people who use the service. They’re involved with counselling and are trying to do better, but then, they don’t like digging up the wounds because it makes their day go horrible because they keep thinking about it. But that’s why I want to get more training in the trauma-informed care and maybe five-minute counselling session, or quick counsel, or something. I don’t know. Motivational interviewing. Things like that. Yeah, those are on my agenda to read more about.

Reflecting on re-considering his career choice:

I know over the last few years sometimes I thought about, “Oh, is this actually for me?” And I know there are so many avenues you can go with nursing. So, sometimes if nurses are thinking, "Is this for me?" I think like, “Okay, well maybe not this job.” There are so many areas to go. Just don’t give it up. I think some new nurses do that. I know a friend of mine from my program has left nursing to pursue other things, and I’m not sure if she had the right support network at the time.

On feeling worried about burnout, Henry confirms:

Yeah. Lately, actually, [I’ve felt myself worry about burnout] because I’ve been working so much and thinking it was the right thing to do because it was a new program. And I wanted it to be successful. At the beginning, it was pretty slow for people to be coming and use the [harm-reduction] service. But now we’re seeing a lot more people come through, and a lot more stories are coming out. And these people are saying they have a lot of “deep wounds,” and I say, you don’t have to talk about it, but then people do talk about it. It’s sometimes difficult to hear that kind of stuff. Sometimes I don’t know what to say. I would like to get maybe a little more educated in a quick counselling session, or how to respond appropriately, and I think one of the big things coming out is trauma-informed care. So, I want to learn
a lot more about that and how to be more informed, and how to respond appropriately, and feel like sometimes just being my genuine self goes a long way. Not even knowing a lot of the textbook and educational parts to navigate it. And I think it’s been doing okay, but I know I could be educated more in that way. We see a lot of Indigenous women, so I think it could be a very sensitive topic sometimes.

On contemplating leaving and considering alternate employment, or taking a break from his job, Henry said:

Just yesterday, I texted my friend and I’m like, “Hey” because he has a framing shop. I’m like, “Do you have any work for me because I’m thinking about quitting.” And it’s like I just felt in that moment that I just needed a break from using my, I guess, mental abilities and maybe work more at a quiet more hands-on shop for a bit. And I said, “Yeah, we can go for coffee and talk about it.” But I think those are in-the-moment types of thoughts. Then, the more I think about it, I’m like, “Yeah, it’s hard to feel mentally exhausted and these emotions come out and these are the thoughts I have.” But then I think about all the good that this is. I’m doing really good, but then how good am I doing if I’m thinking this way? I think it has to be addressed and talking about it helps, and I don’t think I would be able to work full-time there. Having the two days a week there right now is good enough, and I like having the change in work atmosphere too. So, I think that helps too.

Henry thought about if and how nursing has changed him as a person, and what is important to him. He responded:

I think it would probably enhance things. I know for the longest time I’ve been a sensitive person, caring and compassionate. And it’s just ingrained those in myself. That there’s not, not everyone has those qualities and there’s got to be a group of people that have them to have a balance in our society. I don’t think so [nursing hasn’t changed how I perceive who I am and my sense of self]. I think I’ve always been that caring and compassionate individual, and the only thing that it might’ve changed is adding on skills. So, I feel like maybe I have more tools to use in my practice and personal life.

Henry considers his thoughts and his opportunity to help people. He says:

I also think a lot of my thoughts have been coming out because I’m thinking about it more. Sometimes I just like, especially when it’s the personal part of
it, I just push it aside because I know it’s been 40 years for some of these people, and nothing has changed. So why do I have to keep dwelling on it? So, I just try and push it away, and it is like it affects me in a way. But it hasn’t changed in like 40 years. But then when I’m in this field working, it’s part of the reason why I’m this field because I feel like I’m in a role to, maybe if it’s only one person, change the direction of their path. And I feel like that’s happened with some people.

Reflecting on what is important to him and what he values in his life, Henry says:

_I love going home and seeing my children. That’s a big one. I also love gardening. So, I’m looking forward to planting seeds. Today I’m going to go do that, and just taking care of my yard, and being outside and going for a walk with the family. And then also I’ll go and see my friend who has the framing shop and just give him a hand because I’m a hands-on guy as well. And then I always find time at least once a week to go visit my grandma and have coffee or even just call her. Probably almost call her every day just to say how’s it going, right? So, I think those are definitely self-care things for myself. I think those are pretty much my core, what I enjoy doing. I think I need to have more in the winter because a lot of them are more summer-focused. It’s like I’m a big gardener and a lot of my healing happens there._

Henry became emotional when he spoke about his mother entering the nursing program and how difficult it is for her to juggle full-time work with her studies:

_Actually, my mother recently enrolled into the nursing program at the college. I feel like maybe I’ve inspired her. But I think that it’s difficult for her. She has, recently she’s gone to part-time, cause it’s too much. She has to work full-time and all that too. I try to support her as much as I can._

On future intentions, Henry projects:

_I do probably plan on going back to inpatient care or finding my new way as I work on my nurse practitioner and Master’s of Science in Nursing in the next few years. Then, hopefully, I can use all of the skills I have in harm reduction and my passion for wound care, and I’m sure I’ll find more passions._
Henry draws on Benner’s Novice to Expert theory he learned about during his nursing education to consider the evolution and transformation of his knowledge and skills over time. He challenges the idea of expertise, suggesting the transformation of knowledge and experience doesn’t end there as there is always learning to be done. His perspective suggests nurses are constantly “becoming” experts and that it is not a matter of “being” an expert.

Comparing his own sense of self in relation to the role he takes on in the work that he does, or his professional identity (Johnson et al., 2012), to that of his peers, Henry expresses a perception of skills that is unique from his peers. He perceives his job in harm reduction as “not a skill-oriented job” and that his skills in this role are communication and building relationships. His comment that he has “built that up within” suggests he has had to work on this reframing and adopt a new perspective personally. This comment also suggests a growth and evolution of this perspective over time (from less to more). Considering the NLN (2012) definition of professional identity, Henry’s conscious internalization of values and ideas related to skills and caring required reframing and “building up” as he came to recognize the importance of different skills in his role.

Henry offers a personal reflection inward as he expresses gratitude and appreciation for the work that he does and the relationships he has built with vulnerable people. He seems to value the relationships more when they are with vulnerable people, perhaps suggesting an altruistic motivation of feeling like he is helping someone who needs him, or a feeling that he is accomplishing more good by helping those in greatest need. Henry conveys a sense of belonging to his role and questions what he would do if his path hadn’t led him here. In this statement, he expresses how it feels to him to “be” where he feels he should be, and to feel fulfilment from his work and the relationships he has built. With respect to the narrative
dimension of time, his comment that he will “never forget” about the people he cares for and he’s sure they will never forget about him, suggests he perceives his interactions and the impact he has on the lives of those he cares for extends past the present and into the future.

Reflecting back on a frequently reoccurring question, Henry asks himself “Am I doing the right thing as a nurse?” and considers the social context of his harm-reduction work and the public opinion of some that this approach is enabling. Henry seems to feel a tension between his perception of himself and his work, and the perception of others. This is likely informed by conversations he has had personally, and may even reflect the opinions and values of people close to him. Henry describes a feeling of affirmation and justification he derived from reading that his professional body supports the opioid crisis, and he felt like he was responsible for advancing the profession on behalf of his community and for providing people with addiction a second chance, or simply to acknowledge them. This external validation and reinforcement seemed to give him permission to continue to internalize the values and ideas he had come to consider important.

Henry describes small gestures as being important for building relationships. Henry’s value of relational practice and respect for his clients is evident in the way he refers to his work. He feels that his services are often the only ones his clients access, and knowing that he is making care accessible to them and making himself accessible to them “warms his heart.”

Reflecting on the day prior to his interview, Henry referred to this particular day as “really busy” and went on to elaborate on how he felt afraid and unsafe because there were clients who were unknown to him who were behaving unpredictably and in close proximity. He felt unsure of what to do and uneasy about not having prior knowledge of who they were
and what to expect. In relation to time, his feelings about yesterday were compounded by an evolution of similar feelings from previous experiences, suggesting an evolution of personal feelings over time. He says “should I leave?” and seems to be referring to his job, not leaving the site on that day, and not leaving nursing. But this isn’t clear, and perhaps he wasn’t sure. He seems to value beneficence and non-maleficence in his harm-reduction role, telling himself he’s “doing more good than bad.” He considers his personal feelings, knowing his “thoughts are there” but, altruistically, seems to put the clients and his need to protect them and keep them safe, for example in the event of an overdose, ahead of his own need to feel safe.

Henry admits that there are days he feels “like quitting,” but his reservation is that he doesn’t know who else would do what he does, the way he does. In relation to time, he adds that he has been there from the beginning and built a lot of relationships, suggesting these have become stronger and more significant to him over time. He conveys a sense of responsibility and duty, saying the regular people “love seeing me.” It means something to him that he means something to them. He feels seeing them and being exposed to their lifestyle is exhausting. I wonder if he feels this sense of exhaustion because he cares about them so deeply that it impacts him personally to see their suffering. “My personal feelings get in,” he says and then adds that he is learning to “draw the line,” suggesting a need to protect himself and set boundaries to sustain himself in the role over time by preventing burnout and moral distress. Henry feels the need to “draw the line” in his relationships with his clients, and reduce the extent to which he encourages and allows them to share their stories of suffering. A catalyst for his “personal feelings getting in” may be his personal connections to people who use drugs. I wonder if he sees the struggles and suffering of his clients and if that is what takes the toll on him and forces his “personal feelings to get in.” His orientation to the social
dimension, specifically relational practice, makes him conscious of the proximity of self to other in his work. His desire to connect with people motivates him to want to learn more about tools with which he can do that.

On whether nursing is a good fit for him, he mentions this is something he has wondered over the last few years, meaning before he became an RN, suggesting a sense of movement and evolution over time. His reassurance to himself is that there are many avenues you can go and areas you can work in. He positions the idea of leaving nursing as “giving up.” He has a friend he went to nursing school with who left, and he attributes her departure to not having the right support network at the time. This connects the narrative dimensions of social and time, in that our support networks are constantly changing and are different, and serve different functions, at different times in our lives.

Henry admits he has felt himself worry about burnout and attributes it to working more often lately with the goal of ensuring the new harm-reduction program was successful, and because he thought “it was the right thing to do.” The narrative dimension of time, and his investment of more time in his role, is a reminder that time is a resource, and investment of time can influence professional identity by impacting sense of self derived from the role and work. His personal reflection resonates with his value of beneficence and doing good or doing what is right. He talks about how now that more people are accessing the service, he is hearing more stories. He finds it difficult to hear the stories and doesn’t know what to say. This evolution of the program over time resonates with all the narrative dimensions. His comments show a strong intersection between the harm-reduction clinic (place) existing over time and how this has created both relationships between him and the clients (social) and personal feelings for him. He feels like being his “genuine self” goes a long way, which relates to his...
internalization of the value of authenticity as a component of his professional identity and his perception of self.

Henry recalled sending a message to a friend yesterday asking if he had any work for him at his framing shop because he was thinking of quitting nursing. How this past event appears to him at present is evident in his discounting of this action as being fleeting, suggesting it was an in-the-moment thought. He expresses feeling guilt and shame for thinking this way, for thinking of quitting, and for feeling exhausted and emotional, “how good am I doing if I’m thinking this way?” I wonder if he compares his suffering with that of his clients and whether that influences his feelings of guilt? He seems to be sacrificing his own mental health to help others, suggesting an altruistic motivation for helping and a compromised balance of self and other.

Reflecting on his personal values and what is most important to him, Henry expressed that becoming a nurse has probably enhanced things he already valued. His perception of self is that he was already sensitive, caring, and compassionate and that being a nurse has just engrained those qualities, not by transforming him, but making those characteristics more deeply rooted. It strikes me as interesting that his perception of self is in the context of society, that he is one of a group of people who has these qualities and that this contributes to a social balance. During the course of his evolution over time, and his being a nurse now versus not a nurse before, he feels the only thing that is different is that he has learned skills and has more tools he can use in his practice and personal life.

Henry considers his perception of self, his personal feelings, his attentiveness to his thoughts, and potentially, the moral distress he experiences in his role. He admits that thinking
about the challenging aspects of his role has caused him to experience difficult emotions and personal feelings. He admits he has a tendency to “push it aside,” alluding to the personal part as being what impacts him the most. This excerpt highlights the tension Henry experiences between his personal feelings, his frustration that nothing has changed over a significant time period of 40 years, and the social context of his role and perceived duty to work in the area of harm reduction. He feels hopeful that he can change the direction of someone’s path and that he already has done that for some people.

Attending to Henry’s Story of Becoming and Being a Nurse

Reflecting personally on what is important to him, Henry shares what he values, including seeing his children. He talks about how gardening, working outside in his yard, walking with his family, helping his friend in the framing shop, and staying connected to his grandmother are ways he cares for himself. He attributes these activities to being his “core” and they are what he enjoys doing. He associates healing with gardening. I wonder if there is an association between gardening and a person of significance in his life, such as his grandmother.

Henry showed some vulnerability and emotion when talking about his mother and her enrollment in the practical nursing program. He seems proud of her and proud of himself for possibly inspiring her. It seems like he wants to support her and protect her as best he can. He feels her struggle to balance work, school, and family, a struggle that he, assumedly, is very familiar with.
Offering a forward projection, Henry feels that he will probably plan on returning to inpatient care and find his “new way” by working on his NP and Master of Science in Nursing (MSN) in the next few years. This supports his dynamic and evolving sense of “being” and his personal pursuit of learning in the areas of nursing he is passionate about.
**Grace Note to Henry**

Dear Henry,

Thank you for showing me that being true to oneself has the power to build a burning fire within that can carry you across any mountain. Your story is one of compassion, perseverance, resilience, and belonging.

I believe your passion for helping others, and the empathy that you have for their struggles, is your most admirable quality. Your innate abilities to see the good in everyone and to seek to connect with each person you meet are skills beyond those that could ever be taught or learned.

My wish for you Henry is that you will take time to work with your hands; to find a hobby that can become a spiritual practice for you; and to build something, to grow something, to nourish your kind soul.

*I think a hero is any person really intent on making this a better place for all people.*

– Maya Angelou
Chapter 6: Magda’s Story

Prologue: Meeting Magda

It was a very cold winter afternoon in February, and I had planned to meet Magda for her first interview. The temperature was so cold that her car wouldn’t start, so we pushed back our meeting time by a few hours to meet after her boyfriend returned home from work. I left, returning a few hours later to greet her at the door of the warm and sunny coffee shop, a welcome retreat from the brisk temperature. Her smile and eager energy filled the space. We soon settled into the meeting room of the coffee shop. Our cheeks red from the cold, we removed our bulky coats and mitts and chatted for a few minutes, as we settled into our comfortable chairs at the meeting room table. Hands wrapped gently around her warm mug, the hum of machines and aroma of coffee filled the room, I set the devices to record, and we began. Magda’s smile and enthusiastic energy led her into her story, and at times her smile was replaced with expressions of concern, as she passionately shared her experiences.

Magda’s Early Years

Magda originally aspired to be a teacher, not a nurse, but her parents strongly influenced her career choice. She went away from home to pursue her nursing education and has remained away from her family as a new grad. This may influence her perception of some of her preceptors, colleagues, and patients as family. She cherishes and is passionate about teaching opportunities in her nursing practice. Her dream, inspired by her mother’s career, is to work with children with developmental challenges. The social context of her early years in Poland has influenced her and her family’s perception of nursing as a career. Magda enjoys bedside nursing, is compassionate, and strives to achieve personal connections with her patients. Comfort is important to Magda. She feels comfortable when she is supported by her
colleagues, sees her role as a teacher of nursing students being to help them to feel comfortable, and wants her patients to feel comfortable. Fear and safety are Magda’s greatest tensions. She feels threatened by aggressive patients and finds death and conflict to be terrifying. Threats to her physical safety and danger in her environment make her feel anxious. Magda feels being an empathetic person makes her a good nurse, is passionate about teaching, and aspires to work with children.

**Plotlines in Magda’s Narrative Account**

**Plotline 1: Beginning—My Parents Brainwashed Me into Nursing**

Magda began her story by sharing:

> When I was in Grade 12, obviously when you have to start picking what you want to do, I always wanted to be a teacher. I had no intention of becoming a nurse, like as a kid, I always wanted to be a nurse or a doctor, but then when I got into high school and had to actually start deciding, I wanted to be a teacher. But my parents were paying for my education ... [they grew up in] Poland. So, for them, like teaching wasn’t, I don’t know how to call it, like it wasn’t an option because it’s so hard to get a job down south even though like it’s a good job. It’s hard to get a job, especially in southern Ontario. And so, my parents like nagged me, like brainwashed me, I swear to God, into nursing. So, I got into nursing. I was so mad at my parents for making me choose, like for choosing my career for me. So, I did my nursing, and I’m a nurse. But first year of nursing I hated it.

Magda reflects back on her original career plan and passion for working with special needs kids:

> I think because I wanted to become a teacher and I’ve always loved working, especially with special needs kids. My mom works at a Montessori, and I was able to go and like when we had take-your-kid-to-work day, I was able to go there. And whenever they needed supplies, when I was studying for my NCLEX, I was able to go help. And just from working with a lot of the kids there who are special needs, that’s what I want to do. I think because of that I’m more empathetic and I have sympathy towards patients and family members.
Magda describes the inspiration of her mother’s career, and the social context of her home country of Poland as it relates to her own, and her family’s, perception of nursing.

Magda reflects:

*My mom was a nurse in Poland. So, in Poland, they go to a high school where it’s like college, but high school, like right out of primary school you go to high school that’s specific to your career choice. So, my mom did, she actually did nursing with developmentally delayed children, and I think that’s where I got it from. She’s always just had a heart for them for like children in general, but developmentally delayed. And I think because of her, that’s where I got it from. But because their education is not as good as ours, she wasn’t able to do it here, and she became a teacher. But in Poland, nursing is like, it’s an embarrassing job, like my grandparents and my grandma who still lives in Poland. She tells people I’m a doctor because it’s embarrassing to tell people you’re a nurse. It’s just not as good as the job there as it is here. So that’s kind of the sad part of that. What can you do? It’s a different world. I just know that she [my grandma] knows I’m a nurse, and we’ve talked about it before. It’s not that she’s, well I guess if she’s telling people I’m a doctor it is kind of embarrassing. She’s always asking me how work is going. She wants to know how it is, it’s just I think because there it’s like, nurses still wear skirts. I don’t know if this is appropriate to say, but it’s like a “sexy” job there. Whereas here, it’s like you’re in scrub. You’re doing CPR [cardiopulmonary resuscitation] in scrub, and you’re sweating. It’s not like that. She wants to know how my career is going, but just to tell other people she always one-ups me to make me sound better. But, she respects what I do. She’s proud of what I do. I think it’s just what she tells other people, because it’s not as respected there. But she understands that here we do a lot more than nurses do there. She’s proud, but she tells people that I’m a doctor … which is annoying.*

Magda’s grandmother in Poland continues to see nursing in a way that may have influenced her early ideas about the role:

*Maybe at the beginning [my grandmother’s perception influenced how I see nursing], I had to prove to her that it’s not what she thinks it is. Teaching her what we do. That we start IVs, that we give antibiotics by IVs, that we do assessments more than doctors do most of the time. I don’t want to make nurses sound way better than they are, but I feel like we’re more involved in patients’ care than most doctors are. Most doctors come in for five minutes in the day. I understand they have hundreds of patients, but they don’t give the time that we do with our patients. We follow them through every step of*
the way. So, we know the patient a lot better. I feel like that makes me feel like nurses here just do a lot better.

Magda begins to tell her story, choosing when she was in Grade 12 as the starting point. She describes this time as being when she had to pick what she wanted to do, quickly adding that she had always wanted to be a teacher. Her perspective of “picking” in relation to career choice suggests just that, that she had a choice, suggesting perhaps that her life circumstances and her grades were such that she felt she had multiple opportunities available to her; however, she goes on to describe how the only opportunities truly available to her were those which her parents endorsed and supported. She presents the discrepancy between her intention to be a teacher and her parents’ dismissal of that idea because of their position of power, as they would be paying for her education, and because she was raised to accept and not challenge their decisions. Their decision to choose Magda’s nursing career for her related to employment opportunities and their background, having immigrated to Canada from Poland. Magda describes feeling nagged and brainwashed and feeling like she had no control over this decision at a critical turning point in her life. This initial feeling toward nursing may have, in part, influenced her disdain throughout her first year as a nursing student. This example demonstrates an interplay of all narrative dimensions: a turning point or event in time (her career choice) being impacted by social context and place (cultures and opportunities in Poland versus Canada; parental authority versus individual autonomy), and Magda’s personal feelings (her passion for teaching and lack of intention or desire to become a nurse).

Reflecting on her passion for teaching and working with special needs kids, Magda attributes her current understanding of this role to her proximity to her mother’s work and her exposure to this population, enjoying this particular type of relational practice, stating “that’s what I want to do.” She notes these experiences have resulted in a personal transformation,
moving her to be more empathetic and to have sympathy toward patients and family members, suggesting these experiences have carried forward into her current nursing role, moving across time as well as social and professional contexts.

Magda describes the inspiration of her mother’s career, explaining some of the differences in education and career choice in the unique social and educational context of Poland. Magda describes her mother’s education and her career in Poland as a nurse working with developmentally delayed children. Magda acknowledges her mother’s passion as the impetus for her own. Magda talks about her mother’s shift from working as a nurse in Poland to becoming a teacher in Canada, but still working with the same population of developmentally delayed children. I wonder if this experience influenced her mother’s ideas about nursing versus teaching for Magda, as perhaps she saw a level of fluidity having managed herself to find her passion in both professions. Magda describes the social context and public image of nursing in Poland, as embarrassing and a “sexy” job there. With respect to professional identity and self-perception, I wonder to what extent these ideas have become internalized for Magda and her family. I wonder if her grandmother’s feelings of shame around Magda becoming a nurse have had an impact on their relationship and/or on her grandmother’s relationship with her parents, who ultimately made that decision on her behalf.

Magda reflects inward on how her grandmother’s view of nursing has influenced her own, admitting that maybe at the beginning it did. Her response to this discrepancy between her grandmother’s perception and the reality of nursing in Canada was to try to “prove to her” that it was not what she thought. Magda tried to inform and enlighten her grandmother as to what skills and assessments nurses do compared to doctors for example. She explained to her grandmother that nurses spend much more time than doctors in close proximity to their
patients and follow them “every step of the way.” I notice Magda compares nurses to doctors, and not nurses in Canada to nurses in Poland. This may be because this is all she knows and has witnessed in her practical experience, and it may also be because she knows her grandmother would have preferred her to go to medical school and become a doctor.

_Plotline 2: Becoming—Teaching in Nursing_

Magda reflects back on her first clinical experience as a nursing student in her first year:

_We did that clinical where you went to the nursing home and spoke to old people, like to people in the nursing home and I hated it. I don’t have old grandparents, so I would come home like petrified every day, crying. My first day, I still remember to this day we went, like we had a group of I think like six or eight in the group, and two of us had to go with the nurse, the PSW to the locked unit. And I had never seen, I’m from the country in southern Ontario, we don’t see a lot there. So, we had to go to the locked unit, and there was this old man that was like spitting and fighting, and it was like the scariest thing. I remember like standing there not knowing what to do and just wanting to bawl my eyes out, and I hated it. Like I wanted to quit every day I had clinical; it was awful, but I got through it._

Magda goes on to think back to her second and third years as a nursing student:

_Second year was okay, a little more like actual acute nursing, which was better. And then third year came, and I got placed in a surgical unit, and it was the consolidation. I hated it so much; I hated surgical; I hated the nurses on that floor; they weren’t like nice at all. They were awful to students. My grandpa actually ended up passing away during that like suddenly. So, I hated it even more because of that experience. And I was on the verge of quitting; I was ready to switch into education and just do something I want to do. But then I think it was one of my last few days, one of our patients got discharged, and I was the student that was with the patient for like the full week I was there, and they gave me a like a flower, little flower pot with a little tiny flower and a card. And I honestly like that day switched my view on nursing. I don’t know, I just felt like I did good finally, and it made me want to actually become a nurse._
In reflecting on the event of her graduation as a turning point, Magda recalls:

We had our graduation, I wrote my NCLEX a few days later and was supposed to start work like a week later. And I ended up failing my NCLEX the first time, and so, I lost my job. And so, I ended up studying all summer and then rewriting again. And then it took me a while to get my job because it was when the [College of Nurses] was changing their databases. So, it took me like nine weeks to get my license and my results, it was awful. So, I just like sat around doing nothing, we fostered puppies actually, it was the best. I bawled my eyes out [when I found out I failed my NCLEX]. I was living up here, but all my papers went home. My brother had to open it with me on FaceTime. My brother is the same as me. He’s an emotional person. He was actually supposed to go in nursing, but he switched. He had to open it with me. Just seeing his face, I think that was even worse than learning about the news. He had to really open it and then tell me that I didn’t pass. At first, I thought he was joking. Then I was like, “Oh my God. This is awful.” After a few weeks, I’m the type of person that believes everything happens for a reason. If I had passed the NCLEX, I would have been on [another floor], because that was where my summer orientation was. It was full-time eights. Now that I’ve floated through the hospital and now that I work on [my current floor], I know for a fact I would have hated my life on that floor. I don’t like that floor, because the staff is … I just don’t like that floor. I feel that as bad as it was then, and how awful it was having to call the hospital and tell them I failed, and having to call my parents and tell them I failed. It was awful, but everything happens for a reason. And now, if I passed then and had to work, if I would have hated my job and hated nursing. I don’t know. Just having that break makes me now look back and respect what happened. Clearly, I wasn’t ready if I didn’t pass, right? It sucked. It really did suck when it happened, but when you look back, everything happens for a reason. I got a job now where I love, and who knows where I would have been if I didn’t love that job, when I passed. I always try to look at the positive outcome of things.

Magda considers a time she felt like a teacher in her role as a nurse:

I still remember writing a project about this, and this is like the littlest, most simplest thing. But we had a dad; it was his first baby. So, he didn’t even know how to pick up this baby, but I was able to teach him how to bathe the baby because the mom had a [caesarean] section, so she wasn’t able to move as much. But we grabbed the dad and got him and [my instructor] actually got me to teach because I had done so many. It was like my last week, and it was amazing. It was the best experience ever, like teaching him, like obviously you get all close and personal because you have to it’s like a baby in water. But just being able to tell him, “Okay, you’ve got to hold here and you can’t be scared that you’re only holding the baby with one hand”
because you like grip them kind of around the neck, which is pretty scary for
a new dad. But that’s the only way you can hold them without them fidgeting
and moving. And that is one of my best teaching experiences so far. But also
like the students being able to like that student on [the floor] just being able
to teach her everything I can that day and then get validation, I guess, from
the teacher that I did a good job, that was also a good experience. But those
two, I don’t know, you teach every day in nursing, and I don’t think you
realize how much you do. You’re teaching all the time; you’re teaching
about discharges, etc. But I felt like an actual teacher with that baby and
that dad and that student. And I’ve had fourth-year students before and just
like for one day, but they knew a lot of stuff that we’re doing. So, I don’t
know, you’re always teaching; you’re always teaching in nursing, which is
awesome because that’s exactly what I wanted to do. Helping that dad wash
his baby for the first time [was the time I felt I was doing what I love]. I
think that just made me, ‘Wow, I love this job. This is what I want to do for
the rest of my life.’ That was probably the most, that connected me to
nursing. Also, just whenever I’d go help with my mom, just being able to
spend time with kids. I love working with kids, but now that I’m on a medical
floor with adults, I do … . If I didn’t make it to [pediatrics], I’d still be
happy with where I am. But I think that made me, first of all, feel like a
nurse, feel like a teacher at the same time. Just made me say, ‘Wow, this is
what I want to do for the rest of my life. I love this job.’

Reflecting on the mentorship she received from a preceptor in her fourth year as a
nursing student, Magda explained:

The way that she talked to me and taught me instead of like getting
frustrated. She never once got frustrated, which was amazing because I
know like with students it can get pretty frustrating, not if … . And she just
taught me just to be calm with everything, everything happens for a reason
kind of thing. She was so good with families, included them with everything,
which is something I always strive to do. Like I want families to see what’s
going on and, like, especially we have a lot of older adults who have their
grandchildren there. I always tried to have them help me with vitals or
anything. And just make a better family experience because it’s obviously
not a good one if you’re in the hospital. And the way she talked to other
nurses and gave report, it was just so professional, but so like, she never
talked down to people, and I think that’s why. And she always asked me
every day like, what’s something you want to see before you’re done this
clinical? Actually, I walked past her the other day, and I haven’t seen her
since fourth year. And she actually recognized me, which is a really good
feeling, because obviously, that’s a good thing. But yeah, she was like a
mom, like the best way to describe her, she was a mom, and like a mom away
from home. And I think that’s why I loved her so much, because I’ve had, not
preceptors, but I’ve had nurses as a student that had wanted nothing to do
with me. So, having her was amazing, and that’s what I want to be like to other students one day and to families and to patients.

