Proud to be a nurse? Recently graduated nurses' experiences in municipal health care settings.

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Table 1. Themes and subthemes formulated from the structural analysis of the interviews and diaries.

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Introduction

This is a study of professional pride from recently graduated nurses’ insider perspective in municipal health care and services focusing on what pride targets and how it develops. It forms part of a larger research project focusing on recently graduated nurses’ inception into the nursing profession and into the community of practice. Recently graduated nurses in this study are working their first 18 months as registered nurses in municipal health care services in Norway. These services include both home health care and nursing homes.

Background

Many nurses experience the first work period as being the most critical period in the whole of their respective careers because they are adapting to new responsibility in a system differing substantially from their theoretically oriented nursing education (1). In municipal health care settings they often work alone as nurses, along with staff with less or even no formal nursing education (2). Patients in these settings are vulnerable due to concurrent chronic conditions (3) and therefore depend on nurses who take pride in their professional competence and in providing advanced nursing care. Previous studies show that residents in nursing homes are frail older adult people in need of quality care. It is also important to protect their integrity and recognizing their individual needs (4). This is just the type of good nursing recently graduated nurses look forward to put into care practice in their first job (5). Norwegian nursing education consists of a three-year bachelor programme offered by university colleges and universities (replacing an earlier apprenticeship model) (6). In spite of comprehensive research concerning the need to be introduced to professional practice (1), not all newly educated nurses are provided with such an introduction (7, 8).

There is a major lack of nurses on a global scale and the situation is deteriorating as demand grows due to the ageing population (9-11). Nursing services in Norway are publicly financed and through the legislation of Coordination Reform the municipal sector has received greater responsibility for health and social services in accordance with a corresponding reduction in
the length of hospital stays (12). In order to respond to these challenges there is a need for increased capacity and increased competence and these are both sought and realized in a five-year action plan called The Competence Lift 2015 to ensure sufficient competent staffing in the sector (3). One of the initiatives in this plan is to increase the level of qualified staff with higher education. Today about 25% of staff have nursing education at bachelor level (2) and this means that there is often only one qualified nurse on duty with staff with less or no competence in the sector. Studies show that only 7% of recently educated nurses want to work in municipal health and care services (13). Various studies also show that between 30-60% of recently educated nurses change workplaces during their first year at work (10). Moreover, a recent Finnish study shows that 26-34% also choose to leave the profession entirely (14). Another study concludes (15) with the need to address work environment factors affecting job satisfaction in order to keep newly educated nurses in their jobs and in the profession. In other word there are challenges related to both the recruitment and the retainment of nurses. Municipal health and care services seem to be particularly affected due to the strong expansion in these services and the increasing complexity in this sector. A study shows that nurses have a tendency to stay in work situations in municipal settings where they experience professional pride (9).

Two studies (16, 17) consider pride to be a virtue and about wanting to do the good and the right thing. In Sørensen and Halls’ study “seeing the big picture” in nursing indicates a wish to do good for patients and staff, and this is also considered to be a source of human and professional pride. Not seeing the big picture, on the other hand, threatens pride, for example, by performing blind and mechanical actions focusing only on instrumental and technological matters. Wärnå (17) investigated the meaning of virtues for workers’ health in a study conducted in the wood-processing industry and connected virtue and health in working life. Leaders who promote the workers’ ability to have faith in themselves and confirm their value in the working process enable both pride and health. Research related to recently qualified nurses focuses on competence (1, 8), and professional values (11, 18). The individual nurse’s professional pride depends on the way she or he is allowed to deliver professional care. If they lack the opportunity to perform high quality care, their conscience and professional identity may be compromised (5).

It can then further be assumed that professional pride is important for recently graduated nurses in their inception into the profession and for the nursing care they will conduct.
However, no studies of professional pride related to recently graduated nurses have been conducted so far, to the knowledge of the authors.

**Theoretical perspective**

Pride belongs to the moral virtues described by Aristotle as a middle path between two burdens, in which one is tied to that which is too much and the other correspondingly to that which is too little. The proud person is described as he or she who deems himself/herself worthy of doing major things, and this is about honour. The middle path is shown as the proud person is neither lacking self-esteem nor being conceited (19).