In reflecting back on her first experiences working independently as a new graduate:

Some experiences that I’ve had on [my floor], my first week of nursing, like done orientation and starting on my own. I had three deaths in my first three days; it was awful. My first day was a [young] girl with [organ] failure, and the worst part was I had her during my orientation. So, she was like not healthy, but she was doing a lot better. And then I show up on my first day, and I was the one-to-one with her, and it was awful because I felt like I was just like thrown in just because I was new and had to deal with it. Yeah, it was my first shift alone, as not orientating. I think the worst part was that my whole orientation on that floor, I had that patient with me. I had two weeks of orientation on that floor. On most floors, you’re in the same load of patients for two weeks at a time. Being with that girl, I don’t know, I just became close to her. We had so many things in common. Not so many things, but the fact that we were the same age, we had that in common. It was awful. I came into work that morning, and I found out that I was going to be a one-to-one with a patient. I was with another nurse, but we were kind of just taking turns being in the room. That nurse was on modified. They knew she was going to bleed out and that it would be terrifying for the family. It was awful. I was terrified. I wanted to leave that whole day. It was just awful. We just took turns throughout the day being in there and consoling the family. Every time we’d roll her to reposition her or change her, I still remember her yelling, "Okay, okay," the patient. That still goes through my head to this day. Just seeing, she was bleeding out of every orifice. I was on lunch, because I was only an eight-hour shift. I was on lunch when it actually happened. The other nurse was in there. She just had a huge clot come out of her mouth. The nurse right away put the Yankauer in to suck it out. I wonder if I was there, would I have noticed that she’s about to bleed out, and be able to save her family from seeing that. It was just, when you know someone’s about to die, and die a terrible, terrible death, it’s terrifying, especially on your first day. That was my first death. I still don’t do well with death. It was terrifying.

Magda explains what it was like for her to work as a float nurse as a new graduate.

Magda reflects that as a float nurse:

You learn how to do chart checks very quickly, but you don’t become comfortable with the staff because you’re getting floated so often. And one of the most, I tell people this all the time, one of the main things that I hated about floating is you don’t learn from your mistakes. So, if you do something wrong that day like no one’s ever there to tell you, “Hey, you didn’t do this,
"You don’t learn from that. I don’t think floating is a good way to start as a new grad. I feel like I learned so much more being able to see the patient day after day, and see what kind of tests we were doing for what kind of diseases. Yeah, just being able to see their blood work go from good to bad, or bad to good. I don’t know. You don’t see that as a float team, because you’re not with the same patients for more than one day. You’re not even on the same floor most of the time from day to day. It’s not as rewarding, because you don’t get that patient that knows who you are, and is thankful for you at the end of the week when they’re doing so much better. I find that if you’re not there regularly, they don’t offer to help you, and you’re not comfortable asking for help. I know for a fact that they make the float’s load a lot heavier, because I’ve walked into them asking other nurses who’s the heaviest person in your load, and putting that person on your board, which is totally unfair. We would never do that on our floor. I just find experiences like that ... . Most of the time that I went there, I just did my stuff and left. I didn’t go above and beyond to help others, which I find that I don’t want to be like that either, but because of that floor I started to become like that person. I just find it, like I said, really cliquey. That just makes it an uncomfortable working environment.

Reflecting on a time she didn’t have the courage and confidence to advocate for a patient when she felt she had a moral obligation to do so:

*We had a [elderly] patient. She came in with falls, like she broke her leg in a fall, but she had so much fluid in her lungs that we were doing a thoracentesis on her at like 2:00 a.m.; it was awful. Like this patient did not want a thoracentesis but because they did an emergency thoracentesis they were allowed to do it, which is awful. And it sucks not being confident enough to say like, this is my patient, no we’re not doing it. I feel like that’s something I should have done, but I don’t know how to explain that, you gain confidence as you work I guess.*

Remembering how she felt at the time of graduation and as a new grad immediately after, Magda recalls:

*Graduation, I remember being so, so happy to be done. Nursing school is so exhausting. It’s exhausting. Then being so uncomfortable that someone wouldn’t be watching over me at all times like a hawk. That was honestly terrifying. I remember before my first few shifts alone after orientation; I didn’t sleep for days. I was just so sick. I wasn’t sleeping and wasn’t eating properly, and just stressed. Over time, you gain your confidence, and you get in the rhythm of how you do things. It just becomes a lot better. Once you*
have patients that, like I said, make you feel like a person, it’s a lot more rewarding and a lot easier going to work every day.

Magda passionately describes how she works with nursing students:

With students, I always make sure if they’re not comfortable doing something. I want them to tell me because I always remember, like, not being comfortable doing something with aggressive patients or confused patients. And the nurses never asking like, “Do you want me to do it with you or do you want someone else to go with you?” It was always just like, “Go do this,” and I don’t ever want to be like that. I want to be able to teach them and make sure they’re comfortable with what they’re doing.

Magda comments on her relationships with her colleagues:

The floor I work on is like a family. Like I never feel uncomfortable asking questions to anyone. Like [one nurse], she is honestly my favourite person in the whole wide world. Because you work with them so much, they’re like family now. They’re amazing, and they’re all such amazing nurses even like ... . And our floor is very like if you’re an RPN or RN, it doesn’t matter, we all work together, and I think that’s what makes it such a good floor.

Inspired by the role modelling of other nurses, Magda describes their approach:

There’s two nurses on my floor ... they make patients’ stays amazing ... . [They] are amazing nurses. Like they always make sure if they can’t ... . A lot of the nurses on our floor, like they need to have everyone washed by first break, but I don’t think that’s necessary if you’re there for a 12-hour shift. You might as well take your time washing everyone, and they just make, I don’t know, like if they can’t wash someone in the morning, they’ll do it in the evening just to make it a better experience than having it rushed, and they’re just so good with family. They’re amazing people. They’re really good people and that’s I think who I want to be like when I’m more experienced.

Magda considers how her perception of others has changed:

With nursing, I’ve become more of someone who treats everyone like humans, instead of maybe when I first started nursing, knowing people who were in the nursing home, I treated them as old confused people. Now, everyone’s human, right? Have you seen that Facebook post about the old people in nursing homes looking in mirrors, and seeing like, oh, they were a soldier; or ... ? It’s just like, old people, they had a past; they weren’t always that confused delirious person. They were something before, well, they still
are, but they were something before. I find that in nursing, I just have become more of a person that asks questions about people’s pasts and wants to know; because I want to look past their delirium and their confused self and see what they were before. Sometimes that helps with calming people down too. I feel that I am more compassionate towards people [now as a nurse compared to before]. In high school, I used to really just care about myself: I just find that as a nurse I learned to talk to someone about stuff, instead of keeping it to myself and hoping for the best. You learn to express stuff differently. Because of nursing, I’ve also learned about diseases, and just not talking to someone like the disease, but talking to them as a human. I’m really grateful for being able to get over how I thought of as a kid, and think how I am now.

Reflecting back on her first memory of a clinical experience as a nursing student, Magda shared a story of her first placement in a nursing home. This story seemed to elicit feelings of fear, and she recalls feeling like she “wanted to quit every day.” She talked about this experience exposing her to things she had not been previously exposed to. Magda comments that she did not have old grandparents and that being from the country, “we don’t see a lot there,” suggesting her upbringing in a rural context limited her exposure. This example highlights a turning point and transformation as an event in time that created awareness but also tension, as she felt threatened, “petrified,” and “wanting to bawl [her] eyes out.” I wonder if this new social context and place were what created this fear for her or if, perhaps, it was being witness to suffering and vulnerability. I wonder if her fear stemmed from feeling her physical safety was threatened or if she feared suffering and vulnerability or if she feared feeling helpless.

Progressing to her second year as a nursing student, Magda perceived what she considered “actual acute nursing” to be a better experience. I wonder if the change in place and environment from LTC in her first year to a hospital environment in her second year was significant or if the exposure she had in first year somehow desensitized and prepared her to see suffering and vulnerability. Magda goes on to think about her third year and her surgical
placement, stating she “hated it so much.” Magda attributes her negative perception of this experience to two primary factors: incivility from the nurses on that floor and her grandpa suddenly passing away at that time. I am struck by the impact of parallel events, how she integrates her grandfather’s passing with her perception of her clinical experience as being stressful and negative. She showed resilience and perseverance by contemplating switching programs but staying with nursing, even though she was feeling discouraged by the treatment of the staff and the social context on that unit (in that place) at that time. A very significant turning point for Magda was when she received the potted flower as a gesture of appreciation from a patient she had cared for; she finally felt validated and appreciated, like “[she] did good finally” and this “made [her] want to actually become a nurse.” This outward recognition prompted a reflection inward and generated a personal feeling of hope, changing her perception of self and acting as a catalyst on her path to becoming a nurse.

Reflecting on graduation as an event in time and as part of a sequence of events (graduation, writing her licensing exam a few days later, and her plan to start work the following week), Magda recalls how things did not turn out as planned. Magda talks about the turning point of failing her NCLEX licensing exam on her initial attempt and the implication of that was that she lost her job. I wonder how her experience with the licensing exam, and this interruption in her planned sequence of events, impacted her “becoming” a nurse. Her comment that having that break makes her “look back and respect what happened” highlights her resilience and a level of maturity and insight on how the altered sequence of events may have been positive for her development overall. She tells the story of how her brother had to open the letter to reveal her test results and has a vivid memory of the details of this interaction. Magda describes watching his reaction as being worse than learning she didn’t
pass, indicative of her altruistic nature. She adds that her brother was supposed to take nursing, but he switched. I wonder if she feels resentment toward her parents for their permitting him to switch out of nursing and into another career. Magda reflects back on not passing the NCLEX on her first attempt, a past event, and considers how it appears to her now, “I wasn’t ready if I didn’t pass, right?” Her current perception of this turning point was that it resulted in her working on a different floor than she would have been “if I passed then … I would have hated my job and hated nursing.” The temporal position of this event in time altered the place and social context within which she now works. She is grateful for the job she has now, on a unit she loves. Her perception of events and time is that “everything happens for a reason,” and she always tries to “look at the positive outcome of things.” I wonder if this is an attitude she adopted early in her life, or if this has evolved since becoming a nurse. I wonder if this same resilience that helped her to navigate her first unsuccessful attempt at the licensing exam is the same resilience that kept her in the nursing program when she wanted to quit.

Magda tells the story of her most memorable teaching moment as a nursing student, referring to it as her “best experience ever.” Her reflection on this past event represents a transformation of her perception of self as a nurse and as a teacher. An evolution from the role she knew to the role she longed for. She tells the story of how she taught the new father how to bath his baby with passion and pride. Helping the dad wash his baby for the first time made her think “wow, I love this job. This is what I want to do for the rest of my life,” a turning point in her perception of the role and a forward projection. Magda describes this moment as being what “connected her to nursing.” At this turning point, the intersection between her own values and nursing seemed to act as a catalyst for her internalization of the role. The definition of professional identity is the sense of self derived and perceived from the role we take on in
the work that we do (Johnson et al., 2012); Magda embraced and accepted a transformation that shifted her sense of self and allowed her to move from resisting nursing to embracing it as something she loves and what she was meant to do. Magda goes on to discuss her teaching opportunities as a nurse and the validation she received from the clinical teacher that she had done a good job. She says “you teach every day in nursing” and that “you’re teaching all the time.” Magda does distinguish between the feeling she had teaching the new dad and fourth-year nursing students, noting with the dad she “felt like an actual teacher” and the students “knew a lot of stuff” already. I wonder if teaching the dad to bath his baby was more hands-on/instructional and gave her a chance to “get all close and personal” compared to her experiences with the students. Perhaps teaching the dad resonated with her more because of her passion for working with young children or because the dad and baby were her clients and this instruction existed within the nurse-client relationship. These teaching experiences resonate with her “becoming,” as it is in these moments that she became what she wanted to be, allowing her to “feel like a nurse, feel like a teacher at the same time.” I wonder if this felt like a transformation to her, in her perception of self and perception of her nursing role.

Magda recalls the positive influence and role modelling she received from a preceptor in her final year as a nursing student. She describes how patient she was and how she taught her to be calm and accept that everything happens for a reason. I wonder if she means with respect to patients and accepting that we can’t control the outcome and that sometimes patients will not get better or if she means with respect to nurses in that we can’t always help them the way we want to. She reflects on how this preceptor was good with families and included them in everything, adding that this is something she learned from her and also tries to do. Magda describes her preceptor’s professionalism with other nurses and the respect that the preceptor
expressed in her communication with others. Magda describes how this preceptor valued her learning experience and made an effort to tailor her learning opportunities to what was important to her at that time. This socialization to the nursing role may have helped Magda to understand both the attributes of the nurse she hoped to become as well as how she wants to be with students, families, and patients. She describes her preceptor as a “mom.” I wonder if Magda’s description of this preceptor as a “mom” and her reference to her colleagues as “family” relates to her being away from home as a student and a new graduate. Of the participants, she is the only one who was away from home during her “becoming” and the only one who uses this language in this way. I wonder if she associates more of a personal attachment to her role models and colleagues in her outward reflection on her social context because of the difference in proximity of her familial support network during this time of personal evolution and transformation.

Magda reflects back on her early experiences as a new graduate and “starting on [her] own” following her orientation. I wonder if she refers to it as being on her “own” in the sense of feeling alone or becoming “on [her] own” compared to being sheltered and supported by a preceptor or mentor. She begins with the memory of having three deaths in her first three days, including a girl her same age who died a “terrible death.” Remembering her first shift alone, she says, “it was awful because I felt like I was just thrown in just because I was new and had to deal with it.” Feeling “thrown in” is a perception of self in relation to the event and practice setting, or context. I wonder if she blames her colleagues, or the place / practice setting for creating the circumstances of this traumatic first shift on her own. Magda talks about feeling close to the young girl who died and having their age and other things in common. Her inward reflection on her personal feelings toward her patient is a reflection of relational practice and
her orientation of self to other. This particular experience with death prompted Magda to personally reflect on the temporality of this early experience and on how fear has continued to inform her perspective of death: “I still don’t do well with death. It was terrifying.” She recalls how the other nurse intervened with the family present and wonders if she would have been able to protect the family from seeing the event had she not been on her lunch break when it happened. I wonder if she feels a sense of guilt for not being able to protect them from witnessing the girl’s horrific death; I wonder if she feels like she failed the family in some way.

Reflecting on her early experience as a float nurse when she was a new graduate, Magda considered why she felt this experience was not conducive to the dynamic evolution of becoming she would have felt with a more stable environment or while working in a single “place” versus constantly adapting to multiple “places,” and their social contexts, within the hospital. How this event of being a float nurse appears to her now is informed by her ability to compare being a float nurse to being situated in a position on one constant unit. Comparing her experience as a float nurse to her present role, she discusses not feeling comfortable with the staff, not being able to learn from her mistakes without the opportunity to receive feedback, and not being able to monitor patients as their condition changed for example. She describes not being with the same patients as less rewarding, as they don’t get to know who you are and don’t get to express appreciation when they’re feeling better. Magda values the relationships with her patients and seems validated by receiving appreciation from patients and feeling like she helped to make them better. She describes the staff as being less helpful and did not feel comfortable asking for help. Reflecting outward on the social context, she describes a perception of injustice in determining workload and a tendency for floats to have a
heavier load. She reflects on her own personal performance in this role as being limited to what she needed to do, and that this didn’t align with the nurse she hoped to become. I wonder if this discrepancy between the nurse she felt she was and the nurse she wanted to become helped to clarify or generate personal awareness of the nurse she aspires to be. She comments on how because of the uncomfortable environment she was working in, she “didn’t go above and beyond to help others,” and she “started to become like that person.” Her reference to “that person” suggests a negative connotation directed toward a common persona and is associated with just doing your job and not helping others; this term is widely understood within the social context of a unit.

Magda recalls a past event, an opportunity to advocate for a patient, and how this event appears to her now. The temporal position of this event in relation to her becoming, and her own evolution and confidence, causes her to look back on this opportunity as a failure to advocate and, possibly, a cause of moral distress. She recalls having a patient who did not want a procedure, but it was performed by the physician regardless, and she feels that she did not advocate or represent the patient’s rights as she wishes she would have had the confidence to do. She says “you gain confidence as you work I guess,” suggesting a dynamic evolution in her perception of self and a personal feeling that having gained experience she may have more confidence now.

Reflecting on the personal feeling she had when she graduated, Magda describes feeling happy and “happy to be done,” suggesting a sense of relief. She recalls feeling uncomfortable and terrified “someone wouldn’t be watching over [her] at all times like a hawk.” This turning point in her perception of responsibility in her nursing role is one example of Magda’s association of feeling uncomfortable with feelings of fear or feeling terrified. It is
as if she felt at the time of graduation that she was losing what she perceived to be a shield of protection and would now be unsupervised and unprotected, which indicates she must have felt security from the feeling that someone was always watching over her as a student. She remembers her first shifts “alone” after orientation and how she was physically sick from not sleeping, not eating properly, and being stressed. It is as if orientation extended for her that feeling of security and protection, and her first shifts “alone” caused her to truly experience that feeling of discomfort and fear she had been afraid of at the time of graduation. It is as if that finally became real to her when she was working alone after orientation. She reflects on her own evolution over time, specifically gaining confidence and feeling like she adopted her own rhythm. She reflects back on how this experience appears to her now, saying “it becomes a lot better.” She draws on the connection to her patients, them making her feel like a person, and how this made her feel rewarded. The association of her relationship to her patients and it being “easier going to work every day” indicates her value of relational practice and how feeling valued and validated by her patients facilitated her evolution.

Magda’s passion for working with students seems to centre around making them feel comfortable. I am struck by her attachment to “comfort,” as this comes through as one of her most dominant personal tensions and values. Her outward reflection and projection of this feeling on the students she works with suggests that she feels comfort is an important feeling that she is trying to facilitate for students. She wants them to feel comfortable doing things; remembers when she did not feel comfortable; and does not want to force them into situations where they don’t feel comfortable, recalling how she felt when that happened to her. Her recollection of not feeling comfortable was when she was asked to do something with aggressive or confused patients, and nurses failed to ask if she wanted someone to go with her.
This memory highlights how her past interactions when she was a student have shaped how she teaches others. Her fear and discomfort related to caring for aggressive and confused patients is significant. I wonder if this goes back to her first patient who was in the locked room in LTC in her first clinical placement as a first-year student or if this goes back to an experience she had earlier in her life where she may have felt her safety threatened by someone in an aggressive or confused state.

Magda refers to her colleagues as “family” and associates them with place, or the floor she works on. She perceives her colleagues as “amazing nurses,” her interactions as making her feel comfortable asking questions, and the culture of teamwork being what makes it such a good working environment. She states “because you work with them so much, they’re like family now,” suggesting a connection between frequency of interactions over time as being what builds the relationships with her colleagues. I note her choice of the word “family” over “friends” for example. I wonder if this relates to her being away from home and her biological family. I also wonder if it is because she associates “family” with safety, security, and protection. Perhaps she projects “family” on her colleagues because of her underlying fear, her discomfort at times, and her previous attachment to the protection she associated with being supervised. Her comment that it doesn’t matter who is an RPN or RN, everyone works together, conveys her value of respect.

Magda fondly describes the role modelling of two nurses on her floor. I note her comment “they make patients’ stays amazing.” Magda refers to the period of admission to the unit as the “patient’s stay,” suggesting a connotation of hospitality, customer service, and accommodation. This is interesting, and I wonder to what extent this relates to her value and perception of comfort and whether the patients are feeling comfortable and cared for. In her
description of how these nurses deliver care, she seems to describe a value of patient autonomy and quality as well as an attention to making care a “better experience” versus being rushed and doing certain things by a certain time. She describes them as good people and her inspiration for who she wants to be like when she’s more experienced. This is her vision of the nurse she hopes to become, and to be.

Magda reflects on the dynamic evolution of her view of others over time, specifically older people, and her appreciation of personhood, that is seeing them as humans with a past versus only seeing their current state and self (how they appear to her now). I am intrigued by the intersection of relational practice and time in Magda’s comments. Her ability to see her own evolution of perception of other over time is an example of “becoming”: “I just have become more of a person that asks questions about people’s pasts … I want to look past … and see what they were before.” Magda appreciates the temporal position of her relationship with the patient relative to their life story, seeing not only who they are now, but that “they had a past.” Magda comments on becoming more compassionate toward people compared to before she became a nurse as well as the transformation and evolution she has experienced in moving from caring about herself to learning how “to express stuff differently.” Reflecting on this transformation and how it appears to her now, Magda states, “I’m really grateful for being able to get over how I thought of as a kid, and think how I am now.” This comment is an example of her moral autonomy, specifically Magda’s internalization of a value of mutual respect, relinquishing her previously held worldview when she “used to really just care about [herself].” Magda discusses at another point in her story that respect is very important to her. This reflection seems to summarize the internalization of mutual respect that occurred during
her “becoming” a nurse. This shift from selfishness to altruism as an evolution over time is informed by social interactions and personal reflection.

**Plotline 3: Being—I Like Being Able to Help People**

Reflecting on feeling like more of a nurse now than ever, Magda comments:

*I think it honestly is the people I work with, because just working as a team and now that, like, I’m not a new grad anymore. New grads come up to me and ask questions, which, obviously, I don’t always know the answer, but I’m able to give them either advice or like, “No, you don’t have to call the doctor at 3:00 a.m. for this, or yes you should, or you should call [the medical emergency team (MET)].” Just not being a new grad anymore and having more experience. And the cool thing about [my floor] is if like, if one of the nurses has a [MET] call or has something going on, we all talk about it, like I feel like I’m always learning even though it’s not my experience. I’m able to know of other people’s experiences and that helps too. And yeah, just you learn as you work what is the most important, what isn’t as important.*

Looking back, Magda considers what advice she would share with students or new grads:

*What I’ve learned so far over the last year and a half is that you always have to ask questions if you’re unsure. I’ve seen a lot of students on our floors that say they know how to do something and then you find them doing something crazy. So, if I was ever to give advice to any new grads or any students, it’s always ask questions. There are no stupid questions. And over time you learn who on your floor is best to ask. There are some nurses that you just don’t bother asking because they won’t help you, and you learn that over time, and it’s hard at the beginning.*

Remembering a connection she had to a patient, Magda describes:

*I had this one patient over Christmas. Her family, her granddaughters had flown up from southern Ontario, so were there mostly all day, and it was over Christmas. So, there’s only specific staff that was in and out of there because of Christmas. And I don’t know, she was just one of my favourite patients so far. I brought my dog in that day to come see her for lunch. I don’t know, she was just like, she felt like home, she felt like, she reminded me of my grandma, so I made it my mission to make her stay as great as possible, especially because she had such a rough go on nights. And yeah, I*
don’t know she was cute, she was amazing actually. Just becoming personal with, not personal to like the fact that like, “Oh, this is my address, come over for lunch.” Just with old patients, I like to sit down and tell them a lot like, “I’m not from here, I’m from southern Ontario.” I don’t know, I try to be personal with them just to make their stay a little bit better.

Remembering experiences with death, Magda recalls:

We had a patient pass away my last shift. I don’t ever like being in the room alone, because I get the heebie-jeebies. I always call them. Just because I’m not comfortable with it. Some people are more comfortable with it than others. Death is terrifying. Having that death on my first day, especially on a girl who was my age, is terrifying. It makes you see how bad it is to not take care of your body how she did. She had liver failure because of drinking. Just seeing all the people that we have in our community drinking themselves to death is so, so sad, especially when they could have a good life. It was awful. I still remember her face. I still remember when it happened. The nurse pulled the call bell out, even though she was palliative. Running in there and seeing her family wailing on the floor, it was awful. It was absolutely awful.

Reflecting on the emotions elicited in caring for patients who are dying, Magda comments:

The last few weeks we’ve had so many palliative passing patients. And I still get pretty emotional, even if it’s not my patient. I still get pretty emotional about death, and I feel like that makes me more of a person than someone who just waves it off like it’s another normal thing. And I feel that I never want to be that person that just thinks death is nothing. And I know we’ve seen it so many, like we see it so many times in our career, but I just want to be a person. I don’t want to be a nurse robot like some people on our floor are. I never want to be that person that just, death is a regular thing. I feel that for my sake, I want to always just feel emotion. That’s something that for the rest of my career, I’ll always look back on and just remember that this is what I kind of promised myself. Just looking back on my practice, and making sure that’s something I follow because it’s so important to me.

On appreciation and feeling valued in her nursing role, Magda states:

Like I always say, nursing is terrifying, but most days it is so rewarding with how patients thank you. Even like a simple thank you at the end of your shift or them asking you what you’ll do on your days off is rewarding because they want to know you as a person. They think of you as a person, not a
nurse, which is really nice because most days you’re just waitressing to a lot of the patients. So, having one patient just ask you what you’re going to do on your day off is really rewarding.

On the importance of respect:

* I find it really important for people to respect me. I want to be a good person for people to respect me. I find that I really want to prove to my colleagues that I’m a good nurse, and I want to be respected as a nurse. I feel like I’m doing a good job with that. I’ve never heard people complain or anything. To people I trust, I always say, “I want you to tell me if I’m doing something wrong, or if I said something.” I want to be told about stuff. I don’t want people talking behind my back. I think that’s a huge, that’s a respect thing for me. I just want people, and patients, and just everyone to show respect. You obviously only get respect if you show it yourself, so that’s one big thing. I always just give everyone a chance to let me give them respect.

On growing to love nursing, Magda comments:

* I like nursing, and people always say like they don’t think they can do it for the rest of their lives, like a lot of my friends always say like, this is just like a few years and then I’ll go do something else. But as much as I hated it when I first started, I actually love it right now and I still become anxious obviously before shifts, especially if I’ve been off for a while. But I can see myself doing it for quite a while. Bedside nursing, I like bedside nursing, I like people, and I like being able to help people.

Magda reflects on where she is at with her career and where she hopes to go:

* It’s a really good floor to work on, and I’m so happy I’m there, even though eventually I want to work downstairs in the [neonatal intensive care unit] and the maternity unit. But for now, this is good just to get experience and gain skills and eventually maybe teach.

Magda discusses teamwork and her opportunities to teach students on her floor:

* The team on the floor is amazing, and I have never felt more of a nurse than I do now, especially the last few weeks with the team we have, just the teamwork and the amount of students we have. I love having students with me and teaching them. A few weeks ago … , the clinical instructor that was there actually came up to me, like last week I think, and told me how great I was with the students, that none of the students on the floor had experienced that on that floor yet, so they’re super excited. She was super excited for me. Just being able to teach her [that student] stuff that she might never learn as
a student. I like to sit down and explain, and show. Not only explain, but show the students. Because that’s the type of learner I am, I have to see stuff before I can do it, so I always just like to show them visually how to do stuff before expecting them to know everything.

On how nursing has changed her, Magda reflects:

*I think I’m more [of the same person I was before I became a nurse]. I’ve just grown up more. I think nursing has helped with that. I also feel like I’m just more respectful to people, and more about teamwork and being comfortable. Growing up, I just always thought, if you ask questions, you’re weak, but you’re not. If you need help, you need help. That’s not just with nursing. It’s with everything in life. If you need help with … . I’m just more comfortable asking my parents for stuff, and like for help, and asking advice. Just telling people straight-up I think, what I need, instead of beating around the bush. That’s with relationships too. When me and my boyfriend first started dating, it was always like, I was always just beating around the bush. Now, I think with nursing, I’ve become the kind of person that just straight-up says, “This is why I’m upset. This is what I need you to do.”*

Reflecting on whether she has thought about leaving nursing, and that this career might not be right for her, Magda responds:

*On days that are terrible, especially that night shift where I had that doctor ream me out. I’m like, I’m going to … . Me and my friend have a dream that we’re going to open up a donut shop. I always laugh that I’m going to quit nursing and become a donut shop owner. But I just always say those on my bad days. I never say it on a good day, which already is a sign that I don’t … I don’t know … I love nursing. I came into it to do it for the rest of my life. Maybe not floor nursing for the rest of my life, because I don’t want to break my back and kill myself. I don’t know. I love my job. I love the people I work with. I love that I’m helping people. It’s rewarding in the end, it is. Eventually, I want to be down on maternity or [pediatrics], so that will be a little bit better for physical. I want to be that nurse that people are like, “Oh my God, she’s been here for years,” and everyone looks up that nurse. That’s what I want to do. I don’t think I could ever quit nursing now, unless I became a millionaire maybe.*

Thinking about the future, Magda comments:

*I hope that for the rest of my career, I hope I don’t burn out and just become miserable, and just go to work because it’s a job. I hope it’s always going to be like, what’s it called? I hope I always enjoy it. But it doesn’t always
depend on me. It depends on how the government makes the hospital system and stuff I guess. If they take away our nurses, then more of us are going to burn out, because we’ll have more patients and stuff. I don’t know. I just hope for the best. I love my job. I love the people I work with. I love my patients most of the time.

On balance and self-preservation, Magda reflects:

You still definitely need your days off, and you see that now where a lot of the nurses, because there’s so many sick people, a lot of the nurses are just miserable. No one wants to pick up on their days off, because they just need that time to themselves. Yeah, I pick up as much as I can, but you need those days to recuperate and think about how your days were. Sometimes even vent to your significant other is needed. Or at the nursing station, a lot of people, that’s the best place to vent because everyone knows what’s going on. It’s nice to be able to talk about it. If you keep it in to yourself, you’ll just go crazy and it’s not worth it. It’s a career, so your life always takes first. Your life comes first over work. I know you can’t say it’s a career, because it’s like ... . What is it called? It’s a choice you made in your life that you want to help people, but yourself always comes first.

Magda reflects on what she thinks makes her a good nurse:

I think that I’m a good nurse because I am an emotional and empathetic person, and I feel for people. I feel like that makes me a good nurse, even though I might not be, I wasn’t always the smartest in school and didn’t always get the best grades. I feel like your nursing is a lot about how your personality is. You have to have sympathy for patients who are going through hard times, or be empathetic for them when stuff’s not going the best way.

Magda reflects on her evolution over time and learning as she works out what is and isn’t important: having more experience and learning from the people she works with, including from their experiences. She feels this combination of her personal experiences and the social context and culture of collaboration and sharing of experiences has contributed to her feeling more like a nurse. Her perception of self is that she’s not a new grad anymore. I wonder when she stopped feeling like a new grad. She says the new grads approach her with questions, and I wonder if the presence of “newer” grads on the floor is what ultimately
defines for her when she perceived herself as having been replaced and no longer a “new grad.” She admits she doesn’t always have the answer, but having more experience, she can give them advice or tell them when they need to call the doctor or MET. This excerpt showcases the transition of becoming to being with respect to temporal and social orientation of the transition from new grad to no longer a new grad.

Reflecting back on the past year and a half, and how these events and experiences appear to her now, Magda’s passion for teaching and desire to help the students feel comfortable is evident in the advice she would share with students or new grads. She would want them to feel comfortable asking questions if they were unsure, as comfort seems to resonate with her, and she values the support of her colleagues. I wonder if “[asking] questions if you’re unsure” is something someone reinforced to her, and/or something she continues to tell herself. It is evident that this is important to her and is something that has become more important over time. She offers the reassurance that there are “no stupid questions” and that you learn over time who is the best person to ask, noting some won’t help you so don’t bother. This is a reflection of socialization and her interactions with others. I wonder when she indicates “it’s hard at the beginning,” if she is referring to that process of learning who will and will not help you and then feeling disappointed with how requests for help or information are received by colleagues.

An example of relational practice and Magda’s orientation of self to other relates to her perception of self as being positioned to connect with her patients, make them comfortable, and “make [their] stay as great as possible.” In this story, Magda reflects on a time she had a special connection with a client she was caring for during the Christmas holidays and brought her dog in to see her, saying “she was just one of my favourite patients so far,” “she felt like
home,” and “she reminded me of my grandma.” I note Magda is away from home and far from her family, and the temporal position of this event is over the Christmas holidays. Magda’s comment that this patient “felt like home” is interesting when viewed through the lens of the narrative dimensions. I wonder if Magda’s longing for home and her family was heightened because of the temporal position of this event. Considering “home” as a place, her relationship with this patient created for her a social connection that prompted a personal feeling that transcended place and time.

Magda’s tension with the personal feelings of comfort and fear is highlighted in her experiences with death. She compares herself to others, so positioning this personal feeling in the social context, likely informed by interactions with colleagues (and maybe friends) who may participate in her same experiences with death or share about others. Magda says “death is terrifying” and recalls the traumatic death of the girl her same age on her first shift alone, saying “it was absolutely awful.” I am intrigued by her outward reflection on the circumstances of this death, positioning it in a social context, reflecting on how her cause of death was from drinking, and commenting that she worries about others who have similar lifestyles, wishing a better life for them. Magda says “I still remember her face” and “I still remember when it happened,” suggesting that, even though over a year has passed since this event, traumatic events like this one seem to generate moral distress and perhaps transcend their temporal position by remaining closer to the present than the past. Also, the temporality of this event occurring on her first shift alone, may have amplified her feelings of fear and discomfort, thus increasing the moral distress she may have experienced as result of this event.
Magda offers a personal reflection on emotions elicited from a series of recent events, having had a number of palliative patients pass away in the last few weeks. She expresses that getting emotional about death makes her “more of a person” than someone who “waves it off like it’s another normal thing.” Magda is positioning herself in her social context and comparing her reaction to death based on interactions with others during these events. With regard to socialization, she offers an outward reflection stating that she doesn’t want to be that person that thinks death is nothing. Magda’s reflection includes an orientation to present (or how her response to death appears to her now “I still get pretty emotional about death”) and a forward projection (“I don’t want to be a nurse robot” and “I want to always just feel emotion”). It is evident this is very important to her, as she comments she wants to look back on her practice and remember this promise to herself. This statement conveys that she understands she will need to be resilient and protect this reaction, suggesting an awareness of a possible tension between her current view and a concern that over time she will undergo an undesirable transformation that will erode her emotional response and make her a “nurse robot.”

Magda reflects on feeling rewarded in response to patients expressing thanks or expressing interest in knowing her “as a person, not a nurse.” Considering the personal narrative dimension, and Magda’s perception of self in relation to other, she expresses she would prefer her patients to know her as a person than know her as a nurse. This suggests she values her identity as a person, perhaps connecting to questions from patients such as “what [she’s] going to do on [her] day off,” more than her identity as a nurse. This is a reciprocal view, in that she strives to perceive her patients as people and more than their disease or health.
issue, demonstrating an inward reflection on the hope that they also respect and appreciate who she is as a person, beyond feeling like she’s “waitressing” most days.

Magda’s personal hope and moral position is to be a good person and have people respect her. In the social dimension, she wants to “prove to [her] colleagues that [she’s] a good nurse … [she wants] to be respected as a nurse.” This relates to her perception of self as worthy of respect but is grounded, ultimately, in how she wants to be perceived by her colleagues. She seeks to understand if she is doing or saying something wrong, understanding that this is more desirable than them talking about her to each other and connecting this type of direct communication and feedback to being respectful. Her personal hope is that her interactions with others on her unit, including people and patients, will be respectful. She appreciates the reciprocal aspect of being and receiving respect and acknowledges people need to give her the opportunity to “let [her] give them respect.”

Reflecting on the temporality of her perspective of nursing, Magda reflects back on hating nursing when she first started. In the present, how it appears to her now, is “[she] actually love[s] it right now.” In considering her future as a nurse, she offers the forward projection of being able to see herself doing bedside nursing for quite a while. Her valuing of relational practice and her interactions with others, specifically her respect for people and her altruism, are reflected in her comment “I like people and I like being able to help people.”

Further examining how nursing appears to her now, and the intersection of the time and place dimensions, she reflects on feeling happy to work on the floor she does and considers this time an opportunity to get experience and gain skills, suggesting this place (floor) will contribute to her “becoming” over time. Projecting toward the future and the nurse
she hopes to be, she expresses a hope to work in the neonatal intensive care unit, and 
maternity and, eventually, maybe teach.

On the social context within which she works, she says “the team on the floor is 
amazing.” Her perception of self as feeling like “more of a nurse” now is presented in relation 
to her interactions with her team and with students. In relation to temporality, she 
acknowledges this feeling represents a transformation, or evolution, occurring over the past 
few weeks. She expresses a personal feeling that she loves having students and values her 
interactions with them. She remembers a clinical instructor who approached her to tell her 
how great she was with the students. This seemed to be a turning point in her perception of 
self, with the feedback from the clinical instructor acting as a catalyst to facilitate this. Magda 
values opportunities to show the students how to do things because that is how she learns. 
Feeling like a teacher is very important to Magda and her perception of self and identity. I 
wonder if her recent interactions teaching students on the floor have contributed to her 
professional identity, thus making her feel like “more of a nurse” by contributing to the sense 
of self she derives from the work.

Reflecting on how becoming a nurse has changed her over time, Magda feels she is 
more of the same person she was before she was a nurse. She comments on feeling nursing has 
helped her to develop maturity and that she has “grown up more.” She reflects back on when 
she was younger and her worldview was that asking questions made you weak. How this 
appears to her now is that “if you need help, you need help … with everything in life.” She 
acknowledges a transformation in how she communicates with others, feeling she is more 
“straight-up” in articulating what she needs, not only as a nurse but also in her personal 
relationships. Her personal perception of self is that she has grown up more, accepted that
asking questions doesn’t mean you’re weak, and embraced a level of vulnerability that extends beyond her role as a person.

Reflecting back on having had “days that are terrible,” for example when she had a negative interaction with a physician, she comments [laughing] that her and a friend have a dream to open a donut shop. She adds that she never says this on a good day, and loves nursing. She states, “I came into it to do it for the rest of my life,” suggesting a commitment of time to nursing as a career. I am struck by this comment, as her parents chose nursing for her and she had such resistance to the career initially. The future in her view implies a deterioration of her physical health as a result of floor nursing. Magda reflects on her current position in time saying, “I love my job. I love the people I work with. I love that I’m helping people.” She adds that it feels rewarding in the end. She believes working in maternity or pediatrics would be physically less demanding. I notice she doesn’t comment that she wishes to work there for her passion of working with children, noting this is a more selfish motivation versus altruistic. Magda values the respect and appreciation of others, and her perception of self is influenced by how others see her. She hopes that in the future that she will be the nurse that everyone looks up to.

Projecting to the future, Magda expresses the hope that she doesn’t “burn out and just become miserable, and just go to work because it’s a job.” In this statement, she is cautious that she hopes that she does not evolve and transform in such a way as to erode her enjoyment and investment in her work. She hopes to always enjoy her career but acknowledges that there is a great deal out of her control that will influence the context of the dimensions of social and place, for example the role of government in hospital systems, including the impact on staffing ratios and the connection she sees between less nursing and more burn out. She is optimistic
and grateful to be in the role she is in, and maybe she feels some tension around concern for her trajectory over time, possibly informed by her social context and interactions with other nurses whom she sees are burnt out, miserable, and just go to work because it’s a job.

**Attending to Magda’s Story of Becoming and Being a Nurse**

Further reflecting on her concern related to her trajectory over time, Magda suggests a connection between balancing time off and being miserable, finding nurses who pick up on their days off to cover as being more at risk. Magda feels time off is important to recuperate and reflect on how her days were, adding it feels good to talk about it and vent, suggesting a valuing of socialization and interaction with others as a strategy of self-preservation. Magda feels like keeping things to yourself is not worth it and “you’ll just go crazy.” Her moral position is expressed in her personal feeling that her life comes first over work, despite having chosen to want to help people. This relates to her comment that she wants her patients to see her as a person, and not a nurse. The protection and valuing of her personal identity are important to her, and she does not wish for her professional identity as a nurse to cause her to put helping others ahead of herself. This suggests a level of moral resilience that may help to mitigate against moral distress, thus contributing to her sustainability and job satisfaction.

Reflecting on her perception of self as a nurse, Magda attributes being emotional and empathetic as characteristics that make her a “good nurse.” Magda’s reservation that she might not be a good nurse because she “wasn’t always the smartest in school” conveys a belief that good grades and being smart in school equate to being a good nurse. Her moral autonomy, or ability to relinquish previously held beliefs and adopt new ideas, is evident in her following comment “I feel like your nursing is a lot about how your personality is. You have to have sympathy for patients who are going through hard times, or be empathetic for them when
It is as if she experienced a turning point over time that allowed her to find clarity about what is important; measure her own success; and achieve a perception of self as a good nurse, by accepting that it is how you are with patients and not your grades in school that make a good nurse. It is as though she has come to internalize the value of relational practice and empathy. I wonder if she has come to appreciate and learn this from her own experiences or if her interactions and feedback from colleagues and instructors have helped to shape this new perspective.
Grace Note to Magda

Dear Magda,

Thank you for showing me the intersection of courage and fear that defines vulnerability and strength. Your story is truly one of becoming your authentic self, beyond your journey of becoming a nurse.

I believe your genuine desire to connect with others and let them into your heart is your greatest strength. You truly see people and allow them to see you, and that requires tremendous compassion and vulnerability. You feel a sense of security from your connections with your colleagues, allowing you to see your patients and your colleagues as family. You truly let them in.

My message to you Magda is to be brave and to have courage. Allow your strength to come from within and beyond you. Invite your passion for teaching into your nursing career. Seek opportunities to teach and inspire others. You will be the most incredible role model to all who are fortunate enough to have you guide them on their nursing journey.

*By doing what you love, you inspire and awaken the hearts of others.*

– Satsuki Shibuya
Chapter 7: Kelly’s Story

Prologue: Meeting Kelly

I greeted Kelly at 0900 at the coffee shop. I ordered our drinks which were delivered to us moments later in the meeting room. Kelly had ordered a hot chocolate, and I could tell when it arrived that it was larger and had a lot more whipping cream on it than she had expected. I asked her if she wanted me to have it changed, but she said it was okay, and we both smiled and laughed at the appearance of her daunting drink. I noticed Kelly was very present and relaxed. Her energy was very calm. I couldn’t help but think that she would have a great bedside presence and that she was probably grateful to sit down, knowing the fast pace of her job. She commented on how nice it was to have the day off, so that she could enjoy breakfast this morning and not feel in a rush. Kelly beamed with pride and excitement as she showed me a picture of her new puppy. The puppy was in the backseat of a car, and I wondered if this was a photo from when she was just taking her home. It seemed she had wanted a dog for a long time and was excited to finally have her puppy, embracing the responsibility that would come along with having her long-anticipated pet. She seemed to be genuinely looking forward to sharing her story. With pride and focus, she thoughtfully reflected on her experiences of becoming and being a nurse.

Kelly’s Early Years

Kelly entered nursing from high school with a keen interest in school, science, and medicine. She has received much support and encouragement from her mother, especially during her time as a nursing student when she wasn’t convinced nursing was a good career choice for her, as she wasn’t feeling enough of a challenge, grew apart from her friends, and was longing for more of a focus on science. Kelly values advocacy and being a good listener.
and has a strong appreciation for social issues and inequities. While Kelly originally had a strong attraction to nursing science, she has come to appreciate the “art” of nursing in her practice and how this is at the core of her relationships with patients and families. Kelly was drawn to the ICU since she was a student and feels a strong sense of fit between her personality and the challenges, opportunities, and acuity inherent in this practice setting. Kelly is very conscious of the evolution of responsibility and decision making she has experienced throughout her becoming a nurse and is always searching for more knowledge. She has enjoyed opportunities to teach nursing students. Kelly likes to be challenged and feels her greatest challenges often come from situations requiring advocacy to ensure the wishes of her patients and their family members are respected and valued.

**Plotlines in Kelly’s Narrative Account**

*Plotline 1: Beginning—My Mom Took My Picture in My Scrubs on My First Day*

Kelly begins by explaining her career choice and her ideas growing up:

*I guess I’ll start, I never really wanted to be a nurse, that was not my end goal. Growing up, I was always very interested in medicine but didn’t quite know where in medicine I’d want to leave off. When we were in high school and trying to decide what I wanted to do, I knew I wanted to stay in the local area; they offered the best scholarships and for the grades that I had. So, we decided we’d try nursing and see how that went. And first year was kind of okay. All my friends went into nursing, so that was fun. But by the end of the year, my friends and I grew apart, and so, I felt very much by myself and started to not enjoy the program very much.*

Kelly positions her career choice in the context of her family:

*No one in my family ever nursed before so it was never; “Oh, I want to follow in mom’s footsteps or my grandparents’ footsteps.” Neither of my parents ever finished post-secondary education. They tried, but then other things got in the way, so they had to step away from it. Being the first person between my parents and my grandparents ever finishing university was something big and that everyone was proud of. That felt kind of cool being*
the first person to say I did that and accomplish that. No one else in my family really was interested in medicine, so that was also a first thing too, it felt very much like I was doing it on my own.

In response to the question of is there anyone in particular who you would consider a role model, or who inspired you, Kelly reflects:

I’m the first nurse in my family, so I guess not necessarily. Like, if I’m thinking specifically a role model in health care, I can’t really find anyone in my family, but I guess I always try to shape my care, kind of taking after how I see my mom from day to day. I feel like everyone says their mom, but I just find she’s a very caring person. She went above and beyond, like if she cared for my sisters and I, or what she does for other friends, or even for people she doesn’t know. Like my mom is always doing some kind of charity work, and I just found that such, like I just felt that she was such a selfless person. So, I really try to reflect my care in how I look at situations, like I try to be positive because she was always looking at the brighter side of things. Even when I wanted to be a negative Nellie, she would talk me out of it.

Remembering back to what she remembers about her first day of clinical placement as a nursing student, Kelly recalls:

I remember my mom took my picture in my scrubs on my first day because that was something that she wanted to do. I don’t know where that photo is now, but I remember it. There was something else about that first day. I had it, but then it disappeared. I think I just remembered being so excited. I just wanted to get through all of it and just start working on my own, and I knew that there was still a long way to go since that first day.

Reflecting back on her ideas related to career choice when she was growing up, Kelly recalls always being very interested in medicine. I wonder why medicine interested her growing up, whether she had an experience with health care, knew someone personally who worked in medicine, wanted to help people, or if she felt this career was most aligned with subjects she enjoyed learning about in school (e.g., science). I also wonder at what age this started and how that aligned with her early education and exposure to different subjects, concepts, and ideas. Her decision was impacted by what programs and scholarships were
available locally. I also wonder if she maybe didn’t feel ready to leave home at that time, at
that age. She talks about being very close to her family, especially her mother, and I wonder if
that may have been a factor in her decision. I am struck by her comment “we decided we’d try
nursing,” suggesting her decision to take nursing was not one she made independently. It is
unclear if her parents were involved in making the decision for Kelly to apply to nursing, or if
she is referring to her friends, as she comments all of her friends went into nursing, but
ultimately grew apart by the end of the first year. I wonder if Kelly’s focus on her academic
success was greater than that of her friends and if this caused her to spend her time differently
and have different priorities. She says she “felt very much by [herself]” and this caused her to
not enjoy nursing very much. I wonder if she hadn’t started with her friends and didn’t
experience that change, that loss, if she would have had a different perception.

In the context of her family, Kelly was the first to be a nurse. She was the first person
of her parents and grandparents to finish university and says this was “something big and that
everyone was proud of.” This also contributed to feeling “alone,” as Kelly was the first in her
family to have an interest in medicine. I wonder if this isolation is because her knowledge
and/or her experience is unique and she doesn’t have anyone to share that with in a way that
they can relate to. I wonder if this is significant to her because she had friends she compared
herself to who had family members who work or worked in the field and can better relate to
their experiences. I note Kelly’s reference to nursing under the umbrella of “medicine.” I
wonder if she perceives nursing as medicine in order to fulfil a feeling that she did achieve her
goal of pursuing a career in medicine. That the identity she hoped for growing up is the one
she has. Kelly says she felt like she was “doing it on [her] own,” which from her tone is more
associated with a feeling of loneliness and lack of support than from a position of autonomy and pride.

When I asked Kelly if she had a role model or anyone who had inspired her, I was surprised that she seemed to look within her family and seemed to not interpret the question beyond this (e.g., to include instructors or colleagues), suggesting she perceives her family as her dominant social context and interpreted the question on more of a personal versus a professional level. She thought about her family and, as the first nurse, identified that she didn’t have a role model in health care. She was, however, inspired to care for others based on how she sees her mom as a caring person. Kelly mentions her mom going above and beyond in caring for her and her sisters, for friends, and people she doesn’t know. This suggests that Kelly was witnessing and observing her mother’s caring behaviours since she was young and that she has noticed and admired the little things she did, including how she looked at situations. Kelly projects an aspiration to be selfless and positive and to look at the “brighter side of things,” suggesting if she was negative her mom would talk her out of it.

Kelly remembers her mom taking her picture in her scrubs on her first day of placement and seems to have an image of the photo in her mind as she talks about it. Kelly recalls feeling “so excited” and wanting to get through school to become independent and work on her own. The temporal position of this event she is referring to, her first clinical placement in her uniform, would have been approximately halfway through her first year of the program. She mentions in another reflection slowly growing apart from her friends that year, so I wonder if this time was still positively influenced by her social context, specifically her proximity to her friends and peer group. Considering the narrative dimension of time, the
way this past event appears to her now is that she hoped to have time pass quickly to accelerate her becoming a nurse and to work on her own.

Plotline 2: Becoming—My First Day in ICU, I Felt like my Jaw Hit the Ground

Kelly reflects back on her experience as a nursing student:

There were lots of nights where I would say to my mom, “I’m quitting, I’m trying something different, I don’t want to talk to people the rest of my life, I’d rather work in, behind a microscope or do something like that.” I was more interested in the science behind it, not so much the “art” that I heard a lot of in nursing school. But I carried on through, third year was probably the most “fun” I had in nursing school, I think, because I had a lot more freedom. I felt like I was held back from doing lots of things in placements, maybe because clinical instructors didn’t know me very well and, so, they didn’t want to let me try something else or because we were working in groups of seven or eight. It could have been because they just couldn’t keep an eye on what I was doing and supervise that which is fair, I get that now.

Reflecting on opportunity and adjusting to responsibility, Kelly says:

I remember wanting to take advantage of every opportunity I could in nursing school, like in our placements, because I knew that if I didn’t seek out those learning opportunities they weren’t just going to fall into my lap. So, I remembered that, okay, yeah, when you’re in clinical and you’ve got those scrubs on, don’t sit down, go and look for what you gotta do. I remember my feet really hurting by the end of those clinical days. But no, I thought they were fun. They feel so carefree now, like you’re really, I think I remember I mentioned this before, I really feel that responsibility that I have now that I’m no longer a student and actually hold a license, whereas when I was a student, like, now is your time to make mistakes, go for it. And in some ways, I wish I wasn’t as embarrassed about the mistakes I made because I know that those are necessary in learning. And sometimes, I wish I asked more questions just for learning purposes, but you know, now I know that, don’t be afraid of your mistakes because everyone makes them, and that’s how you learn. I remember in those, yeah, definitely those first couple weeks, months, or even that first whole year, feeling like you’re being pulled in so many different directions. You gotta be the friend; you gotta be the mom; you gotta be the care provider, like you’re playing every single different role. You have to be the educator. You have to be the role model. And so, I remember it being a challenge, but I was always up for that challenge. I never shied away from it, but I remembered being done my orientation and okay, it’s my responsibility to answer all those phone calls. I
gotta answer all those questions from the family, provide all my care. I don’t have someone …. Like, I always have help if I need help, but if they get missed it’s on me. It’s no longer a shared responsibility with someone else. So, I remember it being tough, and I learned quick that you have to manage your time appropriately.

Remembering an important turning point for her, Kelly recalls:

At the end of third year, I was approached by one of the clinical instructors to try for a job, a summer student nursing job between third year and fourth year. I applied, and that’s when I got introduced to the intensive care unit. My first day [in ICU], I felt like my jaw hit the ground. It was like, this place exists. Someone had to tell me, wipe that off your face! You can’t look so shocked in this area. I just thought it was so cool, and I feel really nerdy when I say things like that, but that truly to me was the point in my nursing school career that I was like, okay, I’m in the right field. That was the eye opener that I needed, and I think I really needed that push before I entered that last year of school. Yeah, I’m so thankful for that job, and again, I wouldn’t have known about that job if one of my clinical instructors hadn’t have mentioned it to me, and again I just felt like the cards fell perfectly for that. I’m so, so thankful. But I remember, I got to do lots of skills that day, I got to do a catheter I had never done before, I got to do NG [nasogastric] tube insertions. And I said, "If every day is like this, this is going to be so awesome!" I learned a lot about how well a team can perform if all members are willing to participate. I really liked that. That’s one thing that I really applaud the unit that I work in for, is the teamwork. I’m proud of how we do and everything. But yeah, I just remember those skills, and just being shocked, because all I had really seen, like surgical I found interesting, the cardiac floor I found interesting, but I really liked getting to see that different acuity. I just found it so cool. I went home that day and my world was completely changed. I said to my mom, “I had no idea this place existed, this is where I want to work. I got to see so many cool things, I got to help really sick people, I liked the acuity, really good.” My mom said I wouldn’t shut up; I just kept chatting, chatting, chatting, and she goes, “Okay, I feel like I was there too now.” But yeah, I really liked it. It was a really good environment, I liked it and the people I worked with. I think that was that passion that I needed. She just saw a change in me, she told me actually not too long ago. So, I think that was cool too for her to actually get to see that too, not just me feel it. So that also affirmed that okay, I think this is the right route for you to take. That was fun.

Kelly identifies getting the summer student placement in ICU as:

Kind of the turning point for me was getting to do that job that I went into blindly and then came out. I made lots of friends on that unit, met lots of
really nice families, and decided, that’s where I’m going to try and work or that’s where I think I want to do for my next step as a nurse when graduating. The nurse manager approached me and said, “Would you like to do a fourth-year placement here?” I said, “Yes, of course I would.” She said, “I urge you to apply when it’s time in fourth year,” so I did and that’s where I did my first placement and I really, really liked it; I enjoyed it. I can’t really remember tons of details from that placement because there are so many different things I’ve done on that unit now since working there, but I remember I really, really enjoyed it, and I learned a lot. It really forced me to go back and research some of the notes we would take in class because they were applying right then and there on the unit.

Commenting on the evolution of her perspective with respect to nursing as a balance of art and science, Kelly admits:

*I think I definitely have a better appreciation for the art of nursing now, like I think I finally get it, or I think I’m getting it now, whereas before I looked at it more superficially, I didn’t really dive in that how much the art side of nursing and the science side of nursing are intertwined, and how without one you wouldn’t get the other. So, I can see that now, and if I was to go back I would tell all those people who were complaining, I’d say, “Smarten up. You’ll see it one day.” Because now I see it; now I get it. And I think I like both equally now, whereas I used to think I hated it. But I think that’s really what I wanted, that challenge, and so, I finally was getting that challenge in second year and third year when we were diving more into nursing care and skills and intervention and patho. That was more what I was interested in.*

On role modelling, Kelly says:

*I think my preceptor that I had fourth year, like my ICU preceptor, I think he was a really big role model for me too. He was the first nurse that I had ever worked that closely with, and he challenged me appropriately with my learning. And we quickly achieved a good working relationship between the two of us, and he gave me opportunity to do and try so many different things, whereas I thought that oh, I’m just a student, they won’t let me do that, and he said, “Well when are you going to learn? Here we go.” Like, threw me in off the deep end first day, and I really liked that because I thought that every single shift I learned something new, or we accomplished something there. And so, I still remember little tips and tricks and stuff he taught me. I still use them every day. I’ve started passing them on to other students that I’ve had because it worked so well. Yeah, I was really appreciative of that.*
Identifying another turning point, Kelly comments:

"I guess the other turning point was starting there on that unit [as a new grad]. Being in ICU, I've just started helping out other fourth-year nursing students that they've started giving me someone to preceptor, and it was my favourite thing in the world. It kind of showed me that there're other things that you can do with nursing too, like there're lots of teaching opportunities for that. It was very cool being able to share some of my experiences and things with other students. They seemed to really like some of the stories that I had."

Remembering her responses to death, Kelly reflects:

"I never really felt that sad feeling [when my first patient died in LTC], whereas as it wasn’t until later on when I started having patients who passed away from unfortunate circumstances, that I started feeling more sad. Or younger patients, of course, because in my head I say, “Oh well they didn’t have a chance to maybe do everything they wanted to do or live the life that they wanted to live.” But yeah no, that first one I didn’t feel very sad at all, and I don’t know if that’s a bad thing or if that’s okay, but I felt like it was peaceful. I tell myself, “He didn’t suffer and everything and it was okay,” but it still gets me that it didn’t dawn on me that he [my first client in LTC] was passed away. I just thought that he was in a very, very deep sleep; I said, "He’s dreaming really well." But yeah, and then I didn’t have a patient who passed away, not until I was in fourth year, so it a massive jump. It almost felt like I was dealing with it all over again because it wasn’t relevant in my head. But it’s definitely different dealing with things when you aren’t the student anymore, when you’re the nurse who has to make those decisions and may in the end, be the one to say all of those things to the family."

Kelly looks back on how her view of others and social issues has evolved over time:

"I’ve also really enjoyed working with all different patients and families that I have. Like, I feel like I was very naive when I was in nursing school, or when I started. Like, I knew drugs existed, but I didn’t know to what extent. I didn’t know the different things that people struggle with every day or different coping mechanisms that people have. I always thought that everyone had a loving family that cared about them or had a house to come back to, but that’s not the case at all."
On learning to accept and express feelings and emotions, Kelly says:

*I used to think that as a nurse you were never allowed to be sad or show your emotion with families, but I have 100% learned that it’s okay to cry in front of your family. Because I’ve not been able to hold it back a couple of times because of the kinds of patients that I’ve had to care for or the situations that we’ve had to work with. That’s definitely I think shaped the nurse that I feel I’m becoming.*

Kelly remembers receiving positive feedback from instructors:

*I started hearing from clinical instructors that, “You know, you’re doing a good job, you’re in the right field. You’ll be an excellent nurse.” Hearing that kind of praise was nice, because I didn’t feel that way myself; I’d always go home thinking, “I did something wrong.” Did something wrong or wasn’t living up to the potential that I knew I could.*

Reflecting on how her confidence to speak up has evolved over time, Kelly says:

*I compare it back to when I was in third year in consolidation. I was caring for a post-op patient, and it was our second day of clinical. So, I had met him when he came back from the OR [operating room] the day before, and he was doing good. All his checks were checking out; his vital signs were fine, and I came back the second day and just speaking with him and family about how his evening went I could kind of had an inclination that something wasn’t too, like he wasn’t doing too hot. So, this is the same time when I learned about the [acuity scoring criteria] and everything based off of vital signs that I had plugged into the intervention. And so, me wanting to learn, I asked the nurse who I was working with that day and said, “Oh, what’s the [acuity score]?” We hadn’t really talked about it. And I guess with me being a student, she didn’t trust the vital signs that I plugged in. So, she literally went over my shoulder and changed my vital signs so we didn’t have to call [the MET] or so that the [acuity score] changed. And I was like, mmm, that’s not right. So, I went and changed them again because she hadn’t filed it yet, and I was frustrated because that’s my chart, and you can do your own charting. But I kept prompting, I kept saying, “I think you should come and look at this patient. I have a bad feeling,” and so that really hurt my feelings that no one would trust me. I know I’m a student, but at the same time, this is me trying to learn, and this is me trying to help, trying to care for that patient. So, towards the end of the shift when the surgeon was doing his rounds and checking up on the patient and saw this patient, and said, “Something is not right here. Why did no one call me about how this patient is doing?” And I got blamed for why nothing was done, and I know in hindsight that made that nurse look incompetent, because she was blaming a*
student, but again, I remember in our debrief after clinical I was very emotional about that because I hadn’t experienced that. We were all working together with the same goal, and it came down to being blamed, oh, the student didn’t tell me, or the student didn’t do this. And I just ... own up to what you did or didn’t do. Whatever. We’re over that part now, let’s try and get this patient better. Let’s try and work on that. So that’s something that I’ve tried to, or I’ve remembered. Now having my own students, I try to give them opportunity to speak up like that, and whatever they say to me I try to trust them, or I go and intervene with them, or go and assess with them, because I never liked that feeling of when that nurse didn’t trust what I was saying. And so, I guess that’s another value that’s really come to light, is that, my confidence, I’m not afraid to call the doctor at three in the morning when I’ve got an issue. Sometimes they’re mad, but I’m like, “We gotta deal with this.” I’ve had it happen where they brushed me off and the patient ended up crashing, and I’m like, “I told you so.” But that’s okay, that’s other situations, and some physicians. But yeah, that’s one scenario I never forget, and I still see that nurse here in the hospital, and I always remember.