Sellmann (20) argues for virtues having a central place in nursing, and emphasizes trustworthiness and tolerance in addition to the classic Aristotlean virtues. Virtues are important for nurses because patients are more than just ordinary vulnerable persons. Care is the essence of nursing in Kari Martinsen’s (21) care philosophy and Delmar (22) interprets and presents her concept of nursing as a relation-based moral practice where caring is a prerequisite. Virtue is defined as a character disposition by Wärnå (23), with references to Aristotle, linked to a habit of persistent practicing of morally good actions, and therefore virtue responds to the ethical demand in concrete and asymmetric caring relations. Taking pride in exercising good nursing is then considered virtuous behavior, and pride is understood in a study by Wärnå (23) as the most important virtue in working life.

Wackerhausen argues for competence acquisition happening by way of the gaining of knowledge which is unarticulated and language-based. He distinguishes between a scholastic and a non-scholastic paradigm (24), in a perspective critical of the understanding that competence is achieved only through studying books and attending school. The scholastic paradigm builds on a view of competence being something accessible in school-based education. The non-scholastic paradigm is, on the contrary, more concerned with silent know-how, the community of practice, and experience-based knowledge as important components in someone’s competence. This is a form of knowledge which Benner (25) calls apprenticeship, meaning learning by experience acquired by participating in a practice community where knowledge is articulated and reflected on. This process of being integrated in a practice community is characterized as “becoming one of our kind” (24). The learning process leads to being accepted as a member of the practice community gradually acting, thinking, and talking in the way practiced by the practice community. If the person resists this process and demands change in the way things are spoken, thought about, and carried out, he
or she will not become a full-fledged member of the group. Reflection is required to challenge
the established action scope, because this means coming into contact with the community’s
immune system. This can occur if “the newcomer” also challenges the community’s ways of
seeing and doing things. There might be a conflict when the recently registered nurse
encounters colleagues, who don’t have an academic education which often is the case in
municipal health and care settings.

Aim
The aim of the study is to illuminate how recently graduated nurses in the municipal health
and care services experience professional pride.

Design and method
A phenomenological hermeneutical approach according to Norberg and Lindseth (26), is
chosen based on its suitability to capture the insider perspective using narrative interviews and
text analysis. The French philosopher Paul Ricour (27) inspired this method in which texts are
thoroughly examined to reveal the essential meaning in lived experience.

Participants
A purposive selection of participants was used according to the criteria for selection: the
nurses selected had completed their bachelor degree education, either part-time or full-time,
and had been at work for a period of up to 18 months. This is the demanding period estimated
for achieving a sense of having "made it"(28).

Eight recently graduated nurses, working in municipal health care services, participated in the
study, one male and seven females. This represents the gender balance for nurses in the
Norwegian public health service. The nurses were aged between 23 and 43. All the
respondents had practiced for at least 16 weeks in municipal health care and services during
their education. Selection of the respondents was carried out in cooperation with their leaders
who asked each individual person whether he or she was willing to be interviewed.
Data collection

In order to keep the study as open as possible, and to obtain as much information as possible, narrative interviews were conducted with the participating nurses by the first author (26). The nurses concerned were asked to talk about their experience of professional pride in their daily work. The respondents were interviewed at locations they found suitable – either at the university or at a municipal office. The respondents talked about professional pride in a relaxed and open way and each interview lasted, on average, about 60 minutes. All the interviews were recorded and then transcribed verbatim.

Four randomly chosen respondents were asked to write a diary between interviews. The other respondents were interviewed just once. Diaries were chosen to provide rich data in order to capture thoughts and feelings and thus deepen lived experiences. A diary allows the participant to tell his or her story uninterrupted and in a natural setting (29). This text tends to be less spontaneous and more structured than an interview text, but also ensures a deeper emotional response to events.

The data consists of altogether 142 text pages from interviews and diaries, and involves 627 meaning units.

Data analysis

The analysis of the narratives of the participating nurses involves a dialectical movement between the partial and the whole, and is carried out in three stages according to Norberg and Lindseth (26):

1. Naïve reading of the interview in order to gain an all-round understanding. The text is first read with an open mind in order to gain an impression. At this point no effort is made to carry out analysis, but an impression of the tendencies in the data is established.
2. Structural analysis in which one separates the text into meaning units consisting of a part of a sentence, a whole sentence, and sometimes several sentences in relation to the phenomenon of the study. The meaning units are then condensed and discussed between the authors in order to identify themes and sub-themes. In this process the impressions from the naïve reading are either confirmed or rejected.
3. A comprehensive understanding is then developed, building on the first naïve reading, the structural analysis and the new read-through, in which understanding is expanded through the use of relevant theory and previous research.

The data analysis focuses on studying the meaning of lived experiences, and sets aside what we think we know; instead focus is directed at the meaning of the phenomenon as it appears in the narratives. Both authors are nurses, and the first author has been involved in nursing education for several years. The first author performed the analysis that was discussed and validated with the second author. Reflections and dialogues have been carried out during the whole research process.