Remembering her first shifts working alone:

Definitely when I started out, I did [have a few challenging shifts], I think about five or six weeks orientating with another nurse, as a new grad when I started out. Then I was on my own, and I found those first couple of shifts challenging being by myself. I always had in the back of my head that you’re never by yourself when you’re nursing, you can always ask questions and never be afraid to ask questions. But I remember running into a couple of challenges where I was running behind on things or important things were slipping my memory. At the time, I wasn’t yet comfortable asking certain staff that I was working with, just because I was still getting to know some of them. I do remember receiving a couple of emails from other coworkers, just a couple FYIs, people letting me know, “Hey, don’t be afraid to ask questions, no one’s here to tell you that you shouldn’t or that you should know all that information.” I guess I remember those being the first couple challenging shifts, and then I started getting better at asking people for help.

On how she learns best, Kelly says:

There’s this one nurse that I work with quite a bit and I always love working with her because no matter what question you ask her, she changes the question up and poses it back to you in a way to try and get your brain thinking, and I love that. Instead of someone just saying, “Oh, this is how you do it” or “You should do it that way.” Which is nice sometimes when you’re trying to work quickly, but I also really like that she does that because it reassures that okay, I did know what I was doing. Or, okay, that’s what I was thinking, but I just needed someone else to confirm that with me.
So that’s something, like that’s a trait that I’ve tried to practice with some nursing students that I’ve taken, or some colleagues, because that was something I really appreciated, and I think really helped to mould the kind of nurse that I am now, or one that I’m still working towards becoming. Yeah, I really liked that, really appreciated it.

Kelly comments on opinions of nurses related to new grads working in ICU:

I hear it all the time, or I get told all the time that “oh, you should have started out on the medical floors or surgical floors because that’s where you would have learned your time management,” but I feel like I learned it just the same on the unit that I am, just in a different way. Instead of providing one intervention to eight different patients, I’m doing eight interventions on one patient. It’s different but the same in a way. But I do hear that a lot, and that gets to me a lot. Yeah, I never liked that. I don’t think it’s fair for people to say that you shouldn’t start in a certain department as a new grad. Learning is learning, and I feel like I earned it. I worked hard to get where I was, and I was proud of it.

Looking back on how she used to feel:

I remember always being very nervous walking onto the unit. My heart would race every time I’d walk up, and then the door to ICU, looking at that sheet that said what everyone’s assignment was for the day. If I saw that I had a vent next to my name, I would always be very nervous, tip-toeing around my room, trying to make sure that I didn’t upset anything. If the patient coughed on the ventilator, I freaked out, and I find that the more and more I dealt with it, or the more I was forced to try and problem solve it myself. I really applaud my coworkers for helping me do that, instead of them rushing to my aid, and sometimes they would if it was necessary. They would push me and say, “Okay, well what would you do? What do you want to do? What do you think that it is?” It really is proof; I’ve been able to prove to myself that, “You do know what you’re doing, you do know what’s going on” or “It’s not the end of the world.” That’s nice, because I feel like everyone is fragile, and I’m going to break them if I touch them or roll them over, but I feel a lot better about that stuff now.

Kelly comments on feeling frustrated with nursing at times:

I definitely have had probably a couple times where I left work and I said, “I don’t know if I can do that for the rest of my life” Usually, I feel those feelings when maybe the doctor and I have a disagreement on something or I find family members are maybe mistreating the patients or making decisions that are maybe not in the patient’s best interest.
On feeling more aware of social issues and inequity:

_I guess maybe in a way [becoming a nurse has opened my eyes]. I always feel sad for people who don’t have the opportunities like me. I always feel like I wish everyone was treated the same. I hate hearing all those stories or seeing things in media or in the news. So, I think I always had those feelings, but I think just the way that I interpret that now is different. Like I see it from _..._. So, I’ve seen it from the left eye; I see it from the right eye now, just in a different way. Yeah. Like I think before I used to feel sad, but I didn’t really know why I felt sad, or what not, whereas now I can kind of back it up with maybe this is what’s going on in their lives, or maybe this is what’s going on in their lives. Or I try to think of ways of what can I do to help that? Now there are some things that I started doing as _..._. My family’s always been into whatever we don’t use, let’s donate. So, these last couple times where we’ve gone through clothes or shoes, I’ve said, “Mom, I’ll take that with me to work,” because I see lots of people at work who could use that. I have lots of patients who come in who don’t have their shoes with them, because that’s just how they got picked up or what not,” and so, my mom said, “Oh, I never thought of donating it to the hospital. I think that’s a great idea!” Or donating books to use on the paeds floors or in the long-term care facilities. So, I think that’s another way is I’ve looked to see what are some things that I can do to assist with that, than just being a passer-by._

Reflecting back on her personal feelings and perception of nursing when she was a student, Kelly admits there were many times she told her mom she wanted to quit and try something different. She recalls at that time not wanting to talk to people for the rest of her life, preferring more of a focus on science. Kelly considers how her experience and perception evolved and changed over time as she had more “freedom,” and it was this shift toward autonomy that made this time the most “fun” for her. She felt that prior to her third year as a nursing student she wasn’t able to do as much as she wanted to, or maybe felt prepared to do.

Kelly reflects back on her motivation to seek learning opportunities in her clinical placements. I wonder if her comment about being in her student uniform and feeling like she shouldn’t sit down and should look for things to do is a product of socialization and advice from instructors she had. I also wonder if she associates the uniform with expectations others
have of her, specifically what the uniform symbolizes in relation to expected behaviour on the floor, and if this is explicit or implicit as part of the social context, or if it is a self-imposed perception. Kelly’s next comment makes another association between her perception of “fun” and “freedom.” How these past experiences as a nursing student in clinical placement present to her now, relative to her current role and responsibility as an RN in ICU, is that she had fun and freedom then compared to now. I find this interesting because her level of autonomy is greater now as an RN than it was as a supervised student; however, this seems to be overshadowed by her perception of responsibility in her current role. The temporality of her thought process as she reflects on the evolution of her perception of freedom and responsibility over time is interesting. Initially, as she stood before her mother for a photo in her scrubs on her first day of clinical, she wanted to get through all of it and start working on her own. In third year, she felt she was having the most fun she had had in nursing school, which she attributes to a relative sense of freedom compared to her previous placements. At present, her third year as a student appears to her now as a time of a relatively high level of freedom and autonomy and a relatively low level of responsibility. How her current role appears to her now is “I really feel that responsibility that I have now that I’m no longer a student and actually hold a license.” Her perception of self is that she is more responsible and more afraid to make mistakes. Looking back on mistakes she made, Kelly offers humble insight into how this appears to her now, wishing she would have asked more questions and would have understood that they are part of learning. She also wishes that she had not felt embarrassed about making mistakes. She reflects on feeling challenged in relation to allocating time when being pulled in different directions and playing many different roles. I
note this perception of time management, and time as a resource, in relation to the narrative dimension of time.

Kelly reflects on a significant turning point that occurred for her when she worked in a summer student job between her third and final years as a nursing student. This was her first introduction to the ICU, and she instantly felt a personal connection to the “place.” She reflects on the temporal position of this turning point and considers it the point in her nursing school career that she felt assured that she was “in the right field,” referring to it as the eye opener she needed to propel her through her last year of school. Reflecting back on this summer job, she feels gratitude toward her clinical instructor for suggesting it to her. She remembers learning about teamwork from her interactions with colleagues. She felt this place offered a different acuity and more opportunity to do skills, which was something that was very important to her at this time. After her first day, she remembers she “went home that day and [her] world was completely changed.” ICU was a place that transformed her personally, generating a feeling of passion as well as transforming her perception of nursing and her sense of belonging. It was important for Kelly to be able to share her experience with her mom, and she mentions she thought that made the experience even better, “I think that was cool too for her to actually get to see that too, not just me feel it. … That was fun.” Her relationship with her mother and their interaction, particularly at this time of transformation, seemed to offer Kelly a sense of affirmation and an opportunity to reflect on her experiences.

Kelly elaborates on her ICU summer student placement as a turning point, grounded in social context and relationships, having made friends on the unit and met many families. At that time, she felt an intention to try to work there when she graduated. She reflects back on an interaction with the nurse manager who suggested she do a fourth-year placement in ICU,
during which she recalls enjoying her experience and learning a lot. This reflection captures how the place and social context of ICU elicited personal feelings of hope and satisfaction with nursing that evolved over the dimension of time, from her summer student placement to her preceptorship in her final year.

The evolution of her perspective of nursing as both art and science occurred over time, with her experiences, as she moved from engaging with knowledge and theory to becoming more engaged in relational practice and the social aspect of relationships. Reflecting back, the way the art and science of nursing appears to her now is that she has come to appreciate the art of nursing and how it is intertwined with the science of nursing. At present, she values both equally, compared to a stronger value for science when she started as a nursing student.

Kelly considers the influence of her fourth-year ICU preceptor as an important role model. She recalls him being the first nurse she had worked that closely with, suggesting a relationship that was possibly longer and more involved than those she had had with previous instructors in a group structure, as she was in a one-on-one preceptorship with this nurse. Her perception of his role and their interactions was that he challenged her appropriately and they had a good working relationship. I wonder if that means a good balance of responsibility and support. She comments he gave her the opportunity to do and try so many different things, and I wonder to what extent this relates back to her desire to have “freedom” and autonomy and to feel challenged. She seemed to measure her success by feeling she was learning something new or accomplishing something, and I wonder if this is still how she perceives success or if that has changed. She expresses feeling grateful to him and for the “tips and tricks” he taught her, which she passes on to other students. The temporality of this learning and how these lessons moved through her as student, and now move through her to current students, suggests
a dynamic sense of movement for how nursing knowledge moves through time, with this movement being facilitated by relationships and interactions.

Kelly continues to describe the next turning point as her starting in ICU as a new grad. The chronological presentation of turning points, each one associated with her “beginning” in ICU in a new role and capacity, is presented along the temporal narrative dimension as a sequence of transformative events contributing to her becoming. As a nurse now, Kelly has expanded her perception of self to include feeling like a teacher and being in a position to share information and stories with students on the unit. Kelly says “other fourth-year nursing students,” suggesting perhaps, somehow, she still relates to these students as her peers and sees a part of herself still as a student. This discrepancy between perception of self, and her evolution from nursing student to nurse, may suggest a part of her still wishes to associate with being a student. I wonder if this subconsciously feels safe to her and shelters her from feeling overwhelmed by responsibility or if this suggests new grads in high acuity areas maybe go through a longer stage of “becoming” before feeling like they are “being” nurses.

Reflecting on her personal feelings toward her experiences with death, Kelly considers these events across time, beginning chronologically with her first experience with death, which was her patient who died in LTC and she went to see him in the morning and didn’t know he had died. She wonders if she should feel guilty about not feeling sad about this death, but reassures herself it was a peaceful death and he didn’t suffer. She talks about how her feelings of sadness in response to death increased when she started having younger patients pass away from unfortunate circumstances. This is an interesting interpretation of the narrative dimension of time, as she feels more sadness for those patients who had less time in the world, again, suggesting time is a resource that in this case, allows those who live longer to do what
they want to do and live the life they want to live, suggesting those who die later in life and have more time also have more freedom and opportunity.

Kelly reflects on how her interactions with patients and families over time has helped her to transform her thinking from being “very naive” when she started. She admits she lacked awareness of things people struggle with and the coping mechanisms they have, having assumed everyone had a loving family and a home, and now realizing “that’s not the case at all.” This comment demonstrates how relational practice and her interactions with patients and families has enhanced her evolving awareness of social context over time.

On learning to accept and express feelings and emotions, Kelly reflects on how she thought in the beginning that nurses are not allowed to be sad or show emotion with families but has learned over time that it’s okay to cry in front of “your family.” I am intrigued by how she refers to the patient’s family as though she is part of it as their nurse. This suggests she assumes a proximity to them as their nurse that makes her feel not only emotion but also as though she is sharing in their experience. Reflecting on this, she comments, “That’s definitely I think shaped the nurse that I feel I’m becoming.” I wonder if embracing vulnerability is allowing her to connect with patients and families in such a way that she feels closer to them, and closer to knowing herself.

Reflecting back on her time as a nursing student, Kelly remembers how she valued and appreciated receiving praise from her clinical instructors. This feedback helped her to change her perception of self from feeling she was doing something wrong or not living up to her potential, to feeling she was doing a good job and had chosen the right field. This also helped to instil hope for the future, reassuring her she would “be an excellent nurse.” These
interactions helped to change her perception of self in the context of the nursing profession over time. I am curious whether the temporal position of this positive feedback was significant, for example received before her turning point during and after her third year as a nursing student when she discovered ICU and felt a stronger sense of fit.

Kelly reflects back on an event when she was a third-year nursing student when she felt less comfortable speaking up and advocating for her patients. She recalls having a deteriorating patient and wanting to accurately document the vital signs and contact the MET. The RN she was working with at the time changed the vital signs to make the score such that MET would not be called to assess the patient. Kelly remembers not feeling trusted and trying to express concern for the patient, but not being heard. This is similar to Henry’s experience in the rural hospital where the nurse did not show respect and didn’t hear him voicing concerns about what was best for the patient. Kelly remembers the surgeon asking why no one called him regarding the change in condition, and the nurse blamed Kelly. This caused her to feel sadness and frustration, as she was just trying to help the patient get better. How this past event appears to her now, is she says this is “one scenario I never forget.” Kelly takes this learning experience forward into her interactions with students and makes sure to give them opportunities to speak up and trusts them. Kelly acknowledges that she has noticed a transformation over time and the emergence of confidence. I wonder if what she really is referring to is courage. She is not afraid to advocate for her patient, and doesn’t worry about how that will be received.

Thinking back to her first shifts working alone, Kelly remembers them as challenging. She recalls feeling reluctant to ask questions and not feeling comfortable asking certain staff she didn’t know well. I wonder if ego was a factor in her not wanting to reach out. I wonder if
she felt like she needed to prove that she could do it by herself, for her own perception of self as competent and capable. Her comment “I always had in the back of my head that you’re never by yourself … you can always ask questions,” suggests this reassurance was “in the back of [her] head,” indicating it was perhaps relatively further back at that time compared to now. She mentioned she received a couple of emails from colleagues reminding her to ask questions and ask for help. This socialization, or communication of the expectation that she will ask questions when unsure or ask for help as needed, helped Kelly to start “getting better at asking people for help.” I wonder over what period of time she started to feel more comfortable reaching out to her colleagues.

Kelly reflects outward to describe one nurse on her unit she loves working with because of how she facilitates her learning. She talks about how this nurse doesn’t tell her the answer to her question, but rather poses questions back to her to help her to think through the answer with her guidance. Kelly feels this reassurance that she knows what she’s doing helps her confidence. It would appear this type of interaction and mentorship emphasizes critical thinking over knowledge. Kelly attributes this nurse and this approach to helping to “mould the kind of nurse that [she is] now, or one that [she’s] still working towards becoming.” Kelly appreciates how these interactions with her colleagues, and her perception of self as confident, have served as catalysts along her journey toward becoming. She specifies the “kind of nurse,” implying that there are different kinds of nurses and that building her critical thinking and capacity to not just know, but understand, her role, is moving her in the direction she desires. This also suggests that she feels she is in control of the nurse she is becoming over time and that she can choose to approach this nurse for this type of questioning, versus a quick answer. She also talks about using this same approach with students, expanding then on feeling this is
moving her toward the nurse she is becoming. I wonder if this is an indication of her desire to teach and if she is consciously learning and adopting practices that will serve her in that capacity.

Kelly reflects outward on opinions she hears expressed by nurses about new grads going to work in ICU as a first job after graduation. These interactions where she is told she should have started on a medical or surgical floor seems to elicit a defensive response, as she feels the need to justify how she has learned time management in a different way. She says “that gets to me a lot,” suggesting she takes these comments very personally. Her outward reflection on places and the suggestion that a certain sequence of places is most appropriate for all new grads (medical and surgical before a specialty area) is that this is not fair. Her perception of self is that she worked hard and “was proud of it.” I note her reference to feeling proud is expressed in the past tense and am curious if that is because she had felt proud before hearing these comments, suggesting these comments eroded her sense of pride over time.

Kelly recalls the personal feeling of “being very nervous” that the place and environment of the ICU used to elicit in her. The space itself, from walking up, to the door, to the sheet with the day’s assignments, would cause her heart to race. This intersection of the place and personal dimensions is dominant in Kelly’s stories; however, her feeling typically has a positive connotation of perceived fit, attachment, and allure. This particular reflection back, and how these past experiences of approaching the unit appear to her now, suggests a level of vulnerability and discomfort during this early transition. I wonder about the temporal position of this memory of feeling nervous but suspect it was when she was a new grad as she implies her name would be on the board, and possibly next to a vent. She talks about how her coworkers helped her to problem solve and that she is grateful for this socialization into the
role and her interactions with them. She talks about proving to herself that she knows what she’s doing and knows what’s going on, suggesting an evolution in her perception of self as competent.

On feeling frustrated with nursing, Kelly recalls a couple of times she felt she may not be able to do the job for the rest of her life. She associates this feeling with having disagreements with a doctor, or feeling family members are not acting or making decisions in the patient’s best interest. This personal feeling is prompted by interactions with others and, so, has a social context. It seems as though this response is consistent with a possible values conflict, potentially leading to feelings of moral outrage.

Kelly reflects on how becoming a nurse, and appreciating social context and inequities, has opened her eyes and made her more aware of realities. She talks about how inequities and the news provokes feelings of sadness, noting those feelings have always been there. What she feels has changed is how these realities present to her now compared to in the past, before she became a nurse. She offers an analogy of seeing it from one eye before and now the other, suggesting she is the same person on the inside, but her lens or view of how she takes in the information around her is different. Her perception of others, and perception of self as having changed her view of others, has transformed over time. This description of temporality reflects the intersection of self and permanence over time. She comments on how her depth of understanding and compassion has been enhanced, and she can now speculate on what may be going on in people’s lives, instead of just feeling sad. This helps her to perceive herself as being in a moral position to help them, creating more of a personal feeling of hope and influence. This evolution over time has allowed her to see self and other as more related as
well as people being related to their circumstances. This example showcases an altruistic motivation and “becoming” an agent of change.

Plotline 3: Being—I Feel like I Carry a Lot More Weight Now

Kelly looks back to one of her first shifts as a new grad:

I definitely remember when I had my first busy sick patient, and that was a lot, and I did speak up. They were short that day; they called me in the morning for a day shift. So, I got there in the morning, and the charge nurse had this vented patient that had arrested and came in, and he said this is going to be your load, this’ll be your patient. And it was essentially a resuscitation through all shift, and I had just, I think I had only been nursing by myself for a couple of months. But I definitely remember that patient and being very busy. And I learned a lot about prioritizing my care and when to allow myself time to talk to the family, when is appropriate to talk to the family. I think we ended up coding that patient at the end of the shift. So, I remember being hesitant because I could kind of see things going south. I was hesitant about should I call this family back, should I do this instead, like I remember kind of sitting on that for a little bit and my colleagues did help me out with making that decision. And one of them called my family back for me so I could move on to something else. So, I learned a lot of delegation that day too, and I came to terms that sometimes you can’t do it all. That’s why you work with a team, and it’s okay to ask for help and what not, so I was very thankful. And then at the end of the day, because the patient passed away, I felt like, you know, typical, oh, it’s my fault, what did I do? I could have done something better. Maybe it was too much for me. And people who were working with me that day, I was voicing those things, and they said, “No, you did everything you could. Sometimes you can’t save everyone.” And so that was also kind of new for me, learning that you do everything you can, and sometimes it’s just someone’s time. You can’t prevent that, you can’t stop that. So yeah, that was a lot of learning that day, and I was very thankful. I remember walking out of the building and just letting out a big exhale, it was like “wooh, okay, on to the next day.”

On relationships with patients and families, Kelly says:

I’ve really met some very cool people, that’s probably one of my favourite things about nursing, is the patients that I meet and the families that I meet. And some of the stories that they tell, and it helps pass the time when you just strike up conversation when you’re doing things. And I think it also helps with getting that trusting relationship with people.
Reflecting on the challenge of advocacy and influence:

Working with families and trying to advocate, for sure I find those the most challenging shifts. Learning in school, you know that the nurse has tons of roles, and you know that advocating is one of those roles. But you never really realize how big of an influence you have or how big of a role you have as an advocate for that family. Because I’ve seen a number of times family telling me one thing and then them getting scared talking to the physician, and the physician without even knowing it, they’re pushing the family to do things that the family isn’t interested in doing or that the patient isn’t interested in doing. I find, I really like [those] challenging experiences because I find that those are really showing me that I’m moving in the direction that I want to with how I provide care and how I work within our scope of practice. I like those that … it helps me to not feel so complacent with day-to-day activities. Also [it] forces me to really be on top of what I do and what I know. I love when patients ask me, "What’s that blue pill?" "Well, let me tell you."

On the evolution of responsibility to make decisions, Kelly says:

I remember that differently, as being very black and white almost as a student. You don’t feel that responsibility that you feel when you are the actual nurse caring for that patient. I feel like I carry a lot more weight now, because it’s my care 100%. So, there definitely are times that where things run through my head where, “Did I do everything that I could?” Or even if the patient doesn’t pass away, when I walk, when I leave work, and I’m driving home, I always think, “Did I give all the meds properly? Did I chart everything accurately? Did I write my shift summary properly? Did I include everything that was needed to pass along to the next nurse? What state this patient is in right now?” All the time, I’m second guessing myself. But I definitely notice I’m moving from being a student to being the actual nurse, that extra weight carried and that much more responsibility. Which I guess we do have a lot of responsibility, I guess you do as a student. But as the nurse, you are it, and even though you’re working with the rest of your team and everyone else, there are still those times where you’re doing a lot of that stuff by yourself, and you only have what you know to rely on and the resources that you have.

Kelly considers the physical toll she worries nursing will take on her body:

I’ve also really been focusing a lot on how important it is to take care of yourself while you’re at work. I know that starting out they said “Oh, take care of your back. You’ve got 30 plus more years of this, you’re going to need it.” And you think you’re young, oh, I don’t need to use the lift. We can
do this turn with two people, when really, we should be using four. So, I’ve been trying to change that mindset and take care of myself so that I can still take care of those patients in 10, 15, 20 years or I can also be a role model for them too, because, I don’t know, if I was the patient I wouldn’t be so inclined to listen to my nurse about how to be healthy if they’re not being healthy themselves. So that’s something I’ve been trying to focus on, and also just working on positive coping mechanisms while dealing with different cases on the unit, and it’s good. I feel like my family and friends have been really positive and helpful with that. I’ve just been trying to not take that stuff for ... Not take advantage of it.

In response to the question of whether she thinks being a nurse has changed her, Kelly says:

I think yes for sure, even being outside of the hospital I think just the way that I see the world is different. I’ve always thought of myself as a compassionate person. I always like to give everyone the benefit of the doubt, and I, even just if I’m out doing groceries or out running errands, I’m always looking at people in a way of, “What background do they come from?” or “What led people to these certain circumstances?” or “Do they have the same access to healthcare that I have?” I’m much more aware of those kinds of things, and I definitely find it interesting having conversations with other people who don’t come from the same nursing background that I do, and their takes on different social things or different things that are going on in society and with the government. I find that it’s definitely changed my perspective that way for sure. And I think it’s definitely changed my relationships with people too, like the way I have conversations or the way that I deal with things whether it’s with my family or with my friends. I think I’m much more of a listener than I used to be, just because that’s what I’ve been training myself to be for patients, for families, for coworkers, whatever. Then providing my input when asked, but I definitely think it’s changed the kind of person that I am, or if not, it’s just embellished the things that I had already had going on, just brought them more to the surface.

On her transformation over time and her perception of self at present, Kelly says:

I think where I am now with my nursing career, with how I’ve grown, yes, being a good listener is one thing that I value, but I also think I really appreciate my problem solving, you know; your typical time management, and so on. Same with my critical thinking. I really like, I guess confidence is a word to describe it, but I don’t want to sound like I’m overconfident, because I know I still have lots of learning to go. But I’m proud with how confident I feel with lots of things. Like I’m not nervous anymore to talk to a
doctor. I don’t care if they think it’s a silly issue. I have a concern, and I will speak up about that because the way I see it is I’d rather speak up about something that’s insignificant than miss something. And that’s something that I really, really have been trying to work on.

Reflecting on how she feels about nursing:

I like it, I’m happy now, if I think back to first year, I’m glad that I pushed through it. I’m glad that my mom saw the bigger picture, and she didn’t let me get the better of myself. I’m very thankful for that, and I think it was the right challenge that I needed to be more confident with myself and the things that I do. I’m happy. I definitely wouldn’t change that. I think, if anything, I would go back and maybe do more schooling at some point just because I want to learn, and I want to know what are things that I can do better, what are things that I can learn to help the people that I want to help. I’m happy with what I do, I wouldn’t change it, not at all. I think maybe it would be cool to try other things too. I don’t know if I’ll ever get tired of what I’m doing right now or where I work right now, but I definitely am open to at some point trying different things. Whether that is working in different roles or different positions within the hospital or if it’s maybe let’s try something completely different. Let’s get out of acute care and maybe try something in the community or something up north or even out of Ontario who knows. Just to see what are other struggles that people have that you can share your experiences with or help out. Those things are always in the back of my head. I’m always kind of looking and seeing what’s going on, or what there is to do.

Thinking about sense of self and who she is as a person now compared to before becoming a nurse, Kelly says:

I think I’m definitely different, but I think different in a sense that I’ve grown. I definitely had these same values and characteristics. I think they’ve just been amplified, or I now have some kind of reason or purpose for them, which I think is really cool. It just makes me feel even more confident with my decision to try nursing out and to continue with it, not quit and give up. I think for sure it’s changed my sense of self, like the way I see myself, or how I go about my own personal health. I think it’s definitely also shaped the nurse that I am. Yeah, all of those values and qualities and traits being amplified has definitely shaped the nurse that I am, or the care that I want to provide.
Reflecting back on a past event and how it appears to her now, Kelly describes caring for her “first busy sick patient.” She recalls learning a lot about prioritizing care and delegating that day and remembers this as the moment she came to accept “sometimes you can’t do it all.” She suggests this was a turning point for her in her perception of self and other in relation to her colleagues and working with a team. At the end of this shift, she felt personally responsible when he passed away and wondered if she had somehow failed to make him better. This was also a turning point in her perception of self as being in control of someone’s destiny, realizing she can’t prevent or stop someone from dying if it’s just their time. She acknowledges there was a lot of learning that day and remembers walking out of the building and letting out a big breath. I am curious whether this was a lot to process at once because both of these turning points relate so closely to perception of self, which is significantly associated with identity. I wonder if turning points with more of a social dimension versus a personal dimension are processed less emotionally and perhaps feel less overwhelming at the time.

Kelly reflects on how relational practice and her interactions with patients and families are one of her favourite things about nursing. I am intrigued by how her favourite aspects of nursing have changed so significantly over time. From her time as a beginner nursing student when she felt like she already knew how to communicate with people, to having a focus on the science of nursing, and then high acuity and skills, to embracing the art of nursing and valuing the relationships above all else, this is a significant transformation and reflects a shift in her values. She talks about how she enjoys hearing the stories they tell and will “strike up conversation,” which she perceives contributes to establishing trust.
Kelly describes her most challenging shifts as being when she is trying to advocate for families. She reflects back on school and learning that advocacy was one of many roles of the nurse, but felt she didn’t realize then as much as she does now the influence a nurse has as an advocate for the family. This suggests an evolution over time and an enhanced appreciation for her ability to speak up for the patient and family when they may feel intimidated by the physician. This reflection describes how Kelly has come to perceive interactions and relationships on her unit, and perceives herself as being in a position of influence, to not feel complacent. These challenging experiences, specifically opportunities to advocate, show her she’s “moving in the direction that [she wants] to with how [she provides] care and how [she works] within [her] scope of practice.” This is a reflective perception of self and becoming that suggests not only dynamic movement over time but also that she is aware of where she is at and how this relates to her care; this perception also implies a future projection of where she sees she is going.

Looking back on how her sense of responsibility has changed from when she was a student to now as a nurse, she reflects inward on a personal feeling that she carries “a lot more weight now, because it’s [her] care 100%.” This causes her to question whether she did everything she could and did everything correctly, suggesting she perceives herself as capable of, and responsible for, doing everything correctly. She acknowledges the transformation of her perceived responsibility as she moved from being a student to an actual nurse, feeling like she is “it,” and even though she’s working with a team, she’s doing a lot by herself and having to rely on only what she knows and the resources she has. This suggests she may sometimes feel her knowledge and resources are limited relative to what she would like. This dynamic
evolution of responsibility has a strong temporal orientation, situated at the turning point of moving from a student to becoming an “actual nurse.”

Kelly considers her present focus on taking care of herself at work, specifically being cautious about her back and safely performing lifts. Kelly projects into the future that she wants to maintain her health to sustain her physical ability to do her job, suggesting she at this time anticipates continuing in her role as a bedside nurse in ICU for many years. She also talks about wanting to be a role model to her patients as a motivation to be healthy herself. Kelly comments that she is also working on positive coping mechanisms to manage her feelings related to her work, suggesting she is experiencing some level of stress and emotional toll. She comments on her relationships and interactions with family and friends as part of her own social context as being helpful with that positive coping. Her perception of self is that she is in control of her health and coping mechanisms. I wonder to what extent she feels like this control has changed or evolved over time.

Kelly states she feels that being a nurse has changed her. Her initial interpretation and internalization of this question was in the hospital, as she first answers “yes,” then continues to think about how she has changed as a person outside of the hospital, expanding her outward reflection to consider how she sees the world. This implies a dimension of place and how she perceives herself within and beyond the “place” of the hospital. Kelly reflects back on having always considered herself to be a compassionate person. She notes an evolution over time with respect to her awareness of circumstances and issues, such as background and access to care. She has an interest in learning about other perspectives of things that are going on in society and attributes these interactions with others to having changed her perspective, and also her relationships. Her perception of self has evolved, in that she feels she is much more of a
listener than she used to be, suggesting a change over time, including a change in how she relates to and interacts with others. On becoming more of a listener, Kelly comments “that’s what I’ve been training myself to be,” suggesting this has been a conscious effort and not a natural transformation for her. Her perception of self, and how the kind of person she is has changed over time since becoming a nurse, is that it has maybe just “embellished the things that I had already had going on, just brought them more to the surface.” I wonder if the opportunity to apply her values in interactions of self and other has brought them more to the surface or if self-reflection has been a stronger catalyst in this evolution over time.

On her transformation over time and how she perceives herself at present in her nursing career, she recognizes she has grown and values listening, problem solving, critical thinking, and time management, suggesting these things are important to her in her practice. I am curious to what extent socialization is a factor; for example, what things others say new grads should focus on or emphasize as important attributes. She describes feeling proud of her confidence and is not nervous to talk to a doctor, even if it is something that they may think is a silly issue, suggesting an awareness but low regard for how she is perceived by others. The absence of fear and presence of courage that comes through in her reflection is a perception of self in relation to other that she highlights as being something she has dedicated much attention and effort toward working on.

Kelly considers nursing across the dimension of time in relation to her personal feelings and the support of her mother. She has come to like it and feel happy about being a nurse, compared to her earlier perception of nursing. She acknowledges her mom and her view of the bigger picture as helping her to stay with it and allow time and experiences to slowly change her perspective. Reflecting inward, she feels grateful for her mom and for the personal
challenge that has given her more confidence with herself. This comment suggests this sense of confidence extends beyond nursing and has become internalized in her perception of self. She projects into the future that she would like to keep learning and know what she can do better with the altruistic motivation to “help the people that I want to help.” She wonders if she would ever get tired of doing what she’s doing now and is curious about other things and other places. Kelly talks about wanting to see the other struggles people have and to share her experiences to help them, recognizing her perception of self as able to influence and create change. This future-oriented reflection resonates with her awareness of social context, her understanding of “struggles” as being contextual and determined in part by “place,” and her desire to continue to become more aware of others and their circumstances.
Attending to Kelly’s Story of Becoming and Being a Nurse

Kelly considers the evolution of her sense of self and who she is as a person since becoming a nurse. She acknowledges change and difference and attributes these to having “grown.” I wonder if by this she means she has matured, or if this suggests she has become more or greater in some way. Feeling like she is more, or greater, would resonate with her emphasis on courage and influence related to her evolving perception of self. She comments that she feels she has the same core values and characteristics and that nursing has given them a purpose or an outlet or has amplified them. This suggests that her core values have been enhanced and made stronger and are more a part of her than they were in the past. Kelly reflects that the amplification of these values has shaped the nurse that she is, implying a present tense, and the “care that she wants to provide.” I wonder if she notes a discrepancy between the care that she wants to provide and the care that she does, or is able to, provide. I wonder if this suggests she is holding her care to a higher standard than she is able to perform at presently and if this suggests she is reaching toward an ideal that is more grounded in her values.
Grace Note to Kelly

Dear Kelly,

Thank you for showing me what it looks like to have courage. Courage to care for people and their families as well as to fight for them with grace and compassion.

I believe that your greatest attribute is your moral courage. The abilities to listen, seek to understand, and speak up for what is right show incredible insight and strength. You offer a gift of genuine presence and compassion in how you choose to be with patients and their families.

My wish for you Kelly is that you will remember to look within and listen to your own heart as you listen to others. May you hear yourself as you hear others.

*If you want your voice to be heard, speak from your heart.*

– Wes Fesler
Chapter 8: Lily’s Story

Prologue: Meeting Lily

On what was a rare day off from her multiple jobs, I met Lily mid-morning at the coffee shop, and we approached the counter together to order our drinks. Lily was relaxed and seemed grateful for the opportunity to slow down. Working multiple jobs, she has a busy schedule and is accustomed to a very fast pace. She hung her jacket on the back of her chair, got comfortable, and sat tall and proud. Her openness and energy were such that I could tell she had a lot of events and experiences she was excited to share. It was as if her stories had been piling up inside of her, and as she started to share them, she spoke quickly, trying to keep up with her thoughts as she recalled in great detail the many events and experiences of her becoming and being a nurse.

Lily’s Early Years

Lily’s choice to pursue nursing was prompted by employment opportunity; an interest in a career in health care; and her grandpa passing away when she was in Grade 12, an event that motivated her to want to be a better nurse than the nurse he had caring for him at that time. This was her earliest inspiration that shaped what kind of a nurse she wanted to be, which is something she still thinks about when comparing herself to her colleagues and when reflecting on her own practice. Lily had a fourth-year placement as a nursing student in the emergency department and felt a sense of fit and belonging there. She liked the culture and the challenge of this environment but started on a surgical floor for six months to get experience first. She did not like the consistency on the floor and sometimes felt frustrated by having the same patients day after day. She applied to go to the ER; she feels well supported by her manager, inspired by some of her colleagues, and respected by the doctors. Lily has a strong
desire to “fix” people and situations and likes to feel needed. Lily values being respected and appreciated, especially by patients and doctors. She feels she has developed a “thicker skin” and equates being tough with coping and resilience. She identifies with place in that she feels she is an emergency nurse, and her unique practice setting defines the nurse she is.

Plotlines of Lily’s Narrative Accounts

Plotline 1: Beginning—If I Go into Nursing I’m Never Going to Be like Her

Lily’s story begins when she was in high school. She explains:

When I was going through high school, one, I thought I was going to be a doctor one day, which I think is so ... a radiologist specifically. And I just laugh at that now because, one, I would never, ever, ever, ever, ever be a doctor. Two, I would never, if I was to go into medicine, I would never, ever, ever, ever, ever be a radiologist because that sounds like the worst job in the world. So, I find it really, really comical actually thinking about it. And then, I really didn’t know what I was going to do with my life, and I was just like, whatever I’m in high school, and then I had to pick and when I was in my Grade 12 year, when I had to start picking, my grandpa died. He was old; he had bowel cancer, ostomy, urinary, he had a foley all the time. He died of a UTI [urinary tract infection] though, just got really sick, septic, and died. I just remember my grandpa had a language barrier, and he was kind of a grumpy man. And knowing how I nurse now, especially looking back, that nurse is not a good nurse. And I really didn’t like her, and I kind of swore to myself, if I ever go in, because at the time I was applying, I was like, “if I go into nursing I’m never going to be like her. She is just miserable, and if you really hate your job that much, quit and go do something else.” I remember saying, “Well, I’m going to go into nursing, and I’m going to show this nurse up.”

Lily reflects back on her early aspirations for her nursing career:

I remember always wanting to be a sexual clinic health nurse, like a school nurse, like going in and being like, “this is your body parts, these are your immunizations, and here’s your flu shot.” And now I don’t think I could ever do that. I also thought when I was in nursing that I wanted to be a maternity nurse. And I will never do that, ever.
Lily begins her story when she was in high school and discusses her decision to become a nurse as being initially motivated by her desire to pursue a career in health care. She mentions, “When I was going through high school, one, I thought I was going to be a doctor one day,” suggesting this was the beginning of her contemplation of a future career. Looking back on how this aspiration appears to her now, she laughs at this thought and feels she could never be a doctor. She comments that she didn’t know what she was “going to do with [her] life,” suggesting in high school that she already perceived her future career as life-consuming. This strikes me as she does at present perceive her career as her life and dedicates her life to nursing and her work by adding additional jobs to fill her time on her days off. Her grandfather’s passing when she was in Grade 12 was a significant turning point that happened at the time she was applying to take nursing. During her interactions with her grandfather’s care, she developed personal feelings of dissatisfaction and disappointment with the “miserable” nurse who cared for him and reflects on how this inspired her to want to be better and do better. I wonder if her becoming a nurse and giving better care makes her feel like she has helped her grandfather get better. I wonder if it gives her a feeling that she has “fixed” what she perceived to be wrong or broken with the care he received.

Lily reflects on her early aspirations for her nursing career. She recalls wanting to be a sexual health nurse, but now thinking she could never do that. She is not as adamant about no longer wishing to pursue that role as she is about no longer wishing to be a maternity nurse, suggesting maybe she has continued to think about being a sexual health nurse in the future. I wonder if a school nurse had a particular influence on her or if she was somehow introduced to this role as a nursing student. I am curious whether her career aspirations moved away from
sexual health and maternity for certain reasons, or if her strong identification as an emergency nurse now creates a block for her to seeing other possibilities.

Plotline 2: Becoming—I Like Being a Nurse

Considering the evolution of her perspective of becoming a nurse, Lily remarks:

"I like being a nurse. I never thought I would. I didn’t really know what I wanted to do when I went to high school, and I picked nursing because I knew I would get a job. And it turns out I really like it. I recently got a second job. I work at [a clinic], and one of their questions in their interview is what is your biggest accomplishment, and I said, “becoming a nurse” because I didn’t really know, have any idea about what it took to be a nurse or anything like that. So, I’m pretty proud of it.

Comparing her experience to nurses working in other areas:

"I feel like my experience as a nurse is a lot different than other nurses, and I feel like I talk a lot about emerge and how it’s so different. I remember when I was in my interview a couple weeks ago for my other job, all I could speak of was about emerge and how it’s so different. I don’t mean to sound pretentious. I feel like I am sometimes, but it’s just very different.

Reflecting back on how she felt unprepared as a student:

"In second year, my first placement was maternity, so not only did I know nothing about anything, or even how to be a nurse, but I also ... I’m not a mom; I’m 19 years old. I don’t know anything about breast feeding. So, I spent six weeks floundering. I can’t tell this mom how to breast feed when one, I’m 19 and I look like a child and I don’t even know how to nurse let alone be a mom and then do both. That’s just impossible.

On feeling a sense of belonging when she was introduced to the emergency department, Lily recalls:

"When I did my placement in emerge as a fourth-year student, and I was really grateful that I got one, as soon as I was in emerge I was like, “this is my jam.” This is where I felt ... because, floor nursing was fine, but I found it very mundane. I found it very boring. I found you don’t really do many things. You maintain more than you intervene, but in emerge that was my pace. It was good. But, I also knew that I wasn’t very comfortable with my
nursing skills. I could do a catheter, but it takes me 20 minutes, or I can give antibiotics, but it takes me about 20 minutes because I have to look it up in the parenteral manual because I don’t remember, and then I have to do all the stuff. I was like, “I’m not going to apply to be in emerge yet, I want to get actual nursing experience under my belt.” So, that’s why I was really grateful, and a lot of nurses that I work with say that they think I’m a better nurse because of it, because going from school to emerge, not only are you learning how to be a nurse, because in fourth year you think you … . Well, in second year you think you know everything, and then you go into fourth year like, “oh, in second year I knew nothing.” And then, when you’re an actual nurse you’re like, “I still don’t know anything.” That you’re trying to learn how to be a nurse and then do it really quickly at the same time, and deal with a really high stressful situation. So, when I went to [a surgical floor] first, I was able to do dressing changes comfortably. I could put a catheter in within three minutes. It wasn’t a big ordeal anymore. I remembered a lot of the medications, and then I was able to get organization under my belt, and time management. So, then when I went to emerge, I wasn’t learning how to be a nurse anymore; I was learning how to just nurse in an emergency room.

I remember when I was on surgical, so I have these patients on Monday, Tuesday, and again on Friday, and I’m like no, they’re not going anywhere. And I’m like, “Okay, well this one guy’s just terrible, and he’s so frustrating to deal with. I don’t want anything to do with this guy, he’s so uncooperative.” Then I came on the next day, Saturday, and I learned that he coded overnight. And I felt so bad. And I think that was my turning point where I was like, I can’t work up here anymore. Because I had just got so … not jaded because that’s not what happened, but the consistency just got to me. But yeah, that guy died, and I felt really bad. I was like, “I need to go.” So, then I applied at emerge and I got a job. And I never wished that upon somebody else again.

On socialization and learning from other nurses on the floor, Lily comments:

Some nurses are more jaded, because they just don’t have the patience for it anymore, almost. So, for those people too, I see them specifically and I’m like, “I don’t want to become you.” That’s not the nurse I want to be. And then, there are other nurses who have been there for a long time who are phenomenal and have the most patience in the world, and I’m like, “that’s who I want to be.” So, there’s definitely … I like everybody in emerge, pretty much. There’s not many people that I dislike, but there’s definitely people who that’s who I aspire to be, and that’s who I don’t aspire to be. So, I think it’s went to the point that I got comfortable with the staff, and I was able to recognize that there were two different types of people in the emergency department, and who I wanted to be as a nurse, and how I wanted to do my practice.
On how her attitude and perspective have changed over time:

I found that since being in emerge too, my attitude is a lot more laissez faire. Little things don’t matter anymore, and it’s the bigger things, like you’re not breathing, that matter. Where in other places, nit-picky things are important. But I think the best thing about … . The worst thing is everybody hating you; the best thing is the staff and the morale, people you work with. There’s never been an incident in emerge where I feel like the nurses eat their young in emerge, because it’s one, such a younger staff, and two, I think it’s always changing, and it has to keep up with what’s going on in the community. Where I found on the floors, they’re way meaner, way meaner and just would tear you up about anything.

On worrying about experiencing burnout, Lily contemplates:

Yeah, and my family constantly reminds me about it too, because they see how much I work. My husband will be like, “Lily, you need to slow down.” I’m like, “no, I’m okay right now.” And, I think I have a pretty good sense of self, and what I’m doing, and if I’m burnt out, because I know what it can become. I see it, and I’m just like, “I don’t want to be that.”

Lily reflects on how her perspective of nursing has changed and evolved over time. She admits she never thought she would like being a nurse, and ultimately chose it because she knew she would get a job. From personal and social perspectives, the aspiration to choose a career that would lead to employment suggests a value of financial security; independence, possibly from her parents; and time as a resource, in the sense that she did not wish to spend longer in university than she needed to in order to gain employment. Lily’s comment “it turns out I really like it” suggests this was an evolution or transformation over time. Her reflection on a comment she made in her recent interview that “becoming a nurse” was her biggest accomplishment indicates that she didn’t realize in the beginning what it took to be a nurse and that she now personally feels a sense of pride and associates “becoming a nurse” with “accomplishment.”
Lily feels her perception of her role is strongly defined by, and oriented to, the narrative dimension of place. Her perception that the context of her practice in emergency is very different is one she suggests may relate to ego, noting an awareness of her possible perception of self by others as sounding “pretentious.”

Reflecting back on how she felt unprepared to be a nurse when she was a second-year student was a feeling she attributes to her temporal orientation in her life story. Being only 19 years old at the time, Lily felt overwhelmed by not knowing anything about being a nurse, motherhood, and breastfeeding. It seems a dissonance between the expectations and reality of being able to relate to her patients created a tension for her at this time. I wonder if this clinical experience was significant because she had aspired to work in this area and had possibly hoped to feel more confident and comfortable there. Her comment “I’m 19 and I look like a child” suggests she felt conscious of how others may be perceiving her. I wonder if anyone made a comment to suggest this was how others perceived her or if it was just her own projection of relative maturity and life experience.

Lily’s exposure to, and experience in, the emergency department in her fourth year is an example of an intersection of the narrative dimensions of place, time, and personal. The temporal position of this event, being situated in her final year as a nursing student, allowed her to be thinking about where she wanted to work when she graduated and to compare her experience in emergency to her previous clinical placements, suggesting a relevant sequence of places. She felt an immediate attachment to the floor but chose to work on a surgical unit to gain experience first to become faster with skills and to increase her knowledge and ability to organize her care and manage her time. Lily comments that when she went to emergency, she “wasn’t learning how to be a nurse anymore; [she] was learning how to just nurse in an
emergency room.” This comment suggests that Lily felt she had already learned the role and how to be a nurse, and now, she just had to adapt that to learning how to work in a new place and context. This perception of becoming associates becoming a nurse with learning and personal growth, associating mastery of skills, learning about medications, organization, and time management with how to be a nurse.

Lily reflects on her six months working on a surgical floor as a new graduate. She remembers having the same patients for consecutive shifts and feeling frustrated by her interactions with one patient she perceived as not being cooperative. His death following her feelings of frustration toward him prompted a self-reflection, eliciting a personal feeling of guilt and shame for having such feelings. This was a turning point for Lily, allowing her to see that the consistency of interacting with the same patients day after day was not a good fit for her and that it was time to go to emergency. Relational practice in the context of care as it is provided on a surgical floor, over a longer duration of time, prompted personal feelings and self-reflection that served as a catalyst for a change of place.

Reflecting on her experience of socialization to the emergency department, Lily recognizes two types of nurses. She sees some as being “more jaded” and not having patience anymore. Her comment that some nurses are “more jaded” suggests she perceives this on a continuum, and not something they are or they aren’t. She associates being jaded with patience, suggesting an inverse relationship between the two. Others who she says have been there for a long time are “phenomenal” and have the most patience in the world. She aspires to model her care after those she admires and this has helped her to understand “who [she] wanted to be as a nurse, and how [she] wanted to do [her] practice.” This reflection includes
an implication and projection that these “phenomenal” nurses have helped her to create a vision of her future self as a nurse.

Lily reflects on how she has felt her attitude change as a result of working in emergency. Her outward reflection on the relative importance of things has transformed, and now she sees “it’s the bigger things, like you’re not breathing, that matter.” She associates this relative importance with place, commenting that in other places, things she perceives as being insignificant were too important to other nurses. I wonder if she is referring to her experience on the surgical floor and note that she associates this perception with the whole unit and not a few specific nurses. Comparing places and their social context, as an emergency nurse, Lily feels hated by the other staff in the hospital, reflects back on interactions with staff on the floor during her time as a new graduate, and feels they were mean and “would tear you up about anything.” Lily considers the best parts about working in emergency are the social context, staff, morale, and culture. The personal, social, and environmental influences, including the culture of her practice setting, not only contribute to Lily’s descriptions and explanations of how it is that she has come to value different things and care differently over time but also reflect her individual reality and unique experiences.

Lily admits her family is often reminding her to slow down and sometimes express concern that she works too much. Reflecting on herself in response to their concern, she feels she has a good sense of self and a good awareness of what she is doing, and how she doesn’t want to be. This suggests that she feels she is able to compare how she feels with how she doesn’t want to feel, but she is reflecting in the present and is not projecting into how this may take a toll on her in the future.
Plotline 3: Being—it was nice to hear somebody recognized or said thank you

Comparing feeling appreciated when working on a surgical floor compared to emergency, Lily comments:

I definitely don’t get as many thank-yous. And for my six months in surgical I would get … I probably got like five gift cards in six months. They were so thankful and because you would have the same patients for three days. And because it’s surgical, it’s pretty high turnover. Sometimes I would admit the patient on the Friday and I’d discharge them on the Sunday. I would see them the entire time they were there, and they’d give me this gift card and be like, “Thank you so much for everything you did,” and in reality, like looking back now I did nothing. I did your vitals twice a day and made sure you didn’t die and that’s it. But in emerge, I’ve been there for a year and a half, and I have not received one gift. And a thank you goes very far … . Yeah, I always think about the nurses that are older that said, “This used to be such a different job and people used to be so much more thankful.” And I think the drugs and the alcohol may have a lot to do with it too, like that kind of demographic.

On how her perspective of appreciation changed with awareness since her first interview, Lily reflects:

I don’t know if it’s because I talked to you last time, and I thought about it more, and I’ve been recognizing more, but I had a couple times this month where people, like one family member stopped me in the hallway, and she goes, “you were my mom’s nurse yesterday.” And, I didn’t even recognize her, which was really terrible, and she goes, “Thank you so much for everything you do. I don’t know how you work there.” And, I got a couple thank-yous. I don’t know if that’s because I was paying attention to it more, because I had said last time that I don’t ever get thank-yous, so, that was nice to hear somebody recognized, or said thank you.

On wanting to feel needed and help people get better, Lily comments:

I like to see people who are actually sick and need me sometimes. They’re usually thankful. I like when people are actually sick, and they need my help, and you fix them, and you see them get better. That’s neat. Like if they come in and they’re a flush non-re-breather and then by the time they leave they’re like at a litre. Okay, you’re better.
On feeling needed and being task-oriented, Lily reflects:

_In emerge you always feel needed. There’s always something to do. When people are really actually sick, they’re usually thankful and their family members are very thankful. And I think I’m a very task-oriented person. So, in emerge, they come in and then you have all these tasks. So, the doctor sees them and then you get through all the tasks and then the doctor either discharges them or you get more tasks. It’s kind of like that. And I feel pretty needed regularly._

Lily reflects on the culture of her unit and positive influence of her manager:

_People have your back in emerge, for sure. Especially my manager, my manager is ... an amazing guy. I think he’s really, really nice, does a really, really good job, and he’s really trying to encourage staff morale and people liking their jobs. I think recently because of ... I think it’s been a lot busier in the last two years and especially last winter, and the summer before that, was just terrible, and then the winter was terrible. And overtime all the time, and people were just getting burnt out and a lot of people were just like, “I hate my job.” A lot of the full-time staff either went part-time or tried to get another job and work only casual now. They just sort of just, “I can’t do this anymore.” And some nurses will be like, “I hate my job” or “I hate this place” or ... . But, I don’t feel that way. But he’s working really hard to not make it that way. I’ve only been there for a year and a half, so I definitely don’t feel the burnout that some nurses do. But I could totally see it happening._

Reflecting on her relationships with the doctors on her unit, Lily remarks:

_The doctors in emerge are phenomenal. I love working with all the doctors. All of them are understanding. They put a lot of faith in the nurses. Lots of doctors I work with know your name. And there’s something like 160 nurses in emerge. It’s a really large pool. Not all of them are full-time, but all of the doctors know my name, which I think is ... . No one ever knows your name if you’re a floor nurse. No doctor takes ... . I mean they see so many, but they’ll come up to you ... , and they also believe me when I tell them like, “Hey, this person’s not okay. Hey, this person’s totally fine.”_

Lily refers to her journal and comments on the first entry:

_So, the first time that I wrote in this [journal] was, I went down to Toronto right after I saw you, and I went to, for a ... sexual assault conference. They were talking about vicarious trauma. I was like, never really thought of_
myself as affected by nursing, or anything like that. I don’t really do, self-care, as they would say, but then I think about it, and I would never, ever, ever let my husband drive a motorcycle, just because of what I’ve seen of motorcycle people, and that counts as vicarious trauma, and then, people who are late, my first thought is, “Well, they’re dead.” And, I think that’s … I never used to think like that, so when I was there that’s kind of what opened my eyes up to it a bit more.

Reflecting on an event that made her feel like a superhero, Lily recalls:

I took a patient to CT [computerized tomography scan] and I for some reason asked another nurse to come with me. I don’t know why, but I just wanted another nurse to come with me. Then just when we were at CT she coded. And then, I got to ride a stretcher back to emerge, doing compressions, and I had the wind blowing in my hair and I felt like a superhero. The patient unfortunately died. But it was like a movie. I was like “I belong on Grey’s Anatomy right now.”

On how her attitude and sensitivity toward others has changed from working in the emergency department, Lily comments:

I’m kind of just a little bit more harsh. Even me as a nurse, I don’t know because if when I first started I was on surgical. I was still very … . Like, if my mom was like, “Oh, I have a cough.” I’m like, “Oh, you should go to the walk-in clinic” Or, my boyfriend would be like, “Oh, my back hurts.” I’m like, “Oh, you should go see somebody about it.” But, not now that I work in emerge …. So, I think it’s made me a little bit more harsh on my family, and just, it’s also made me not spend as much time with my patients.

Lily reflects on how her perception of emotions and coping has evolved over time:

I’m kind of an emotional person, and I thought that patients dying and stuff or family members that are in distress would make me really emotional, like I cry very, very easily. And I was actually surprised that it didn’t. I thankfully only ever had one patient die on me and that was the one that went to CT. But every other situation it’s like the shift after me. But I think I’ve coped pretty well with that kind of thing because I definitely thought that would be my hardest struggle: dealing with other emotional people, because soon as they get emotional, then I’m a train wreck. But I think I’ve coped pretty well. When somebody’s sad, I can feel it. When somebody’s angry, I feel it. I cry really easily. I think it’s a bit different at work because I know that I shouldn’t be crying, and I have removed myself from multiple situations where I’m like, “if I stay here, I’m going to cry.” Because at work,
I get too overwhelmed by it, but I do find myself exhausted, and after having a really busy day with a lot of trying people it’s just … .

On how being an emergency nurse has changed who she is as a person and her sense of self, Lily passionately responds:

One hundred per cent. I think it’s a part of me now. Being a nurse slowly became a part of me too, just the way you look at things, the way you go about things, the way you organize things, the way you go about your daily life, and then just being an emerge nurse too. I feel like I don’t really take things for granted as much because I know that lots of people get sick, terrible, terrible things happen to okay people, people can drop at any second. I’ve seen so many unfortunate cases where you’re 51 years old, you have two young kids and you drop dead because you have a massive heart attack, and I think that it’s … . People do get jaded working there, but I think that I’m more appreciative of the people around me because I know that at any point it could change. I think I recognize that life is pretty fragile. I think it makes me love harder, almost. But, you just really appreciate everybody around you. I also think that working as a nurse in general, I recognize the frailty of life. I recognize that at any time, especially in emerge, they could change, people die.

Reflecting on her values and what is important to her, Lily reflects:

I think it’s maybe enhanced [my values and what’s important to me]. Like I said, I think it’s perpetuated my need to fix things, and my micromanaging is pretty much spiraled out of control. I’m totally a micromanager. It’s something that I work on consciously. Like, “Lily, stop trying to control people’s things, you don’t need to do that, you’ve got your own things to worry about.” I feel like I do that a lot at work, where I micromanage, and then so that’s been just out of control, and then my constant need to fix things. I think it’s made me be more cautious than I was before. I think I was a little bit more reckless with my decisions, but I think with my education, just my experience, I’m just more cautious than I was, and I think it’s made me less kind. I’m a little bit more of a harsh person than I was before. But, I’m definitely not grizzly. I still have a soft spot. And, it built a thicker skin. I mean, as a kid I was fortunately never bullied. I never really had mean people around me. So, a couple of times when I was working, even when I first started as a student, people would say really terrible things, just family members, or patients, or people that I worked with, they would say something really, maybe not to me but just around me. I’d be like, “Wow. That’s kind of aggressive.” So, now that I’ve endured it a bit more, I think I have a bit more thicker skin, where if it would’ve affected me when I was a
kid I would’ve been like, “Oh. That hurt my feelings.” Where I really don’t care anymore.

Reflecting on her priorities and what she enjoys, Lily responds:

My friends were talking about this the other day with me [things I maybe used to enjoy], because, well I guess it was a month ago when I was applying to get another job, and I was like, “I got this new schedule, four on, five off. I don’t know what I’m going to do with my extra time. I think I’m going to get another job” And they’re like, “Lily, why don’t you just get a hobby? Go do something fun.” And I was like, “I don’t know. I don’t really have any hobbies that I think that are fun.” I read, but I read anyway so I don’t need to not get another job to not read, and I knit sometimes on my night shift. So, I can’t take up five days of knitting. That’s just insane, I’m not 90 yet, and they were like, “Lily, you should join the gym.” I’m like, “I don’t like the gym. I’ve never stepped foot there. I don’t know why I’m going to start now.” I’m not looking for that. So, my friends make fun of me sometimes. They say that my hobby is working. But, I do enjoy my job. I can see how other people go to work, and I look at my job very differently than other people going to work. I enjoy going to work. I enjoy talking to people. I almost find it social. I like seeing all my friends at work, and I like doing all the different things. I like being busy, and concentrated, and I think it’s just my type of person. But, I used to play music. I used to play my bass, and piano, and that’s how I kind of met my husband, and he does the same thing. One: because my piano is not in my house right now, which hinders my being able to play it, but two: I don’t think I have the time for it really, right now. So, that is one thing that I do miss. But, I don’t have time for it, but I think I don’t make time for it either. I’m not consciously trying to make an effort to do it either.

On the tension of preserving a sense of self beyond her nursing role, Lily carefully considers:

I do think I struggle to be someone who is Lily, not a nurse, a lot of the time. And I also feel like the constant need, and I think this was something that I don’t [think was necessarily] created by nursing, because I think my family is a lot like it too, but I think it was perpetuated by nursing, is the constant need to fix things. If somebody says to me, like my husband will complain about something and I’ll be like, “Oh, okay well then let’s do all this, and this.” He’s like, “Lily, stop trying to fix me. I just want to talk about it right now.” I’m like, “Okay. Sorry.” Or yeah, I just feel like I am a pusher, and I constantly try and fix things which I think was perpetuated by nursing because you just want to constantly fix people, but you have to recognize that not everybody is fixable.
Lily values being appreciated and compares surgical to emergency, commenting she would receive small gifts of appreciation on surgical because she would have the same patients for consecutive days, but doesn’t feel the same appreciation from patients in emergency. This outward reflection on expression of thanks and desire to feel appreciated may relate to a personal feeling of respect and ego. Lily seeks to know that her work is valued and may be looking for that feedback. She seeks to validate her perception of self by receiving a tangible expression of thanks from her patients. She compares the context of the two practice settings and notes that the duration of the nurse-client relationship seemed to be what was valued. Looking back on the care she provided when she worked on the surgical floor, how that appears to her now was that she did very little for the patient. Her perception of her care for the patient is very task-oriented, and she does not comment on the relational aspect or reflect on how her interactions or personal connections to the patients and their families may have been what they valued, not the interventions she performed. Her patients and their families may have valued the time she spent caring for their loved one and not how many tasks she completed or if she saved their lives.