**Ethical considerations**

The study has been examined and approved by the Norwegian Social Science Data Services. All the participants gave their informed permission to participate in the study, and were aware that they had the opportunity to withdraw from the study at any point. Nobody withdrew, but some appointments were cancelled due to heavy workload.

**Results**

The results are presented in the form of naïve reading with the themes and sub-themes being described thereafter.

**Naïve reading**

A source of pride in newly educated nurses seems to be the relationship between patient and relative and their recognition of them as nurses. They recount that the practice community’s support and recognition and their common efforts to provide high quality care strengthen their pride in being nurses.

In the narratives they show concern about the various actions being carried out properly and in a credible way, and they see other people making mistakes and are afraid of making mistakes themselves. They need advice and confirmation that they have understood a situation correctly. They also tell about being challenged in situations in which they are the only nurses having to lead the work of persons with more experience. Situations arise which are
experienced as being painful rather like “first cut” - in that they feel devalued as professional persons.

Themes and subthemes

A structural analysis was conducted resulting in three themes and 10 subthemes.

Doing the good thing and doing what is right

The theme has four subthemes named doing things the right way, making an effort in relationships, taking advice and seeing and making mistakes.

Doing things in the right way. The narratives show that the recently educated nurses are concerned with doing a proper job and that they seek high professional standards. They make efforts to act correctly for and with patients as well as making important observations and good assessments. Sara says:

Having the knowledge to help them and having the knowledge which they do not have. So this is a pride in taking care of someone who needs help.

Pride is associated with doing the good thing and doing what is right, and experiencing that they are capable as nurses, despite their lack of experience. In cases where they do not understand what the situation demands of them or they are unable to do things in the right way, they experience lack of pride.

Making an effort in relationships. The narratives show that the recently educated nurses meet many persons suffering from dementia in nursing homes and in home care. These relationships can be challenging.

When they succeed in relationships with patients and relatives, they seem to connect with their professional pride. The narratives also show that they are willing to give priority to relationships to patients during their busy day. Ella says:

Whenever I can, I seize the opportunity, I simply sit down; make myself at home for a minute and engage in small talk. In this way the patient has the opportunity to talk and this can be rewarding for both parties. I actually think that such a reward is part of
professional pride, because you manage to make room for social contact during a busy schedule.

The concept of caring is fundamental in the tradition of nursing and the meaning of compassion is lived out in practical actions directed towards the patient and relatives in the nurses’ stories. The nurses show commitment to nursing care by focusing on their relationship to patients and their families.

Taking advice. Situations can be complex and they need advice about how they should handle such situations. The narratives show that auxiliary nurses often share their experience with recently educated nurses and give them advice about how they can best meet patients that suffer with dementia in daily situations. The recently educated nurse often mingles with auxiliary nurses and untrained staff in their daily work.

The pieces of advice take account of the relational and the situation specific aspects and they are not therefore characterized by recipes, rather more suggesting direction for the choices and helping the nurse to navigate. They talk about their role models with admiration and recognize other employees’ practical knowledge.

Seeing mistakes and making mistakes

Participants tell about meeting complex situations in which they make mistakes both associated to interpersonal situations, but also in relation to tasks needing to be solved. Here they often get help and support from the practice community. Nurses tell stories showing their ambitions to do their job properly using high professional standards when dealing with patients and their relatives, handling procedures and medicaments.

In the narratives it also emerges that they observe other staff in the practice community making mistakes. Anna says:

This patient has a spastic foot. When I came to work, I observed that a veneflon had been put into this foot, but I did not have medicines that day. But another nurse had been in and hung up intravenous antibiotics. The resident was lying down, shouting and was completely out of his wits, because it was so painful. I said to the nurse that the veneflon was not such a good idea to use and that she should put in a new one and I received the answer that the veneflon functioned excellently.
In some stories the participants say that they defend professional standards in the care of patients and their families and express their disagreement with the community of practice. There are other stories where the nurses seem to be overpowered and then choose more pragmatic ways of dealing with situations involving inadequate patient care. Their professional pride is at stake if they know what is the right thing to do in this situations, but do not defend what they stand for.

*Being recognized and confirmed*

The theme being recognized and gaining confirmation included being recognized by the patient and the next-of-kin and through intra- and inter-professional collaboration. When cooperation functions well, the nurses experience that care for the patient holds high quality. It offers pride and this is strengthened when their assessments are taken seriously in this interprofessional cooperation.