Between her first and second interviews, Lily continued to think about receiving appreciation from patients and acknowledges in her second interview that her perspective changed and she became more aware of verbal expressions of thanks. I wonder if she was only seeing the tangible gift before and not realizing that she was receiving words of appreciation or verbal expressions of thanks that could still validate her perception of self as being valued for doing work that people recognize and appreciate. In the time that passed between her interviews, how these interactions presented to her changed.
Lily reflects on how she likes to see people who are actually sick and need her. Her ego and perception of self are closely intertwined and very much connected to her feeling needed and her desire to see patients “get better” and to “fix them.” The personal feeling of accomplishment she feels when she can see evidence that their condition has improved is important to her.

Reflecting further on feeling needed, Lily comments that she always feels needed in the emergency department because there is always something to do and people are actually sick. She associates people being vulnerable and in need of care with patients and family feeling thankful, suggesting an inverse relationship between patient well-being and gratitude. Lily’s perception of self is that she is task-oriented, and she associates having to do tasks with feeling needed. Lily’s perception of her nursing role is to perform tasks. The more tasks she has to perform, the more she feels needed.

Lily offers an outward reflection on the culture of her unit and the positive influence of her manager. She states “people have your back in emerge,” offering insight into how she feels personally supported and protected by her colleagues. Lily acknowledges her manager’s efforts to encourage and improve staff morale and job satisfaction following a challenging period where staff were being overworked and becoming dissatisfied with their jobs. She reflects on how the social context, and a sequence of challenging periods of time, contributed to a change in the culture and an evolution of personal feelings of burnout among her colleagues. Lily comments that she has only been there for a year and a half, so she doesn’t feel the burnout some nurses do, suggesting time is the dominant contributing factor for burnout. She projects that she could see it happening, therefore perceiving herself as susceptible to burnout.
Reflecting on her relationships with the doctors in emergency, Lily remarks that she enjoys working with them, suggesting her interactions have been mostly positive. She appreciates that they are understanding and trust the nurses. She feels valued because the doctors know her name, which was not her experience when she worked on the surgical floor. Her perception of self and ego are validated by the way in which the doctors convey trust and respect. I wonder if the doctors knowing her name also relates to identity and a feeling that who she is as a person matters, beyond just the role she is there to perform.

Lily reflects on a recent sexual assault conference she attended and a discussion about vicarious trauma. This event was a catalyst for a change in her perception of moral distress and vicarious trauma, as she had not previously seen a connection between her personal fears and what she has seen and been exposed to in her work. This was a turning point for her and changed her thinking about how these past events appear to her now, particularly in her perception of her loved ones and risk of harm.

An event Lily presents with great pride and enthusiasm is the time she felt like a superhero. Lily’s perception of self is deeply connected to ego and her desire to feel needed. And at this particular time, Lily was the one person helping the most for a patient who had coded, and thus had a very high acuity and was depending on her life-saving intervention. The resemblance to television, to a show or a movie, struck Lily and made her feel like the nurse she may have anticipated becoming when her early exposure to the role was shaped by what she saw on television. I am curious to what extent discrepancy or alignment of perception of the realities of nursing with how the role is portrayed on television influence professional identity formation. At this time, Lily’s perception of self as a superhero finally aligned with how she had imagined it. Her expectation became her reality, and her perception of self and
ego reached a new level. Looking back on this event as contributing to a dynamic sense of becoming, at this moment, Lily identified not only as a nurse but as a superhero.

Lily offers an inward reflection on how her sensitivity and compassion toward others has changed over time. She feels she has become “a little bit more harsh,” is less responsive and compassionate toward her family members, and is less inclined to engage in relational practice with patients. Her perception of self as harsh suggests she has experienced an erosion of compassion over time. I wonder if this is an effort to protect herself emotionally or if she is comparing their issues to other issues she perceives to be of a higher acuity and, thus, is not as concerned as she may have been in the past due to experiences over time and the context of her practice setting.

Lily offers an inward reflection on how she has been surprised that patients dying and family members in distress have not caused her to become emotional. She comments that her perception of self is that she is an emotional person and, in the past, has found she cries very easily. She admits she hasn’t had many experiences with patients dying. She associates having “coped pretty well” with not becoming emotional, suggesting she perceives not showing emotion as a sign of coping well. I am interested in whether this belief is a product of her socialization on the unit and, perhaps, is characteristic of the unit’s culture. She elaborates on her perception of self, and emotional orientation of self to other, as being able to feel when someone is sad, angry, etc. She differentiates “place,” noting she feels this orientation to other is “a bit different at work” because she “know(s) that [she] shouldn’t be crying.” She comments “at work, I get too overwhelmed by it.” This suggests she may be consciously blocking or protecting herself from emotionally connecting to her patients in order to not feel what they’re feeling, to not cry, to not feel overwhelmed, and to prevent feeling exhausted. I
wonder if she worries about how she would be perceived by her colleagues if she showed emotion or is concerned about her ability to perform her tasks, or worries about experiencing burnout should she allow herself to feel emotion toward her patients. I wonder if she derives the same satisfaction from her role when she allows herself to feel emotion versus when she is “more harsh.”

Lily reflects on how being an emergency nurse has transformed who she is as a person and her sense of self, responding, “One hundred per cent. I think it’s a part of me now.” This suggests an internalization of the professional identity of a nurse into her self-identity. She recognizes this happened slowly as a dynamic evolution over time, but has transformed the way she sees things, does things, organizes things, and goes about her life. She shares an outward reflection on her perception of self in relation to other, acknowledging she has embraced a new appreciation for the people around her, and feels life is “fragile.” This perception of vulnerability makes her “love harder” in response to the frailty of life and her awareness of mortality, having witnessed devastating turning points in the lives of people she has cared for. I wonder if when she says “love harder” she means she is more expressive and uninhibited with her love of others. Alternatively, perhaps her personal feelings are governed in response to this outward reflection on the frailty of life, meaning that love is harder for her or that she feels guarded and harder to love.

Reflecting on how her perception of self has evolved over time, Lily admits being a nurse has “perpetuated [her] need to fix things.” She expresses this as a negative trait that she consciously attempts to “work on,” feeling that her tendency to fix and control at work has caused her to be more controlling of others in her personal life also, so she feels it is expanding across social contexts and places. She reflects on feeling more cautious since being
a nurse, attributing this to having more knowledge and experience and feeling less reckless with her decisions. I wonder to what extent this is a product of maturity or if maybe vicarious trauma and moral distress are causing her to feel fear and perceive consequences differently.

Lily comments that being a nurse has made her “less kind” and “more of a harsh person” compared to before, suggesting a transformation of her personality. She qualifies this comment with the statement that she is not “grizzly” and still has a “soft spot” but has built a “thicker skin.” This suggests that she doesn’t perceive herself as mean or miserable, as she had referred to some of her colleagues. She still admits that she feels some emotion but seems to readily acknowledge that she has consciously, or unconsciously, become guarded. I wonder if this is reactively a consequence of her experiences or proactively a defense against them. Her reflection on exposure to aggressive comments suggests that she has built this thicker skin in response to negative interactions with aggressive patients and that this is something she didn’t have before (when she was a kid), because she didn’t need it then. This reflection suggests that her thick skin is the product of her social context, as it developed over time based on her interactions with others.

Lily remembers a conversation she had with her friends recently about her allocation of time to her work and their suggestion that she do something fun or get a hobby instead of another job. Lily’s perception of self is that she enjoys her job and that she sees work differently than most people. She enjoys talking to people and perceives the context of her work as social and her colleagues as friends. Her perception of self is that she is the type of person who likes to be busy and concentrated. Lily reflects on how nursing and work have become where she spends her time. She reflects on the past when she used to play music, and
does miss that, but acknowledges she doesn’t make time for it. In the past, it was important to her. In the present, it does not appear to her as a priority worthy of her time.

**Attending to Lily’s Story of Becoming and Being a Nurse**

Reflecting on her perception of self as Lily and not only a nurse, she admits that she struggles “to be someone who is Lily, not a nurse.” This suggests a transformation from Lily to nurse that has allowed her professional identity to overshadow or erode her self-identity to some extent. Lily reflects on her constant need to fix things, acknowledging her family shares this trait, but that nursing has perpetuated it. Her inward reflection on this as a concern related to her transformation and identity suggests she worries she doesn’t have control over her need to fix things, and wishes she could regulate this better and not allow it to impact her relationship with her husband for example. Her perception of herself is that she constantly wants to fix people and has a hard time recognizing this isn’t always the appropriate response, especially when she is trying to be Lily who is not a nurse, for example Lily the wife.
Grace Note to Lily

Dear Lily,

Thank you for teaching me what it means to confront the frailty of life and to “love harder” for it.

I believe you are like a superhero, in that you face with courage all that is, and all who are, broken and do not tire of the yearning to fix and make better. To be fuelled by the desire to feel needed is an admirable fire that I hope stays burning inside of you.

My wish for you Lily is that you will give yourself permission to truly be with people when they’re broken and to share your gift of connection. Wear your cape on your back and allow your heart to be open. This will make you feel most needed and help to keep your fire burning. May you nourish your soul with music. I hope you can make the space to let that part of you back into your life.

You’re much stronger than you think you are. Trust me.

– Superman
Chapter 9: Understandings of Professional Identity Formation

Across the Five Narratives

The primary focuses of this narrative inquiry were to understand how new nurses describe experiences of becoming and being nurses and to explore professional identity formation in relationship to their transition to practice. After checking with Jay, Henry, Magda, Kelly, and Lily to ensure that I represented their experiences in ways that made sense to them, I looked across their narrative accounts to discern what I learned about their experiences of professional identity formation. Narrative inquiry supported a process for engaging with the nurses and exploring their unique transitions, through life and through nursing, in a manner that allowed them to reflect and share their stories in a way that resonated with them. The stories are interpreted in a three-dimensional narrative inquiry space using the dimensions of time, social/ personal, and place to discern meaning and to facilitate reflection in a manner consistent with the methodology (Clandinin, 2007; Clandinin & Connelly, 2000).

This chapter describes how resonances across the nurses’ narrative accounts were discovered and presents narrative threads that support understanding of professional identity formation across the five stories. Four narrative threads emerged: entering into the world of nursing; the journey to become a nurse; learning alongside others; and embodying nursing. This chapter concludes with tying the threads together and integrating the understanding gained from the five narratives with our current understanding of professional identity formation in nursing.
Resonances Across Accounts

The individual narrative accounts presented in this thesis are organized around the plotlines of beginning, becoming, and being, representing the stories of each nurse along a continuum of transition to practice and professional identity formation. I read and reread texts, initially sorting and organizing stories based on dominant narrative dimensions. Reflecting on the narrative dimensions, I sensed how the threads and experiences moved across places, backward and forward through time, and inward and outward within and beyond perception of self and social context. Inherent in narrative inquiry is the sense of continuous reformulation of the inquiry (Clandinin & Connelly, 2000).

As a way of attending to the resonances across the accounts of Jay, Henry, Magda, Kelly, and Lily, I purposefully laid the stories alongside each other, went back into the narrative accounts, and reread across the plotlines that evolved in the initial construction of meaning. I gained a deeper understanding of the nurses’ stories by looking for common themes, plots in the data, patterns, and narrative threads across the accounts, an approach to narrative analysis consistent with the recommendations of Polkinghorne (1988) as well as Clandinin and Connelly (2000). The narrative threads presented below draw together individual experiences, specifically actions and events, to enable a meaningful discourse (Polkinghorne, 1988) about the experiences of becoming and being a nurse.

As I read and reread the stories, I noticed that the narrative accounts by new nurses take us across their personal and professional experiences and events that influenced them to begin the study of nursing and illuminate the tensions related to their journey of becoming a nurse and their transition to practice. As is understood from the literature on professional identity formation in nursing, individual characteristics are inextricably linked to the
“beginning” and who individuals are when they enter nursing. Also important are the individuals and the context that influences the decision to study nursing. As highlighted in the literature reviewed in the second chapter of this thesis, “becoming” a nurse is influenced by the factors, facilitators, and catalysts that are present in the context of their experiences as nursing students and new nurses. Duchscher (2008) presents the journey of becoming as a transition through the stages of doing, being, and knowing. This inquiry expands on this work by examining the experience of this journey through the interpretation of stories of new nurses as they move through these stages. We are also reminded that professional identity has a vague conceptualization in the literature and that this inquiry illuminated our understanding of how nurses who have experienced this transition to practice conceptualize their unique experience of becoming and being a nurse. For the nurses who shared their stories, their reflections on the events and experiences related to their becoming and being nurses shaped their perception of self and nursing and provided me with a context for understanding professional identity formation and transition to practice. The interpretive framework of social constructivism allows for co-creation of understanding by interpreting the unique lived experiences and influential factors to make sense of the meaning participants have (Denzin & Lincoln, 2013). Situating myself within social constructivism, I have ensured participants have more power than I do in shaping the findings of this inquiry, and have allowed the narrative threads to naturally emerge from their stories and articulation of experiences (Denzin & Lincoln, 2013).

The narrative threads (entering into the world of nursing; the journey to become a nurse, learning alongside others, and embodying nursing) became visible to me as I looked across the narrative accounts of Jay, Henry, Magda, Kelly, and Lily and attended to the
research puzzle that asks: what stories do new nurses tell about professional identity formation and transition to practice?

**Narrative Thread One: Entering into the World of Nursing**

As I looked across the five narrative accounts, I saw entering into the world of nursing as a dominant thread that wove through and around elements of the nurses’ narratives of past events as they reflected back on the experiences that shaped the beginning of their nursing journey. As I attended to the nurses’ stories, I was able to make sense of how they entered into the world of nursing in the midst of dominant familial, cultural, and personal stories and how their life context and early experiences informed the ways in which their professional identity started to emerge. I felt this narrative thread resonating when Jay, Henry, Magda, Kelly, and Lily told stories about their motivation for studying nursing. There was a strong connection to the narrative dimension of time, specifically in relation to turning points, transformations, dynamic evolution, and backward reflection on the events contained in the stories of choosing to study nursing. Temporal position is the ability to apply characteristics of the present, past, or future to unique lived experiences (Ricoeur, 1984). The temporal position of the nurses along their journey of becoming a nurse is intertwined with their other life experiences and creates a number of influential factors, including life experiences prior to becoming a nurse, maturity over time, and the impact of significant life events. Professional identity and transition to practice as it is identified on the professional identity pathway is constructed and deconstructed by alignment of, or dissonance between, expectations and experiences of entering into the world of nursing (Johnson et al., 2012). Tensions emerge in the nurses’ reflections when entering into the world of nursing failed to meet expectations. The nurses’ stories expand our understanding of their unique experiences in relation to their expectations.
and highlight at what points alignment or dissonance may have contributed to construction or deconstruction of their professional identity formation.

Entering into the world of nursing, participants identified turning points where an experience, either in their personal lives or related to their nursing journey, served as a catalyst or impetus that had an impact on their course of action, life plan, and perspectives. A pattern that emerged across the stories relates to experiences that prompted a clarification related to perceived alignment of nursing with their self-identity and core values, including the values of faith and compassion. Growing up, Jay had wanted to work with machines and had planned to pursue aircraft maintenance engineering. During a mission trip to Peru, he spent time helping vulnerable populations at an orphanage and, feeling called to service, chose to work with people over machines. Jay’s experience in Peru helped him to clarify his perception of self and recognize the opportunity to choose a career that would allow him to help people and maintain a connection to his faith as his core value. Henry found himself working in the trades and feeling vulnerable because some of the people he worked with did not share his same sensitive, caring personality. At this time, his brother had started in a PSW program, which Henry refers to as the “catalyst” that motivated him to apply for nursing in pursuit of a career that was more suited to his perceived self-identity, where he could be his genuine self. Kelly’s turning point was inspired by her first experience in the ICU as a nursing student. From the moment she arrived on the unit, she felt a sense of arriving where she belonged. She felt inspired and welcomed the challenge, acuity, and pace of this practice setting. Kelly’s experiences in the ICU as a nursing student, and then as a new nurse, changed her perception of nursing and facilitated the realization that nursing was a fit for who she was as a person and what she wanted to do.
The nurses also reflected on unexpected turns that generated feelings of disappointment and a sense of failure, which ultimately resulted in an alteration in their career path. Following Henry’s traumatic experience in the rural hospital when his newly admitted patient arrested and he had not been given the autonomy to do his job, Henry decided to leave bedside nursing. Henry had a passion for inpatient care, and this unexpected turn altered the trajectory of his career. On a personal level, Henry felt a sense of failure, was disappointed with the lack of support and autonomy he had been afforded, and lost trust in his colleagues. This led him to assume a more autonomous nursing position where he was no longer practicing at the bedside. Magda experienced an unexpected turning point when she failed her licensing exam on her first attempt and this caused her to lose her job, provoked feelings of disappointment and failure, and ultimately changed the trajectory of her early career. She reflects on this event now and realizes passing would have meant that she may have been hired to a floor that she doesn’t like and, therefore, may not have got the job she did where she works with the colleagues who are so important to her. Lily’s unexpected turn happened when she realized that the uncooperative patient, whom she had become frustrated with on her previous shift, had died. She felt a sense of guilt and shame from her failure to have compassion and felt like she was not able to be the nurse she wanted to be, leaving the area to work in emergency. Working in emergency was her goal, but this event served as the catalyst for that change in her position.

Entering into the world of nursing requires a perception of self as belonging, or not belonging. Henry and Lily both recalled early experiences where they felt they did not belong because of their age, suggesting a strong relationship between belonging and temporality in relation to one’s life story as well as a perception of self as not being prepared for, or capable
of, caring for others. Henry’s experience was at 18 years old in a social worker role at a group home when he felt he “didn’t even know how to take care of [himself]”. Similarly, Lily’s experience at 19 years old as a nursing student on the maternity unit prompted a perception of self that she was too young to know anything about being a mom and didn’t know enough about nursing to belong in her role in that context at that time.

Henry and Magda had experiences where they struggled to feel a sense of belonging within a social context, feeling limited in their desire to be who they wanted to be. For Henry, this experience was prior to his becoming a nurse and was when he was working in the trades and felt the people he worked with were arrogant, provoking a feeling of vulnerability. Magda’s story of not belonging was when she was working as a float nurse and felt she didn’t “become comfortable with the staff.” She reflected on how she felt the floor she was a float on was “really cliquey” and she would just do her job and leave, feeling a tension because “[she didn’t] want to be like that either, but because of that floor [she] started to become like that person.”

Kelly and Lily both talked about feeling a strong sense of fit and belonging when exposed as students to the practice settings in which they aspired to work. This suggests a relationship between belonging and place. For Kelly, when she arrived at the ICU for the first time as a student, she immediately felt a connection with the environment as well as the challenge and acuity of the practice setting. Before she had even had a chance to build relationships, she felt a sense of belonging, just from the place and her perception of belonging there. Lily’s perception of self as belonging in emergency started as a nursing student when she did a placement there and realized “this is my jam.” Lily connected with the role itself, commenting on the pace and the interventions being a good fit for her in this practice setting.
Across the narrative accounts working with their hands is another pattern that complements how participants enter into the world of nursing. Jay and Henry had grown up with the perception of self that they were suited for a job in which they could work with their hands. Jay’s early aspiration was to work with machines, specifically in aircraft maintenance engineering. He participated in a service project in Peru during which time he was able to work at an orphanage, realizing following this experience that he felt called to work with people versus machines. Henry had a career in the trades and talks about working in his friend’s framing shop, expressing a desire to take a break from using his “mental abilities” and maybe working at a quiet more hands-on job. Henry left the trades because he perceived himself as too sensitive, feeling nursing would allow him to be his genuine self.

Participants reflected on how entering and learning about the world of nursing provoked a realization that being a nurse is what they wanted to be. For Jay and Magda, their stories of their most memorable and favourite times as nurses were instances when they felt a connection to a patient that deeply resonated with their core sense of self and what was most important to them. Jay and Magda had the opportunity to be their most authentic and genuine selves while in their nursing role and to connect with themselves through their patients. For Jay, this experience was when he prayed with a palliative patient he had established a close relationship with over many months. For Magda, her experience was teaching a new dad to bath his baby and feeling she had become what she wanted to be: a teacher. Both of their experiences remind me of my first day of teaching presented in the first chapter of this writing. The day I felt what it was like to become what you were meant to be.
Henry and Magda remembered experiences they considered their best days as nurses. Both experiences had in common that they were working short-staffed and both felt so connected to, and supported by, their colleagues on what was a high-functioning team they were proud to be a part of. They exceeded their own expectations of themselves and generated faith in their own capacity and the capacity of their colleagues to support them.

Summary of Entering into the World of Nursing

Within the narrative thread of entering into the world of nursing, we gain a deeper understanding of the range and diversity of events that were influential in becoming and being a nurse. Interpreting the patterns presented across the narrative thread of experiences (specifically how the nurses reflect back on turning points, a reflection on their sense of belonging, an evolution and expansion of their perspective of working with their hands, and feeling they had become what they wanted to be), I am struck by the level of self-awareness and reflection the nurses demonstrated in their recollection and articulation of their stories, particularly related to how difficult experiences presented to them and the personal feelings these events elicited. Belonging emerged in the narrative thread of entering into the world of nursing. Ideas of belonging resonated across the nurses’ experiences, which is supported in the literature. Students need to feel a sense of belonging in clinical placements to accept and connect with nurses, and a lack of belonging is associated with feelings of stress and depression (Grobecker, 2016; Levett-Jones & Lathlean, 2009). Levett-Jones and Lathlean (2009) found nursing students progress to a stage of competence only after their previous needs for safety and security, belongingness, healthy self-concept, as well as learning have been met. Students’ clinical placement experiences promote and enhance, or can impede, their sense of belonging (Levett-Jones & Lathlean, 2009). The nurses’ stories highlight examples of
dissonance between expectations and experiences, including clinical placement experiences and early employment experiences, a concept related to professional identity and transition to practice on the professional identity pathway, which can be considered a threat to retention (Johnson et al., 2012). The construction and deconstruction of professional identity along the pathway can be seen across these stories; for example, when unexpected turning points resulted in an alteration in career path, the nurses were faced with rebuilding their professional identity in a new role. While these nurses reflected on the realities of early nursing experiences as they entered the world of nursing, the following narrative threads of the journey to become a nurse, learning alongside others, and embodying nursing, expand our understanding of how their professional identity formation continued to evolve throughout their transition to nursing practice.

**Narrative Thread Two: The Journey to Become a Nurse**

The journey to become a nurse is a dominant thread in the nurses’ narratives as they reflected inward on their personal stories of how they became nurses. The journey to become a nurse is positioned in the social and personal narrative dimension and is closely related to inward reflection on personal feelings, perception of self, orientation of self to other, and the dimension of time. The nurses’ stories offer insight into their unique and evolving perceptions of self, which are also influenced by temporal position, or characteristics of the present, past, or future (Clandinin, 2013). It is through interpretation of the plot where we must search for the intersection between permanence and change to establish the narrative identity, or character of the individual, in relation to the story itself (Ricoeur, 1991). The journey of each nurse, as expressed through their narrative, illuminates identity as persistent sameness within oneself and persistent sharing of some kind of essential character with others (Erikson, 1968).
Looking at the pattern of intersection between permanence and change, sameness within oneself, and the sharing of essential character with others across narratives helps to clarify conceptualization of sense of self and internalization of values related to becoming a nurse. Duchscher (2009) identified that new nurses experienced an evolution of a more mature and professional sense of self, transforming the way they view themselves. Tensions present within and across the narratives, for example when the nurses feel challenged to be who they want to be, or experience a conflict or incongruence of values.

When exploring the journey to become a nurse, participants described the evolution and expansion of skills in the context of nursing practice over time. As the nurses gained experience and their understanding of their role gained depth and breadth, they came to realize nursing goes beyond skills. Jay and Henry acknowledged that in the beginning they were very focused on skills, but with experience, they came to place more value on relationships. Henry reassures himself that the skills of communication and building relationships are the core of nursing and caring, and has “built that up within.” Henry comments nursing is more “service” than “skills.” This relates to Kelly’s comment that with experience her perspective has evolved, and she now has an appreciation for the art and the science of nursing, understanding the importance of the “art” now more than she did in the past.

As part of their journey to become nurses, participants experienced a common perception of their values becoming “amplified,” “embellished,” “ingrained,” and “strengthened.” Jay and Henry both felt they had moved more toward a strengthening or clarification of their sense of self in relation to their becoming a nurse. Jay felt his values and sense of self were strengthened, and Henry commented “I’ve … found myself a little more too.” These examples emerged through their reflection on whether nursing has changed their
sense of self and suggested becoming a nurse has clarified and reinforced their pre-existing self-identity, versus creating a new or different sense of self. Similarly, Jay and Kelly considered how nursing has given them more opportunities to find purpose, or an outlet through which to share their existing values. Jay describes these opportunities as a means through which to show “love through action” and share his faith and love through purpose. Kelly describes the “outlet” of nursing also in relation to purpose, adding that she recognizes her practice of applying her values has “amplified” them and “embellished the things that [she] had already had going on … brought them more to the surface.”

The pattern of perceiving themselves as becoming “more” or “better” resonated in the reflections of Jay, Henry, and Magda. Jay felt he has become a better person since becoming a nurse. Henry’s perception of becoming “more” presents in his feeling that being a nurse has ingrained his qualities of being caring, sensitive, and compassionate and has given him “more tools” to use in his practice and personal life. Magda perceives becoming a nurse has made her “more,” feeling that she has “grown up more” and is more respectful. The pattern of becoming more aware of others is also demonstrated in the reflections of Magda, Kelly, and Lily. Magda spoke of her respect for the personhood of her patients and seeing them as “humans” with a past and not their disease. Kelly commented that she sees people differently and has come to appreciate their context and that being a nurse has opened her eyes. On becoming more aware and grateful for her personal relationships, Lily stated that she realizes that she appreciates everybody around her more since becoming a nurse. And Kelly and Lily both commented that they had become more aware of mortality and the frailty of life. It strikes me that Kelly and Lily were the two nurses who expressed this comment, as both are working in the highest
acuity areas and, thus, are likely exposed to the highest frequency of unexpected events of
death and disease.

The journey to become a nurse is not an easy path, as traumatic experiences emerged
in the nurses’ stories. Those traumatic experiences emerged as events unfolding in their
practice, eliciting feelings of moral distress, guilt, or shame. Henry, Magda, and Kelly all had
experiences of traumatic death very early in their time as newly graduated nurses. The sense of
responsibility and pressure to do well as newly independent practitioners may have cast a
backdrop over these experiences that compounded their emotional responses. Henry refers to
his event as his first traumatic experience. He was practicing in a rural hospital, and it was his
first shift alone. He received a newly admitted patient, and before he was able to review their
chart, a senior nurse sent him for break, despite his request to stay on the floor and review the
patient’s information at that time. The patient arrested while he was off the unit. The senior
nurse did not respect Henry’s autonomy, and Henry felt frustrated and unsupported. He
experienced moral distress, which was rooted in feelings of guilt and shame, despite the
circumstances being beyond his control. Magda’s traumatic experience with death also
occurred on her first shift working independently. She had a patient her own age who died a
very traumatic death, which was hard for all to witness, including the patient’s family. Being
the same age, Magda and this patient had a connection due to their shared temporal position in
their life stories. Magda already felt terrified of death prior to this experience; she still
mentions having a strong memory of this event and wishes that she could have done more. Her
continued reliving of this death suggests that she may be continuing to experience moral
distress because of this early experience. When Kelly was a new nurse, her first “busy sick
patient” in ICU died, and she felt guilty, like she didn’t do everything she could. Kelly also
had an earlier traumatic experience as a first-year student in a LTC facility when her patient died; she thought that they were sleeping and didn’t realize that the patient had died. She had no experience with death at that time, and didn’t really process what that meant to her until years later.

Loss of empathy, or an erosion of their values and sense of self, emerged in the nurses’ narratives as they reflected on their experiences of becoming nurses and their perceptions of self in response to some situations. Jay and Lily both acknowledged having less empathy for some things, suggesting this is in comparison to the empathy they may have had in similar situations in the past. Lily elaborates on this perception of self, saying she is “more harsh” and less compassionate, feeling surprised that death and distress don’t make her as emotional as she had expected they would when she first came into nursing.

Both feeling vulnerable and fear emerged as patterns across the nurses’ stories in their journeys to become nurses. Jay, Henry, Magda, and Kelly all described experiences that made them feel nervous, scared, threatened, and anxious. In these reflections, Jay, Henry, and Magda all felt vulnerable and afraid in situations where they perceived danger and the possibility that physical harm could come to them, whereas Kelly’s fear was of harm possibly coming to the patients in her care if she failed to keep them safe. Jay felt scared and anxious during his emergency placement, rooted in the unpredictability of the environment. Jay also felt unsafe and in physical danger when providing care to a client in a drug house. Henry perceived himself to be at risk of harm several times when he was threatened to be stabbed with a needle. Magda becomes afraid and anxious whenever she perceives possible risk or threat of harm, including if patients are aggressive and unpredictable. This fear, as it relates to her nursing experiences, started in her first clinical placement as a nursing student when the
aggressive older man was on the locked unit in a LTC facility and has continued since that
time, emerging in response to situations such as aggressive patients or death. Kelly’s
perception of self as vulnerable relates to her orientation of self to other and her inherent sense
of responsibility to keep them safe. Walking into the ICU unit as a new nurse, Kelly recalls
feeling nervous if she was assigned to care for a patient on a ventilator, feeling nervous she
would do something to harm them.