*Being recognized by the patient and next-of-kin* Getting a positive response from the patients and their relatives seems to be a source of pride for the nurses. The nurses seem to receive confirmation and recognition for their character qualities and virtues, but also in relation to having skills and knowledge. They also meet displeasure and unsatisfied expectations where they must explain why they cannot meet needs.

*Being recognized and gaining confirmation in the community of practice and in interprofessional cooperation.* The nurses seem to experience being included, confirmed, and recognized in the community fellowship. Clara says:

> I feel integrated and proud when colleagues ask me for my opinion about patients who I know well. It is great that my opinion may count even if I am young and inexperienced.

They also experience the opposite when their assessments of situations arising are rejected and not taken seriously. Angela says:

> I felt patronized and silly…. And upset and disappointed, not taken seriously you know. I became doubtful and uncertain about my own judgments; maybe I was fussy and should not have said anything.
The recently graduated nurse finds herself or himself in a vulnerable situation due to her or his lack of experience. They may have read themselves up about a condition, but need confirmation that they have understood the situation correctly. Peter says:

 Patients in the final phase of terminal illnesses need more drugs. On Sundays when the supervising physician is not available we contact emergency and the physicians on duty steps in. I communicate with the physician what kinds of the needs the patient in question has and this might lead to a change of treatment. The collaboration with the doctor gives me a sense of confidence and pride: the nurses’ assessment clearly matters and helps ensure that the right treatment is given at the right time.

A disempowering work environment makes it difficult to use their professional education in order to provide high quality care. The stories show that recently graduated nurses experience lack of authority when auxiliary nurses are reluctant to follow instructions given by them.

Thriving in a community of practice

The theme being in the community involved three subthemes: Becoming a competent nurse, belonging to the community of practice and becoming a workleader.

Becoming a competent nurse. The nurses seem to be proud of the effort they put into education and the knowledge and skills they have derived. The knowledge and skills give them responsibility, and the opportunities to affect and also the authority to take decisions.

Rachel says:

 This is where the professional pride comes in. The person who has the most competence can take decisions.

Belonging to a community of practice. In the nurses’ narratives it also arises that pride associated to a practice community achieves more than individual persons achieve. The pride then becomes apparent as more collective than the individual phenomenon. Selma says:

 Professional pride is to my mind a collective phenomenon and not just an individual one because it consists of professional attitudes and knowledge.

They also experience practice fellowships not characterized by team spirit and common solutions, but rather by more individually directed needs. The recently graduated nurses are expected to lead the work in the departments, despite their limited experience.
**Becoming a work leader.** The respondents tell that they balance with their limited experience and need for support between taking the lead and being humble and listening to other people’s experience. Sometimes they have been in the same practice fellowship as untrained staff or as students, and have therefore come back with new competence and higher status. They experience the challenge of taking decisions and leading those who they were previously subordinate to. Fiona says:

> One cannot come back and be the complete boss? It is a question of communication with colleagues. It was related to one as a nurse being the one who has the responsibility for the department both for nursing tasks and medication tasks, but also that everybody at work follows up their work tasks.

Table about here

**Discussion**

Professional pride amongst recently graduated nurses and three dimensions emerge from their stories from municipal care. An important source of pride is the patient relationship, and being recognized and confirmed in the practice community. Professional pride is a dynamic phenomenon developed in an active and social process in a community of practice. This ability to respond to a situation in practice is based on tradition, virtues and both practical and theoretical knowledge. Pride is the result of common efforts to provide high quality care for frail old patients in municipal care settings. Recently graduated nurses experiences of professional pride appears to have relational, collective and dynamic dimensions.

**Relational dimensions**

The recently graduated nurses’ narratives do show that one of the most important sources of professional pride is the relation to patients and relative and their recognition of their work. The recently graduated nurses tell that they strive and make a real effort in their relationships with patients and relatives in accordance with the nursing profession’s focus on care, and their pride thus associated with their own subject field and profession and might emanate from the nursing traditions’ focus on caring in nursing education. This finding is confirmed in several
studies (30, 31). One study shows that nurses moving towards home health care are motivated by the possibility of long-term relationships with patients (32).

They are building pride in virtuous behavior in relation to frail old people where ambitions of perfect health and recovery often is not realistic, but protecting their integrity and recognizing their individual needs is focused (4). Communication is often challenging because many patients are suffering from dementia, and dynamic capacities in these relations are needed.

Virtues are associated to doing the good thing and doing what is right. Recently graduated nurses emphasize the importance of being trustworthy in their relationship to patients and in dealing with their occupational responsibilities. They are also, however, aware of their fallibility due to lack of experience.