A perception of self as being vulnerable emerged as a common pattern in the
reflections of Henry, Magda, Kelly, and Lily. Henry’s traumatic experience in the rural
hospital suggests a perception of self as being vulnerable as he commented on the need to
pursue counselling following this event. Another factor in Henry’s life at this time was that his
daughter was only two-weeks old when he went to the rural hospital to work. Henry comments
this caused him to be vulnerable, and I suspect created a tension between sense of
responsibility between working as a nurse to provide for his family and being present at home
as a father. Magda reflected on feeling vulnerable as a new nurse, knowing no one would be
watching over her. In addition, Magda’s moral distress following her traumatic experience
with death on her first shift alone suggests a perception of self as being vulnerable. Magda’s
greatest tensions relate to safety and discomfort, and she struggles with feeling terrified of
aggressive patients, death, and conflict. Lily’s perception of self is that she becomes too
overwhelmed by feeling emotionally vulnerable at work, so she makes an effort to remove
herself from situations that may provoke vulnerability. Kelly’s perception of self as being
vulnerable differs from the others in that she has come to embrace being vulnerable with
patients and families. Kelly comments on how this perception has changed and evolved over
time, as she used to think as a nurse you were never allowed to show emotion. Kelly’s
perception of self now is one of permission, that being vulnerable and crying in front of families has “definitely I think shaped the nurse that I feel I’m becoming.” Magda shares Kelly’s perception that it is okay to express emotions and that being vulnerable, especially in response to death, is a good thing. Magda comments “I don’t want to be a nurse robot . . . . I want to always just feel emotion.” Magda elaborates on this perception of herself as being vulnerable as a strength related to empathy, perceiving herself to be a “good nurse” because she is emotional, empathetic, and feels for people going through hard times. Jay mentions that his brother left nursing because he experienced burnout. Jay’s greatest tension is balance. He recalls from his mother’s career as a nurse the toll he witnessed that nursing can take on individuals and families. As a result, Jay feels vulnerable and worries about experiencing burnout like his brother did.

Evolving over time and having the courage to speak up and advocate are perceptions of self that Magda and Kelly commented on in their narratives; however, Magda reflected on a perceived missed opportunity to speak. Looking back on an event, Magda wished that she had had more courage and that she could have advocated for her patient to not have a procedure, saying “I feel like that’s something I should have done.” Kelly described feeling confident and not being nervous to talk to a doctor, saying if she has a concern she will “speak up” about it, adding that this is something she has made a conscious effort to work on.

In the journey to become a nurse, participants discussed feeling valued. Feeling proud, being valued and respected, feeling appreciated, and feeling needed emerged across the narratives. Jay, Kelly, and Lily shared perceptions of themselves as being proud of their accomplishments. Jay recalls feeling proud at graduation, but describes a tension of feeling a “pressure to not be proud,” attributing this to a characteristic of nursing culture and a fear that
“you’re a newbie and you’re going to get eaten alive.” Kelly describes feeling proud that she “worked hard to get where [she] was, [ICU] and [she] was proud of it.” The tension for Kelly is that this comment was in relation to her feeling the need to defend herself to nurses who believe all new nurses should work on a medical or surgical unit before going to a specialty area such as ICU. Lily shared an experience of expressing in a recent interview that becoming a nurse was her biggest accomplishment and that she was proud of it.

Across the narratives, I can see a pattern of feeling valued and respected in relation to the nurses’ perception of self through their journey of becoming a nurse. Feeling valued resonated in the stories of Henry, Magda, Kelly, and Lily. Henry referred to the relationships he has with clients, noting he values these relationships himself and is “sure the people that [he] care[s] for will never forget.” This suggests he perceives a reciprocal value of the relationships he has built. Magda comments “I find it really important for people to respect me.” This pattern comes up in a few of Magda’s reflections on her experiences. Her earliest experience with feeling valued was when she received the little flower pot and card as a nursing student and “felt like [she] did good finally,” which was a powerful turning point for her. The personal connection Magda seeks to build with patients requires mutual respect, and she feels valued and that her patients want to know her as a person when they ask her what she will do on her days off. Magda also seeks to prove to her colleagues she is a good nurse, suggesting gaining their respect is also important to her. Kelly embraced praise from clinical instructors as reassurance that she was in the right field, was doing a good job, and would be a good nurse. The praise helped her to feel valued and respected when she was not yet feeling secure or confident about her future as a nurse. Lily acknowledges how much she appreciates that the doctors know her name. She suggests that this contributes to a mutual respect and also
indicates a value of personhood or respect for identity. These examples illuminate the extent to which perception of self as valued and respected is shaped by the social context and how the nurses’ perception of self is influenced by the actions of, and interactions with, others.

The importance of receiving appreciation from patients was a pattern across the narratives of Jay, Magda, and Lily. It is evident that the nurses seem to consider appreciation from patients as a gauge or measure of their performance, or the quality of the care they’ve provided, in shaping their perception of self and validating whether they feel they are doing a good job. Jay commented about the people he sees who are receiving care in their home, “Patients are so appreciative. They’re so comfortable.” Magda reflected that “most days it is so rewarding with how patients thank you,” suggesting she frequently receives expressions of appreciation from her patients. For Lily, in comparing emergency to floor nursing, she acknowledged receiving more tangible gifts of appreciation from patients on the surgical floor versus emergency and recognized that the duration of her relationships with patients on the surgical floor were longer. Lily comments that the patients in emergency are not very grateful or appreciative of the care they receive, and I wonder how this influences her perception of self.

Another important interpretation of the plot of Lily’s narrative in relation to the narrative thread of the journey to become a nurse as well as her perception of self and feeling valued is “feeling needed.” Lily comments that she likes to see people “who are actually sick and need me sometimes” and that “in [emergency] you always feel needed. … I feel pretty needed regularly.” These comments suggest an orientation of self and other grounded in ego and a motivation to help those who are dependent on her. I wonder how this relates to her
“superhero” story when she was doing compressions on the patient as they were being transferred. Lily’s perception of self strikes me as somehow grounded in heroism.

**Summary of the Journey to Become a Nurse**

Patterns emerged across the narrative thread of the journey to become a nurse, specifically how the nurses described feelings related to perception of skills, becoming more, traumatic experiences, a loss of empathy, being vulnerable, speaking up, and feeling valued. The above examples of narrative patterns related to the journey to become a nurse illuminate professional identity and inform conceptualizing sense of self and internalization of values for the nurses along their journey of becoming. Resonating in the accounts of the nurses were traumatic early experiences with death. Consistent with the feelings of the nurses in this study in response to death, nursing students in a study examining clinical experiences with death described feelings of emotional distress (such as feeling upset, helpless, and guilty) and feeling unprepared to support the family of the patient who died (Heise & Gilpin, 2016). Another dominant feeling emerging within the narrative thread of the journey to become a nurse was vulnerability. An examination of vulnerability in patients and nurses identified the core of vulnerability existing in the fact that the patient and the nurse are both striving to be the persons they want to be, and the persons they have not yet become (Angel & Vatne, 2016). The synergy of this conclusion emerging from the work of Angel and Vatne (2016) and the narrative thread of the journey to become a nurse suggests an important alignment of vulnerability and becoming. The vulnerability the nurses in this study articulated in their narrative accounts as new graduates is consistent with research conducted by Kelly (1998), also with a sample of new nurses. Kelly (1998) describes vulnerability as the shock of being inexperienced members of the health care team, indicating inexperience combined with a lack
of confidence contribute to an overall vulnerability to group pressure and the demands of the work, in some cases causing moral distress. Feeling valued also emerged as something the nurses discussed as important to them. The importance of feeling valued is supported by research conducted by Van Osch et al. (2018), showing that teamwork was valued when staff addressed each other on a first name basis, experienced trust and respect, were listened to and appreciated and that these concepts when threaded into the culture of a workplace can contribute to nurse retention.

The unique characteristics and experiences of each individual nurse demonstrate how their perception of self changes as they transition to practice and in what ways the journey to become a nurse has influenced their sense of identity. I am also reminded of the profound relevance of who each nurse is as a person, or their personhood and sense of self beyond nursing, and how this is inextricably linked to their perception of self, shaping their unique journey of becoming a nurse. Across the above examples, I noticed a resonance of context and reflection. Consistent with the definition of Johnson et al. (2012), a person’s professional identity is a component of their overall identity and is augmented by their position in society, interactions with others, and their interpretations of experiences. Who we are and who we are becoming is an idea thought of as a set of complex relationships among knowledge, contexts, and identities, thus allowing us to think about identity relationally (Clandinin, 2013). Perception of self, or who we are, is not an identity existing in isolation; rather, it is a relational concept that may only be fully understood by appreciating social context and relationships of influence.
Narrative Thread Three: Learning Alongside Others

The topic of learning alongside others wove throughout the nurses’ narratives, presenting as a dominant and diverse narrative thread tied to relationships, resonating frequently and in a great variety of contexts and experiences. Relationships are positioned in the social narrative dimension and are closely related to social context, self and other, socialization, relational practice, and interactions. The dimension of time, or temporal position of these relationships, is an important consideration, particularly the orientation of relationships and turning points. The nurses’ stories offer insight into the influence of relationships on professional identity and transition to practice, including who is most influential in becoming and being a nurse. The influence of learning alongside others on professional identity is supported by the literature, as professional identity is augmented by interactions with others, including teachers and mentors (Johnson et al., 2012). The effects of clinical placements are part of the professional identity pathway, including the influence of social relationships (Johnson, et al., 2012). Nursing students considered clinical placements and clinical mentors essential in shaping their identity (Arreciado Maranon & Isla Pera, 2015). Duchscher (2009) found new nurses reported feeling intimidated by physicians and dominant nurses. A tension of feeling disrespected emerged as a thread across the narratives, including the nurses’ experiences of incivility, causing them to feeling disrespected and undervalued. This tension contributes to the dissonance between expectations and experience inherent in the professional identity and transition to practice component of the professional identity pathway (Johnson et al., 2012).
Across the narrative accounts learning alongside others related to the influence of catalysts or inspiration for turning points in the life story of the nurses. Across the narratives, personal relationships with family members served to have a positive and inspiring influence on the aspirations and career choices of the nurses. Jay was inspired in the past by witnessing the nursing career of his mother growing up; he also had grandmothers who were nurses. As a nurse, Jay admires two friends who inspire him to believe a better life balance is achievable, giving him hope of resolving his struggle to maintain balance. When Henry was working in the trades, his brother was in a PSW program, which inspired him to go into nursing to work in a caring profession. At present, Henry’s mother is enrolled in a nursing program, and he states that “I feel like maybe I’ve inspired her.” Magda, whose mother was a nurse in Poland, is inspired by her mother’s current career teaching developmentally challenged children. Kelly has a close relationship with her mother and idolizes her mom for her caring nature, “I … try to shape my care, kind of taking after how I see my mom from day to day.” Her mom also offered her constant reassurance, inspiring her to keep going in nursing even when she wanted to quit.

In their stories Jay, Magda, and Lily described being inspired by nursing role models. Jay was inspired by an interaction he had with a nursing instructor when he was experiencing a personal struggle. He reflected on his interaction with her and the lasting impression it has had on him, saying, “… this person is more than just the nurse. They’re just a compassionate person.” Magda shares how she admires two nurses on her floor and thinks they are amazing nurses who “make patients’ stays amazing” and try to make their hospitalization a better experience. Lily admires her manager and the efforts he is making to improve the culture in her practice area. Lily also reflects on how there are two types of nurses in emergency, and she
is inspired to be like the ones she thinks are better, adding these nursing role models have shown her who she wants to be as a nurse.

Jay, Magda, Kelly, and Lily recalled receiving mentorship and support from nursing role models. Jay had a very influential nurse role model who was his preceptor in his final year as a nursing student and who is now his manager. Jay credits her for shaping and encouraging him; he specifically values the way in which she offers positive and constructive feedback. Magda formed a close relationship with one preceptor who was “like a mom away from home.” This was significant for Magda, as she was a student far from home, and having a connection with, and feeling nurtured by, her preceptor made her feel safe and comfortable to ask questions. Kelly also enjoyed a positive relationship with her ICU preceptor and felt comfortable to ask questions. She refers to him as “the first nurse that I … worked that closely with.” Lily expressed having positive relationships with the doctors in emergency, and feels “people have your back in emerge, for sure,” suggesting she feels supported.

However, the skill and reward of building therapeutic relationships with patients is also an important element of the learning alongside others thread. Jay, Henry, Magda, and Kelly offered insight into how they perceive relationships with patients. Jay positions his perspective of relationships with his patients in the context of place, which for his practice is community or the patient’s home. Jay feels that the relationships he has with his patients (some have occurred over long periods of time) are very good and finds that patients are very comfortable and appreciative of receiving care in their own home. Henry sees “building relationships” as a skill that is important to his practice. He reflects on having built many relationships with vulnerable people that have left a lasting impression on him and on how “the smallest gesture has built an amazing … relationship.” Magda has a strong value of personhood and strives to
achieve a reciprocal personal connection. She shares about herself, wants her patients to know her as a person, and consciously makes an effort to see everyone as people, including “what they were before.” She shares a story of a patient she cared for over Christmas and how she brought her dog in to visit her. Kelly refers to her relationships with patients and families as her favourite thing about nursing.

Yet experiences with incivility and feeling disrespected as a student or a nurse emerged as a pattern within the thread of learning alongside others. Henry, Magda, Kelly, and Lily shared experiences with incivility, causing them to feel undervalued and, in some instances, to lose trust in colleagues. Henry’s traumatic experience of the newly admitted patient who arrested after his request to review the chart when he wanted to was denied by a senior nurse made him feel disrespected. Of his decision to leave the rural hospital, Henry commented “the interactions I’ve had with the older nurses is really what drove me out of there.” Not feeling respected or supported caused Henry to lose trust in his colleagues, possibly contributing to a perceived loss of safety and security. Magda experienced difficult relationships as a nursing student in her third year and later as a float nurse, feeling undervalued, uncomfortable, and less inclined to help others. Kelly had an experience as a nursing student in her third year when a nurse didn’t trust her assessment and changed the vital signs she had documented, also denying a patient’s deteriorating condition. The nurse blamed Kelly when the physician expressed concern, making Kelly feel undervalued and like she wasn’t being heard. Lily recalled the nurses on her surgical floor being “mean,” and did not experience respectful relationships with her colleagues.
Summary of Learning Alongside Others

The patterns of experiences while learning alongside others in various social contexts and across time resonates in catalysts, inspirations, role models, building relationships, and feeling disrespected. How these individual and collective interactions with people across the life stories of the nurses become engrained in their experiences and perceptions of themselves over time is complex and influential. The above examples of learning alongside others, and specifically the impact of relationships with nursing role models, are consistent with the literature that suggests teachers and clinical mentors influence professional identity formation (Arreciado Maronon & Isla Pera, 2015; Johnson et al, 2012). The nurses discussed the importance of building relationships and valuing their connections with patients, a value supported by research conducted on the graduate nurse-patient relationship, which indicates building rapport and achieving a trusting relationship requires communication, professionalism, and confidence (Belcher & Jones, 2009). Also, emerging in the narrative accounts within the thread of learning alongside others was feeling disrespected. Feeling disrespected is consistent with the findings of Duchscher (2009), wherein participants described dominant nurses as challenging and possibly intentionally seeking to diminish the confidence of the new nurses. What these narratives add to our current understanding of learning alongside others is an appreciation for the valuable influences of personal relationships and the relationships with patients, which serve to be at least as significant in shaping their nursing identity as the formal relationships they engage in during their nursing education. The two male nurses who shared their stories of becoming were inspired by people who were significant in their lives. This is also supported by the literature, as for male nurses, the external influence of exposure to significant others (such as parents and other family
members who were in helping roles) was found to assist with the formation of intention to enter nursing (Juliff, Russell, & Bulsara, 2017). The stories of relationships beyond those associated with nursing education, such as parents and family members, and the impact these have on the experience of becoming serve to broaden our current understanding of the relevant social context as it relates to human factors and interactions shaping new nurses along their journey.

**Narrative Thread Four: Embodying Nursing**

Embodifying nursing is the fourth thread that emerged across the stories and is rooted in a tension between the preservation and protection of self-identity and personhood in the face of challenges and the threats encountered through the experiences of becoming and being nurses. Embodifying nursing is positioned in the narrative dimension of time, in the sense of a dynamic evolution or becoming, and represents a forward projection to hopes for the future. The narrative thread of embodying nursing is also situated in the personal narrative dimension, specifically related to inward reflection, hopes, and perception of self. The nurses’ stories offer insight into what ways becoming and being a nurse have influenced their sense of self-identity. Underpinning the examples within this resonating thread is a dissonance between expectations and experiences, threatening sustainability in the role and ultimately retention, which is consistent with the interpretation of professional identity and transition to practice on the professional identity pathway (Johnson et al., 2012). Tensions are created between formation of professional identity and the seemingly simultaneous erosion of self-identity, the struggle to be empathetic but to mitigate against moral distress, and the challenge to create a sustainable work-life balance.
The tension between embracing and embodying nursing, while feeling like more than a nurse, emerged across the nurses’ narratives with respect to perception of self-identity and personhood. The nurses wished to preserve who they are as a person and feared becoming enveloped by a professional identity and losing themselves to their career and new identity as a nurse. Jay, Magda, and Lily all expressed this desire to maintain a sense of self that was independent from their identification as a nurse. Jay perceives, “it’s not all of who I am,” and strongly identifies with his faith in a way that seems more deeply rooted in his self-identity, perhaps because he has been Christian his whole life. Jay feels nursing is a sense of self but denies that it is fully a sense of self, believing that if that were true it “might be a little dangerous.” Jay expresses that he does not want to be defined by his career but admits that most people are. This comment indicates his perception that there is a tendency for people to define themselves, and others, by their careers and his wish to challenge that social norm. Magda sees nursing as her career choice, not her life. She is careful to position nursing as “a choice you made in your life that you want to help people, but yourself always comes first.” Magda positions her career in a lower rank of priority than her life, stating, “It’s a career, so your life always takes first. Your life comes first over work.” Lily experiences this tension of preserving a sense of self beyond her nursing role, commenting “I do think I struggle to be someone who is Lily, not a nurse, a lot of the time.”

As they moved toward embodying nursing, balance and connection in relation to their orientation to their families and their personal lives emerged as something the nurses valued. Jay, Magda, Kelly, and Lily offer insight into these connections within and across their narratives. Jay has early memories of witnessing his mom’s career as a nurse and her struggle to balance family and her career, and he recalls seeing as a child “the toll it can have on people
personally and on families.” Balance is Jay’s greatest tension, and he feels concerned that he struggles to maintain a balance. Jay expresses how having a baby has also challenged his ability to stay connected to his wife and his faith, reminding me of the importance of interpreting the challenge of balance and connection embodying nursing to take into account life changes with respect to managing growing responsibilities and parallel life events occurring alongside transition to practice. Magda refers to the value of her connection to her partner as an opportunity for her to share her experiences at work, serving as a catalyst for reflection on significant events. Kelly also discussed leaning on social supports such as her family and friends to reduce role stress and maintain personal connections. Lily commented that her family sometimes expresses concern that she works too much and her husband tells her she needs to “slow down.”

By embodying nursing, Henry and Lily developed a thicker skin to protect themselves from feeling emotions with the goal of mitigating against moral distress. Henry talked about the accumulation of emotions he feels from hearing so many difficult stories of struggles and “deep wounds,” feeling it’s a lot to take in. He commented “I think my personal feelings get in. So, I have to draw the line, and I’m learning that … .” I wonder what “drawing the line” means to Henry. Does it mean managing his exposure to traumatic stories, or is he attempting not to react or let his “personal feelings get in”? Henry worries about burnout from working so much, and the more he works, the more stories he hears and the greater the toll on his emotional state. Similarly, Lily also talked about having developed a thicker skin, possibly as a self-protective measure to control her emotional response and personal feelings.
Resonating across the nurses’ narratives were activities they engaged in to care for themselves, or when and how their “healing happens,” as Henry referred to it. For Jay and Henry, spending time connecting with their loved ones and time outside was important to them. For Jay, he referred to reading the bible with his wife as how he feels most connected to his wife and faith. For Henry, time with his kids and maintaining a connection to his grandmother presented as important to him. Henry says that gardening is where his “healing happens.” I wonder if there is something of a spiritual nature about Henry’s connection to gardening. Magda and Kelly both expressed concern about protecting their physical health; they were concerned specifically about the physical toll bedside nursing could have on their backs over time. Activities that involve being hands-on in some way presented for Henry with his passion for gardening, Magda and exercising at a gym, and Lily’s hobby of knitting and previous love of playing music. I am intrigued by the possibility that there is something particularly therapeutic about activities that engage both the mind and the body that allows for healing to happen. Jay and Lily talked about being wary of burnout. Jay admitted he “can already see bad habits” and that he has learned from his brother to be wary of burnout. Lily feels confident she has a self-awareness that would allow her to see it and knows she doesn’t want to burn out.

Johnson et al. (2012) found that the dissonance between expectations and experiences as they relate to professional identity formation and transition to practice creates a threat to retention. Thinking of quitting resonated across the narrative accounts of experiences of embodying nursing, the catalyst for which was typically feeling either disrespected or vulnerable. For Jay, Magda, and Kelly, an incongruence with their values or ideas and those of a higher authority, either their employer or the physicians they work with, caused them to feel
disrespected. Jay recalled the time that he looked at the job bank to consider alternate employment after working over 20 days’ overtime and being asked to take more patients. Feeling disrespected and undervalued by his employer, he experienced a tension as he felt he was letting down his wife and was feeling a strain on his responsibility to his family. Magda recalled feeling disrespected and defeated after a conflict with a doctor and mentioned her and her friend’s joke about owning a donut shop. Similarly, Kelly commented that disagreements with doctors have left her feeling she’s not sure if she can sustain that feeling of being disrespected and undervalued for the rest of her career. Feeling vulnerable as a catalyst for thinking of quitting emerged in the narratives of Henry and Magda. Henry reflected on a time that new clients with erratic behaviours made him uncomfortable and “the emotions piled on.” He talked about having thought about this feeling more often and decided to call his friend who owns a framing shop to see if he had any work as he was thinking of quitting. Magda also shared a time she felt vulnerable and thought about quitting. It was during her third year as a nursing student. Her grandfather passed away at the same time that she was in a clinical placement where the nurses were not nice, and she experienced the compounding stress of these parallel life events.

**Summary of Embodying Nursing**

The emerging stories presented in the narrative thread of embodying nursing highlight tensions experienced between how the nurses described nurturing and protecting their sense of self or personhood, achieving a work-life balance, maintaining a connection to themselves and their loved ones, and thinking of quitting. Johnson et al. (2012) claim a dissonance between school and work expectations and experience is a threat to retention during the professional identity and transition to practice section of the professional identity pathway. The narratives
of the nurses expand our understanding of dissonance threatening retention to include life context and how expectations and experiences of time management, balance, and family responsibilities can also threaten retention. The examples presented in the narrative thread of embodying nursing enhance our understanding of how becoming and being a nurse influences self-identity and how the nurses resist an over-influence for fear of losing themselves in the process of constructing their professional identity.

The tension the nurses described as they began to embody nursing related to a fear of losing themselves in the process of constructing their professional identity and to a desire to protect and preserve their sense of self. Research conducted by Kelly (1998) examined how new graduate nurses preserved moral integrity as they adapted to their nursing roles. Six stages of this process of adaptation were identified: vulnerability, getting through the day, coping with moral distress, alienation from self, coping with lost ideals, and integration of new professional self-concept (Kelly, 1998). The narratives of the five nurses in this study are consistent, as it is understood in the literature, with moral distress which arises when nurses question what kind of nurse they were and what kind of nurse they are becoming, sometimes questioning whether they are living up to their moral convictions (Kelly, 1998). Work-life balance emerged as important to the nurses in this study, a finding supported by research such as that which found one in eight who quit nursing cite lack of work-life balance as the reason for leaving (Mckew, 2017). The nurses in this study make connections between self-awareness; work-life balance; burnout; and leisure activities, such as spending time with family, friends, and hobbies. Simmons (2012) suggests that self-awareness is key and that nurses must be cautious that issues such as shift work, staffing patterns, and demanding roles are sufficiently balanced by leisure time to live life to its fullest and to mitigate against
burnout. Understanding embodiment in nursing, for both the patient and the nurse, is important if we are to promote and protect high standards of person-centred nursing practice (Draper, 2014). The narratives of the nurses in this study, and the interpretation of their experiences through the lens of embodiment, are consistent with Draper’s (2014) call for a repositioning of embodiment in nursing that recognizes the embodied skill and knowledge of the nurse.

**Tying the Threads Together**

After looking across the five narratives accounts, I came to new understandings about Jay’s, Henry’s, Magda’s, Kelly’s, and Lily’s experience of becoming and being nurses offering insights into professional identity formation and transition to practice. Largely absent in the professional identity literature are nurses’ storied accounts of their experiences of becoming a nurse. The narrative approach of this inquiry offers a unique portrayal of the stories new nurses tell about professional identity formation and transition to practice. The majority of research on the topic of professional identity in nursing utilizes samples of nursing students. The sample of this inquiry being graduated nurses (including male nurses) as well as nurses practicing in community and acute care settings in Canada, addresses several gaps in the nursing literature on professional identity. The individual stories presented in Chapters 4 to 8 of this thesis and their resonating narrative threads of entering into the world of nursing, the journey to become a nurse, learning alongside others, and embodying nursing serve to illuminate our understanding of professional identity in relation to transition to practice.

Considering the definition of professional identity as being a sense of self derived and perceived from the role we take on in the work that we do (Johnson et al., 2012) and the internalization of values and ideas integral to nursing (NLN, 2010), the first two narrative
threads (entering into the world of nursing and the journey to become a nurse) offer insight into how the nurses articulated aspects of these definitions in their narratives. Within these threads, perception of skills, feeling they had become what they wanted to be, becoming more, and sense of belonging emerged as the stories most closely associated with our current conceptualization of professional identity as noted in the above definitions. The stories as they are presented and interpreted both individually and as patterns across the narratives provide not only a rich appreciation for the dimensions and context of professional identity but also allow us to better understand the definitions as they are lived.

The stories position the nurses as characters in that story, and the plot of the story serves to illuminate the pathway for the construction and deconstruction of professional identity as presented by Johnson et al. (2012). The professional identity pathway is organized into five subsections: initiating the professional identity pathway; academic content, teachers and mentors; clinical placements and their effects; professional identity and transition to practice; and evolving professional identity within a changing world of health care (Johnson et al., 2012). Evolving professional identity has been defined as a nurse’s professional identity constantly developed and redeveloped throughout their career (MacIntosh, 2003). The remainder of this chapter examines the narrative threads emerging from this inquiry in relation to the five subsections of the professional identity pathway (Johnson et al., 2012), with an emphasis on how this research resonates with, and has expanded on, our current understanding of professional identity.

Within the narrative threads of entering into the world of nursing and learning alongside others, catalysts and inspirations offers a depth of understanding of the first subsection of initiating the professional identity pathway, including how relationships and
turning points play an important role in career choice and perception of nursing (Johnson et al., 2012). The nurses’ stories highlight the significance of personal and familial relationships in this early stage of interest in nursing as a career as well as their perception of caring as more at the forefront than their perception of nursing as a profession.

Emerging as patterns in the data within the threads of the journey to become a nurse and learning alongside others, an evolving perception of skills and influence of role models support the second subsection of the professional identity pathway which is centred around academic content, teachers, and mentors (Johnson et al., 2012). A changing perception of skills along the journey to become a nurse offers us insight into how the integration of information related to professional values and skills for example, or what the “work” of nursing is, changes and evolves over time, as nurses become more comfortable with clinical skills and begin to embrace communicating and building relationships as central skills. The stories about role models within the thread of learning alongside others offer us a unique opportunity to see these influential mentors from the eyes of the nurse and to actually appreciate the temporal orientation of these influential relationships in relation to each nurse’s experience of becoming. The narratives also illuminate the attributes the nurses see and value in their role models and remind us that these individuals may not even be nurses, thus further enhancing our understanding of the second subsection on the professional identity pathway.

The third subsection on the professional identity pathway is clinical placements and their effects (Johnson et al., 2012). The narrative threads of entering into the world of nursing, the journey to become a nurse, and learning alongside others support this subsection of the pathway, including storied accounts related to sense of belonging, feeling valued, feeling disrespected, building relationships, and an evolving perception of skills. The nurses’
narratives allow us to better understand their unique clinical placement experiences at various points in time during their individual journey of becoming, in multiple practice settings, and in relation to parallel life events. Reflections offer insight into the “effects” of clinical placements as nurses enter into the world of nursing, through the nurses’ journey to become a nurse, and as they engage in learning alongside others. These experiences illuminate how aspects of their clinical experiences, particularly aligning with the narrative dimensions of social relationships and personal feelings, may have contributed to the construction or deconstruction of their professional identity formation.

The title of the fourth subsection of the professional identity pathway, “professional identity and the transition to practice” is the most aligned with the central research question of this inquiry: “What stories do new nurses tell about professional identity formation and transition to practice?” In this subsection of the professional identity pathway, Johnson et al. (2012) focus on the dissonance between expectations and experiences and on how this poses a threat to retention. The stories the nurses shared, including their personal reflections as they are expressed through their narratives, provide us with examples of how this dissonance between expectations and experiences is felt by the new nurses. The threads that resonate with this subsection of the professional identity pathway emerged from within three of the overarching narrative threads: the journey to become a nurse, learning alongside others, and embodying nursing. Narrative accounts highlighting the fourth subsection of the pathway, described by Johnson et al. (2012) as professional identity and transition to practice, include traumatic experiences, feeling disrespected, being vulnerable, and thinking of quitting. These threats to retention are not considered in our current interpretation of the professional identity pathway as it is presented but could potentially contribute to a deconstruction of professional
identity (Johnson et al., 2012). The stories of the nurses, including dissonance between expectations and experiences, help us to understand the nurses’ feelings and interpretations and better appreciate how this can threaten retention as Johnson et al. (2012) suggest. The patterns across, and stories within, the narrative threads enhance our understanding by reaching into the previously unknown darker corners of how the nurses perceive this dissonance and how that makes them feel.

The fifth subsection of the professional identity pathway is an evolving professional identity within a changing world of health care (Johnson et al., 2012). This subsection emphasizes the dynamic nature of professional identity and how it is constantly being developed and redeveloped, or constructed and deconstructed (Johnson et al., 2012). Johnson et al. (2012) cite changes such as globalization, cultural changes, technological changes, and changes in competencies and expectations of the nurse as factors shaping the fifth subsection of the professional identity pathway. The narrative thread of entering into the world of nursing, specifically accounts of turning points, emerged from this inquiry and relates to the reworking of professional identity in response to changes or events. Overall, this fifth subsection of the professional identity pathway, as it is described by Johnson et al. (2012), resonated the least of the five subsections with the stories and threads that emerged from the narratives. Johnson et al. (2012) position professional identity as something that evolves within, and changes in response to, a changing world of health care. My interpretation of this fifth subsection of the pathway is that it relates more to the profession of nursing as a whole and not as much to the individual professionals, or nurses, who by definition of professional identity, derive and perceive a sense of self from the role they take on in the work that they do (Johnson et al., 2012) and who internalize the values and ideas integral to nursing (NLN, 2010). Reflecting on
the nurses’ narrative accounts, the context influencing evolution of professional identity, as it is perceived by the nurse, presents as closer to the nurse and more connected to their life circumstances, relationships, feelings, and work environment. Johnson et al. (2012) interpret the fifth subsection of the professional identity pathway in relation to changes in competencies and expectations of the nurse, which resonated in the nurses’ stories as they discussed a changing perception of nursing skills over time and a shift from a focus on clinical skills to communicating and relationship building as their appreciation for the art of nursing expanded.

These accounts and their resonating narrative threads can inform and advance nursing education, practice, and research in ways that support future nurses in their stages of the journey of transition to practice, and the construction of their professional identity.
Chapter 10: The Final Story—Learnings About Becoming and Being a Nurse

This final chapter summarizes what I learned from engaging in this research process as I embraced the narrative inquiry and my learnings emerged. Next, I address the significance of this study by identifying how the findings of this inquiry will serve to inform and advance nursing in the areas of education, practice and research. This chapter concludes with the challenges of this study and my final thoughts.

Embracing the Narrative Inquiry

Embracing narrative inquiry as the methodology for this study was one of the most significant turning points for this research. Adopting a narrative approach allowed research questions and methods to emerge that would ultimately afford the nurses who shared their stories the power to direct the inquiry based on their unique experiences of transition to practice and professional identity formation. Narrative inquiry as a methodology has been attended to throughout the thesis; it began with the inclusion of an autobiographical account of my own nursing journey in the first chapter and was followed by the storied accounts of Jay, Henry, Magda, Kelly, and Lily, which were interpreted through the lens of the narrative dimensions of time, social/ personal, and place and then the resonating narrative threads were identified.

As a novice researcher, my limited experience with interviewing, data analysis, conceptualization, and data management required that I become familiar with the work of others, particularly other research studies using narrative inquiry as a methodology. Close collaboration with my supervisor and committee was instrumental throughout each phase of the project, and I carefully documented process notes as a means of tracking and justifying decisions that were made. To address my limited knowledge of research and narrative inquiry,
I completed a Summer Course in Narrative Studies hosted by Aarhus University in Denmark in 2018 to gain knowledge and exposure to the breadth and application of narrative studies. To address my limited knowledge of research processes, particularly in the stages of data collection and analysis, I integrated and adhered to the works of Clandinin and Connelly (2000) and Clandinin (2007), with specific attention to the application of the narrative dimensions of time, social/ personal, and place.

**Emerging Learnings from this Study**

I came away with four learnings as I attended to Jay’s, Henry’s, Magda’s, Kelly’s, and Lily’s experience with becoming and being nurses. I have learned to value and appreciate the interpretive paradigm of social constructivism, immersion as a catalyst for research process, the narrative dimensions as a reflective practice, and the personal transformation that can occur as one becomes a researcher.

First, conducting this work has encouraged me to appreciate the interpretive paradigm of social constructivism, its synergy with the narrative approach, and its practical application in the research process. Honouring this paradigm allowed me to ensure that my process respected the uniqueness of each nurse and their story. Social constructivism allowed me as the researcher to cocreate understanding by attending to each nurse and each story in a way that valued the uniqueness of each individual’s subjective reality, including how their ideas and perspective have changed and evolved over time as they have moved through their lives and their journey of beginning, becoming, and being a nurse.
Second, I have come to value immersion as a catalyst for facilitating the research process, particularly during the data-analysis phase. In addition to immersion, social context, interactions, and place served to inform and advance my completion of this inquiry. By dedicating blocks of time, creating a close proximity to my supervisor and committee, and removing distractions to focus on data analysis, I was able to move the work forward with the close supervision and guidance of my mentors. The interactions and guidance this close proximity afforded allowed for much needed inspiration and created numerous turning points and transformations throughout the research process.

Third, I have learned that adopting the narrative dimensions not only as a research process but also as a personal reflective practice has transformed my perspective and worldview. The practical application of the narrative dimensions in drawing meaning from life events and experiences has inspired a new way of thinking and perceiving my life beyond this inquiry. The narrative dimensions as a reflective practice have the potential to illuminate and clarify interpretation of temporal position, feelings, our position in relation to others, who we were, who we are, and who we are becoming. Reflecting on the narrative dimensions in my own life have helped me to see my life story in new and enlightening ways.

Fourth, as I have entered into the world of research as a doctoral student, travelled on the journey to become a nurse researcher, learned alongside my supervisor and committee members, and come to embody nursing and research in a way that far exceeds my original expectations, I can confidently say that I have undergone a personal transformation. The journey of conducting research through stories with the aim of satisfying a curiosity on a topic for a population whom I passionately aspire to better understand and support has truly been a turning point in my life. Reflecting on my own early experiences of becoming a nurse, and the
years I have enjoyed preparing future nurses, I have been truly inspired by the courage, compassion, and resilience of the nurses who shared their stories for this research. This process has taken me on a journey rich with inspiration, catalysts, turning points, a sense of belonging, role models, relationships, and becoming that has ultimately allowed me to arrive, again, at the feeling that I have become what I wanted to be and am doing the work I was meant to do.

**Significance of the Study**

The stories nurses tell about becoming and being in the discipline provide insight into professional identity formation and transition to practice. The depth and breadth of their experiences, the variety of their practice settings, their unique personalities and individual characteristics, and their various relationships within and beyond nursing create a richness within and across their narratives. The plots and positioning of each nurse’s narrative identity, or character, in the stories provide a new perspective of how nurses experience transition to practice and come to embrace their professional identity. Understanding the stories new nurses tell about their journey of transition through beginning, becoming, and being nurses holds implications for education, practice, and research.

**Education**

The nurses in this study spoke of the influence of personal life experiences and relationships that served as inspirations or catalysts as they entered into the world of nursing. Price (2009) suggests a need to focus on understanding the unique influences on career choice to anticipate issues of career fulfilment and retention for future generations. Education in secondary school, or primary school, may embrace opportunities to expose adolescents who do not have a personal relationship with a nurse to the broad array of career opportunities
within the profession, with the goal of inspiring future nurses and illuminating the reality of
the role in various settings. Opportunities to understand and experience the knowledge and
skill of nurses has been shown to influence perceptions of nursing, expectations, and the
decision to become a nurse (Price, 2009). One such example could be to video record a
collection of short stories from new nurses and share the video through a social media
platform. This dissemination could also be paired with classroom presentations or activities for
teachers interested in incorporating the videos into a career planning exercise. The stories
could include the nurses sharing their own turning points or inspirations for why they chose
nursing and also how their perception of themselves and others has changed from their
experience of becoming and being a nurse. For example, male nurses with stories similar to
those in this inquiry could discuss their original career plans and how nursing has afforded
them the opportunity to work with their hands, with technology and equipment, and with people.

The narratives broaden our understanding and appreciation of how the nurses
embodied nursing, including the importance of values, balance, resilience, and self-care in
relation to their own personal growth and transformation. This enhanced understanding helps
us to think of the role of nursing education in the period of becoming as just one factor that
influences professional identity formation and also reminds us that their professional
transformation is accompanied and complemented by personal transformation. Nurse
educators can use the findings of this study to navigate and help inform the shift from
socialization to personal and professional transformation that has been encouraged in nursing
education (Benner, 2011; Benner, Sutphen, Leonard, & Day, 2010; Brykczynski, 2014;
Gilmore, 2014). Shifting from socialization to formation requires consideration of an agent-
centred role and a focus on the student becoming what they need to be in order to be a good nurse (Benner, 2015). This inquiry offers insight into the influence of nursing programs and educators on the particular events and experiences students have as they are becoming nurses and forming their professional identity. The narratives remind us of the individual and personal factors that supplement the formal learning experiences of a nursing program. Nurse educators may have an opportunity to consider their role in facilitating formation and transformation through reflection and encouraging deep learning where students actually learn new ways of thinking, acting, and being (Benner, 2015).

Relationships with patients, families, and colleagues emerged as an important part of learning alongside others. A strong integration and value of relational practice in nursing curriculums may serve to prepare students to establish and navigate relationships within and beyond nursing. The nurses spoke of being very focused on clinical skills in the beginning, and that this gradually shifted away from technical skills to perceiving communication and relationship building as the most important, and sometimes challenging, skills. In studies of skill acquisition, nurses who were disengaged saw their work as a list of tasks to complete (Benner, 2015). Benner (2015) refers to thinking-in-action as the nurses’ engagement in actively discerning and problem solving the patient’s and their family’s immediate needs. In nursing education, we must coach students to develop the ability to recognize the bigger picture and what is most important (Benner 2015). By creating opportunities for experiential learning and teaching strategies to promote engagement early in the journey to become a nurse, we may help to guide students away from a focus on tasks and toward a focus on clinical reasoning and relationships.
The nurses shared experiences in their journey to become a nurse that elicited feelings of fear, anxiety, and vulnerability, including violent or aggressive patients, being physically threatened, and witnessing traumatic death events. High-fidelity simulation scenarios could expose students to these situations in a safe and controlled way to help them identify and navigate potentially traumatic events. Simulation experiences that support student confidence, communication, reflection, and decision making have been shown to help new graduates transition into the professional role, possibly enhancing how they react in, and reflect on, crisis situations (Thomas & Mraz, 2017). Simulations could include debriefing exercises designed to teach future nurses how to apply best practices in debriefing and reflection following traumatic events.

Experiences of incivility encountered during clinical placements emerged when the nurses reflected on feeling disrespected. Incivility in the clinical learning environment is frequently reported by nursing students, often includes subtle and disrespectful behaviours, and has been shown to influence job satisfaction, retention, and transition to practice for new graduate nurses (Tecza et al., 2018). Opportunities to practice navigating challenging interactions, with peers or simulation, may allow students to learn assertive communication and conflict management skills, to receive feedback from an instructor, and to feel comfortable recognizing incivility and sharing their experiences. This recommendation is consistent with the conclusion that students need more exposure to common issues such as incivility, and simulation provides students a safe environment to practice communication, resulting in increased comfort and agency (Sauer, Thompson, & Verzella, 2018).
A notable absence in the stories is the lack of reference to opportunities for new nurses to provide feedback on the events and experiences of becoming a nurse, and the formation of their professional identity, to the nursing school with the goal of program improvement. Nursing schools have the opportunity to gather the perspectives of graduates related to professional identity formation and the perceived quality of their preparation and readiness to practice. This may help schools to collect information related to the important dissonance between expectations and experiences that threatens retention (Johnson et al., 2012). The academic-practice gap in nursing is well documented and highlights a discrepancy between how nurses are prepared for patient care and the unrealistic expectations practice settings have of new graduates (Huston et al., 2018). Feedback from new graduates could be used to inform efforts to close gaps at the curriculum level by aiming to prepare students for the realities of patient care and creating accurate expectations of clinical practice and the nursing role. Nursing schools, in collaboration with practice settings, could implement optional or mandatory transition programs to create a space for new nurses to share experiences with each other. This would allow nurse educators to observe and participate in ongoing opportunities to improve preparation, enhance collaboration with practice settings, and inform quality improvement initiatives. This recommendation is consistent with the current literature, which suggests that the viewpoints of academic and practice leaders continue to be divergent and that closing the academic-practice gap requires a coordinated response from education and practice (Huston et al., 2018).
Practice

Nurse employers are well-positioned to consider the impact of factors that influence transition to practice and professional identity formation as well as to promote job satisfaction, foster a culture of respect, and retain new graduates. The nurses reflected on experiences of incivility as students within the narrative thread of learning alongside others in the context of the clinical learning environment. Practice settings have an opportunity to recognize and respond to disrespect and incivility toward learners. Nurse leaders should identify areas of incivility and involve staff in creating interventions to combat this issue and create a positive learning environment to improve recruitment and retention of graduate nurses (Tecza et al., 2018). Practice settings may consider a positive approach to managing this issue in organizations by recognizing units or departments (and/or specific nurses and other health care professionals) that have done an exceptional job of making students feel welcome and respected and by showcasing this recognition in the practice setting in a way that communicates to all staff that respecting learners is something that is valued by administration at the organizational level.

Practice settings play an important part in facilitating the transition of new nurses through mentorship. The stories in this inquiry demonstrate the complexity and diversity of each nurse’s unique transition, suggesting opportunities for support and mentorship that could be fostered along their journey to become a nurse by maximizing learning alongside others. A large study on transition to practice found a need for ongoing support of the new graduate during the entire first year of practice, with the first six- to nine-month period seeming to be the most vulnerable time (Spector, 2015). Regular meetings (at the three-, six-, nine-, and twelve-month points, for example) could create a space for sharing experiences related to
transition, discord between expectations and reality, feelings of belonging and sense of fit, and feedback on their role in the context of the practice setting. Unit leaders or professional practice representatives could choose to conduct these meetings with new nurses with a perspective of quality improvement and patient safety. Alternatively, human resources could facilitate these conversations related to the transition experiences of new nurses with a lens of retention and facilitating the transfer and re-assignment of nurses across departments, with the goal of achieving a suitable fit between the nurse, their responsibilities, and the practice setting. The overall goal of these conversations would be to help the organization better understand, support, and mentor individual nurses in a way that promotes retention, belonging, and quality patient care.

The nurses recalled traumatic experiences immediately following their orientation as new graduates and felt uncomfortable asking questions of colleagues. In some cases, the traumatic experiences were a catalyst for a turning point, which is consistent with the literature indicating turnover has been linked to adverse events (Spector, 2015). Practice settings could extend a structure of support for new graduates by implementing formal mentorship programs that incorporate the preceptorship models. This recommendation is supported by research that compared hospitals with high and low preceptorship support, with high support consisting of a one-on-one relationship with a shared assignment between the preceptor and the new nurse (Spector, 2015). Low preceptorship support was a model whereby more than one new nurse was assigned to a preceptor, who was available as a resource for questions but did not share an assignment with the new nurse (Spector, 2015). While Spector (2015) found the high-support preceptorship had better outcomes and ratings, appointing one nurse on each shift who would
be the nurse mentor for that shift would, at minimum, give the students the sense that there is someone they can go to for assistance or to ask questions of.

Implementing a wellness program that promotes healthy lifestyle habits, addresses mental health and moral distress, and strives for work-life balance would address some of the health issues presented by the nurses in this inquiry as they described their experiences of embodying nursing. This recommendation is supported by literature suggesting a wellness program for transitioning nurses may offer support and strategies for struggles with self-care and health-promoting behaviours, including stress management, healthy nutrition, physical activity, sleep, and mental health (Windey, Craft, & Mitchell, 2019). The nurses in this inquiry shared traumatic experiences, occurring very early in their transition, which had a significant emotional impact on them. Practice settings can recognize traumatic events and make opportunities for debriefing available to reduce moral distress and promote retention. Promoting engagement of new nurses to be directly involved in wellness initiatives may also contribute to a feeling of belonging. Promoting wellness and self-care and providing resources to aid in managing the new nurses’ stress level during their transition have been shown to not only improve the nurses’ health and wellness but also have a direct impact on patient outcomes (Windey et al., 2019).

Research

Researchers have identified a need to better understand professional identity and the implications for nurse retention and job satisfaction (Duchschers, 2012; Hensel, 2014; Johnson et al., 2012). Research opportunities related to nursing education and transition to practice may include investigating and comparing across curriculums to assess preparation for practice, specifically related to informing accurate expectations of clinical practice and minimizing
dissonance between their experiences as students and the realities of practice following graduation and licensure. Research may identify strengths and attributes of curriculums that most effectively achieve fidelity aligned with clinical practice, specifically in the final year of undergraduate programs where the emphasis may be on nurse preceptorship or integrated practicum. Findings of such research would offer great insight into how nursing schools and practice settings may promote retention by minimizing the discord between expectations and reality. Research that involves partnerships and collaboration between education and practice is considered critical in the effort to bridge the academic-practice gap (Huston et al., 2018).

A study conducted by Laschinger et al. (2016) indicated many new nurses experienced incivility (24–42 per cent) at work during their first year of practice, suggesting there is work to be done to address workplace mistreatment and improve working conditions for new graduates. Further research exploring and isolating stories of experiences with incivility in clinical practice settings may help to illuminate this issue and inform potential strategies to create positive and healthy work environments. Exploring how incivility shapes perception of self, perception of nursing, as well as the construction and deconstruction of professional identity may offer new insight into the personal and professional significance of this issue for nursing students and nurses at various stages of becoming.

Challenges of the Study

It is imperative to acknowledge the challenges inherent in this inquiry. First, the sample for this study includes nurses all from the same graduating class of 2017 from the same school of nursing in one Northwestern Ontario city. While the nurses work in a variety of practice settings, a particular consideration is the unique social and geographic context of Northwestern Ontario and how this may have contributed to, and shaped, the stories and
experiences of the nurses in this study. Although the results of this study may not be representative of nurses in other parts of the country, including those practicing in more rural or urban areas, the process of research can be used to replicate this inquiry with other samples of nurses.

**Final Thoughts**

Beginning this narrative inquiry with Jay, Henry, Magda, Kelly, and Lily, I wondered what stories they would tell about the events and experiences related to their becoming and being nurses. The freedom and autonomy afforded by using a narrative approach for this study allowed the nurses to speak freely and openly about anything they felt was relevant to their experience of becoming and being a nurse. The five unique narratives this generated offer rich depth and insight into professional identity formation and transition to practice grounded in the authentic experiences of new nurses. The story chapters illustrate the individualism of each participant, portraying the nurses as characters in their stories as they tell them and the plots as they recall them. Through our conversations, the five nurses each brought forward their experiences and reflections not only about nursing but also about their lives and their identities. The interpretations of the stories generate meaning by situating the events and experiences of each nurse within the narrative dimensions of time, personal/social, and place. In addition to the interpretations of each individual’s story of beginning, becoming, and being a nurse, threads that resonate across the stories include entering into the world of nursing, the journey to become a nurse, learning alongside others, and embodying nursing. The findings of this inquiry offer a new context for understanding professional identity formation and transition to practice in a way that preserves, values, and respects the voices and stories of the nurses themselves.
References


Appendix A Ethics Clearance Letter

QUEEN'S UNIVERSITY HEALTH SCIENCES & AFFILIATED TEACHING HOSPITALS RESEARCH ETHICS BOARD (HSREB)

HSREB Initial Ethics Clearance

January 18, 2019

Ms. Halverson
School of Nursing
Queen's University

ROMEO/TRAQ #: 6025635
Department Code: NURS-464-19
Study Title: "A Narrative Approach to Understanding the Experience of Becoming and Being a Nurse: Professional Identity Formation Among New Nurses"
Supervisor: Dr. Deborah Tregunno
Review Type: Delegated
Date Ethics Clearance Issued: January 18, 2019
Ethics Clearance Expiry Date: January 18, 2020

Dear Ms. Halverson,

The Queen's University Health Sciences & Affiliated Teaching Hospitals Research Ethics Board (HSREB) has reviewed the application and granted ethics clearance for the documents listed below. Ethics clearance is granted until the expiration date noted above.

- Letter of Information to Research Participants v.2019JAN17
- Consent Form v.2019JAN17
- Interview Guide uploaded date 2019JAN17

Documents Acknowledged:

- CORE training certificate K. Halverson v.2016JAN10
- Lakehead University Research Ethics Board exemption letter v.2018DEC19

Amendments: No deviations from, or changes to the protocol should be initiated without prior written clearance of an appropriate amendment from the HSREB, except when necessary to eliminate immediate hazard(s) to study participants or when the change(s) involve(s) only administrative or logistical aspects of the trial.

Renewals: Prior to the expiration of your ethics clearance you will be reminded to submit your renewal report through ROMEO. Any lapses in ethical clearance will be documented on the renewal form.
Completion/Termination: The HSREB must be notified of the completion or termination of this study through the completion of a renewal report in ROMEO.

Reporting of Serious Adverse Events: Any unexpected serious adverse event occurring locally must be reported within 2 working days or earlier if required by the study sponsor. All other serious adverse events must be reported within 15 days after study team members have become aware of the information.

Reporting of Complaints: Any complaints made by participants or persons acting on behalf of participants must be reported to the Research Ethics Board within 7 days of study team members becoming aware of the complaint.

Note: All documents supplied to participants must include the contact information for the Research Ethics Board. Investigators: please note that if your trial is registered by the sponsor, you must take responsibility to ensure that the registration information is accurate and complete.

Yours sincerely,

Albert F. Clark, PhD
Chair, Queen’s University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board

The HSREB operates in compliance with, and is constituted in accordance with, the requirements of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2); the International Conference on Harmonisation Good Clinical Practice Consolidated Guideline (ICH GCP); Part C, Division 5 of the Food and Drug Regulations; Part 4 of the Natural Health Products Regulations; Part 3 of the Medical Devices Regulations, and the provisions of the Ontario Personal Health Information Protection Act (PHIPA 2004) and its applicable regulations. The HSREB is qualified through the CTO REB Qualification Program and is registered with the U.S. Department of Health and Human Services (DHHS) Office for Human Research Protection (OHRP). Federallywide Assurance Number: FWA#:00004184, IRB#:00001173

HSREB members involved in the research project do not participate in the review, discussion or decision.
Appendix B Lakehead University Research Ethics Board Exemption

December 19, 2018

Dr. Deborah Tregunno
Ms. Kathryn Halverson
School of Nursing, Queen’s University

Via Email: tregunno@queensu.ca, 14khh4@queensu.ca

RE: Lakehead University Research Ethics Board exemption

Dear Dr. Tregunno and Ms. Halverson:

Thank you for advising the Lakehead University Research Ethics Board that Ms. Halverson will be conducting a research project with human participants as part of her 4th year PhD in Nursing work as a student of Queen’s University. The title of the study is “Understanding the Experience of Becoming and Being a Nurse: Professional Identity Formation among New Nurses”.

The Lakehead University REB recognizes that Ms. Halverson works at Lakehead University, however, the project noted above will be conducted under the auspices of Queen’s University and not as part of Ms. Halverson’s association with Lakehead University. Ms. Halverson will not be using her association with Lakehead University in any part of the research study, nor will she use her association when disseminating research results. She will be representing herself solely as a Queen’s University PhD student. Because Ms. Halverson isn’t demonstrating any association with Lakehead University, she is not required to apply for ethics review from the Lakehead University REB. This is in accordance with Article 6.1 of the TCPS2.

Should Ms. Halverson request to recruit Lakehead University faculty/staff/students, or use her Lakehead University association, she will be required to have her project reviewed by the Lakehead University REB.

On behalf of the Lakehead University Research Ethics Board, I wish you success with your project.

If the above process related to your project changes, please contact the Research Ethics Board.

Sincerely,

Dr. Lori Chambers
Chair, Research Ethics Board
Appendix C Information Letter to Research Participants

Information Letter

Study Title: A Narrative Approach to Understanding the Experience of Becoming and Being a Nurse: Professional Identity Formation Among New Nurses

Investigator: Kathryn Halverson,
RN, MSN
PhD Nursing Student
School of Nursing
Queen’s University

Dear Participant,

You are invited to take part in a research study to explore the experience of becoming and being a nurse. This study will explore how the interpretation of stories nurses tell to describe experiences of professional identity formation and transition to practice can inform our understanding of these concepts as they relate to nursing. Studies about professional identity in nursing have been conducted; however, we still do not clearly understand the meaning of the experience from the perspective of new graduate nurses. Your participation will help us to improve our understanding and will advance opportunities to prepare and support future nurses entering the profession.

Before you decide whether to take part in the study it is important that you understand what the research is for and what you will be asked to do. Please take time to read the following information and discuss it with others if you wish. You will receive a copy of this Information Letter for your records.
**Purpose:** Your participation will help us to understand your experience of becoming and being a nurse, and the context of these experiences. This study is part of the investigator’s dissertation work being completed for the PhD Nursing program in the School of Nursing at Queen’s University. This project is being supervised by Dr. Deborah Tregunno.

**What will happen if you take part in this study:**

1. As a participant, you will have two interviews with Kathryn Halverson. She will invite you to talk about your experience of becoming and being a nurse, to share stories, to make notes in a journal if you choose, and share symbolic or significant items at your discretion. You may wish to talk about particular experiences you have had. During the conversations Kathryn Halverson will ask you the following question, which may lead to subsequent questions based on your stories:
   - Can you tell me your story, the events and experiences related to becoming and being a nurse that are important to you?

2. Interviews will be scheduled at your convenience. The researcher will make arrangements with you to organize a date, time, and location for your interview(s). Possible locations include a group study room at the public library, a private meeting room at Calico Coffee Shop, or another private location of your choice. Interviews will take place at a time appropriate for you and for as long as you wish. The interview(s) will be audio-recorded and typed for further analysis. The tape recorder does not have to be used if that is your preference. The tape recorder can be shut off at any time.

3. Each interview will last approximately one hour.

4. Later, Kathryn Halverson will invite you to review the typed record of your interview and provide any clarification or feedback. Opportunities for additional sharing and reflection include a participant’s journal, which you will receive at your first interview, and one subsequent interview if you wish to continue to participate in the study. Interviews to clarify or elaborate are available to participants at any point during the study and may be requested by the participant or by Kathryn Halverson.

**What are the benefits for you:** There may be no benefits to you personally. However, through interviews and your participation in this research you may gain new insights about your professional identity as a nurse. The results of this study may help to inform nursing education and practice settings employing new graduate nurses.

**What are the possible risks for you:** There are no major risks involved related to this study, but answering some questions may make you feel upset. We do not know of any other risk of taking part of this study.
**How we will maintain your privacy:** All information gathered in this study will be stored in a locked cabinet. We will keep all the information from the study for at least five years. We will store consent forms and study information separately to protect your identity. Only the researchers will have access to your information. We will not write or disclose your name in the information collected, unless you wish to have your first name affiliated with your stories and to not select a pseudonym. Anyone who takes part in the research will be given the option to be identified only by code numbers or false names. You can request a copy of the interview transcript if you wish. At the end of the research, we will write a report and the results may be published in peer reviewed journals and conference presentations. Research participants will not be identifiable from any publications.

**Voluntary Participation:** Your participation in this study is completely voluntary. If at any time you wish to withdraw from the study, you are completely free to do so. In the interviews you do not have to answer all the questions if you do not want to.

**If you have any concerns about the study:** please feel free to contact Dr. Albert Clark, Chair of the Queen’s University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board at 1-844-535-2988.

Please contact me if you have any questions or concerns:

Kathryn Halverson

Phone: (807) 474-8766 or (807) 346-7941

If you agree to take part in this study, please sign the consent form attached to this letter.
Appendix D Consent Form

Study Title: A Narrative Approach to Understanding the Experience of Becoming and Being a Nurse: Professional Identity Formation Among New Nurses

Investigator(s): Kathryn Halverson, RN, MSN, PhD Nursing Student, School of Nursing, Queen’s University. Phone (807) 474-8766 or (807) 346-7941

<table>
<thead>
<tr>
<th>Participants: Please circle your answer to each question. If you do not understand a question, or you answer “No” to any of the questions, please speak with the person who explained the study to you for more information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you understand that you have been invited to be in a research study?</td>
</tr>
<tr>
<td>Have you read and received a copy of the attached Information Letter?</td>
</tr>
<tr>
<td>Do you understand the benefits and risks involved in taking part in this research study?</td>
</tr>
<tr>
<td>Have you had an opportunity to ask questions and discuss this study?</td>
</tr>
<tr>
<td>Do you understand that you are free to withdraw from the study at any time, without having to give reason and without affecting your future medical care?</td>
</tr>
<tr>
<td>Has the issue of confidentiality been explained to you?</td>
</tr>
<tr>
<td>Do you understand who will have access to the research data?</td>
</tr>
<tr>
<td>I agree to take part in this study</td>
</tr>
</tbody>
</table>

This study was explained to me by: ________________________ on ________________ (Date)
By signing this consent form, I agree to participate in this study

Participant (Printed Name) ___________________________ Signature

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

_____________________________________________ ___________________________
Researcher (Printed Name)    Signature