**Dynamic dimensions**

Dynamic capacities are needed in relations with patients and their relatives, but are also needed in combining scholastic and non-scholastic types of knowledge to cope with occupational responsibilities. Municipal care is characterized by increasing complexity with new groups of patients previously taken care of in hospitals, as well as frail and vulnerable patients in need of a balanced individual approach to medical, physical and psycho-social care (4).

Sørensen and Hall (16) relate professional pride to the concept of seeing the big picture. This form of knowledge is stimulated in an active and social process in a community of practice. The newly graduated nurse finds herself/himself at a stage in his or her competence development where he or she is fighting to get a grip on what is in “the big picture”. When they receive confirmation from the community of practice that they have been seen and understood correctly they often come into contact with their professional pride.

The recently graduated nurses’ pride seems to be stimulated and developed in relationships with other professional people and it is strengthened through other people recognizing the newly educated person as a professional person in dynamic knowledge-based processes and with communal and mutual respect in the working environment.
Collective dimensions

The complexity in municipal care and treatment makes intraprofessional and interprofessional cooperation necessary. The collective dimensions of professional pride reflect the significance of the community’s efforts. Pride is rooted in the communities, joint efforts, but in some situations the nurses can also cross the communities perception of what is the right thing to do. Professional pride is experienced in relationships with other professional care workers in the culture of care aiming to provide high quality patient care by sharing their knowledge and experiences with the recently graduated nurses. There is reason to believe that most recently graduated nurses are vulnerable to unsupportive working environments, and their professional pride is jeopardized when patient care is of low quality. Recently graduated nurses experience pride as a collective phenomenon when they, along with other professionals, deliver quality care to suffering patients with demanding needs. Pride is not just a static notion, but rather a dynamic phenomenon involving these relational and collective dimensions with questions like what seems right for me, and what do I stand up for and take pride in as a nurse? They often operate alone as nurses and therefore take on a leading role in the community of practice in spite of their lack of experience. This can naturally lead to conflicts. The recently graduated nurses experience that they should not be proud in the sense of arrogant in relation to the persons who have been part of the practice community for a long time, but rather show humility with regard to their practical knowledge – the knowledge they themselves lack.

Both quality and lack of quality can be understood as phenomena in a care-culture perspective. A review-study from nursing homes considers the work culture to be crucial in improving the quality of care (33).

Methodological considerations

The first author collected and transcribed the data. In order to secure validity both authors read and developed the transcribed text and analyzed the text with critical reflection and discussion. Interview and diaries provided rich data and suited the phenomenological hermeneutical approach allowing participants to tell their stories in the context of being in the world.
Conclusion
Colleagues and managers should boost and recognize recently graduated nurses’ professional pride and this pride’s vulnerability for first cuts by stimulating high quality care through loyalty to the nursing profession, recognizing competence, as well as sharing experience in a supportive care culture. Being a properly recently educated nurse means, however, bearing one’s pride without being either arrogant or too humble, but showing respect for their own nursing knowledge and the non-scholastic knowledge possessed by more experienced staff.

Implications
- Bear in mind that this period is critical for the inexperienced nurse and offer support and mentoring.
- Be aware the need for nurses competence and new nurses commitment to nursing profession in providing quality of care in municipal settings.
- Reflecting over the potential conflict in situations where the inexperienced nurses are leading the experienced members in the community of practice.
- Stimulate knowledge-based processes and prevent power-based processes in cultivating professional pride as collective phenomenon.
Proud to be a nurse? Recently graduated nurses’ experiences in municipal health care settings.

Background: Recently graduated nurses are the future of the nursing profession and the municipal health care that will need nursing competency for an increasing number of frail elderly persons. This study is part of a larger project on newly graduated nurses where previous research indicated that building professional pride at their workplace could be important for remaining in the profession and in municipal health care. However, the recently graduated nurse’s first job assignment in municipal health care can also be a critical period with cuts in their pride as nurses that may have an impact on nursing care for their patients.

Aim: The aim of this study is to illuminate recently graduated nurses’ experiences with professional pride in municipal health and care services.

Methods: A phenomenological hermeneutic approach was chosen to illuminate meaning. A purposive sample of 8 recently graduated nurses working in nursing homes or home health care was chosen for this study with narrative interviews and diaries.

Findings: Three themes were identified: doing the good thing and doing what is right, being recognized and confirmed and finally thriving in a community of practice. An important source of pride is the relation to patients. Recently graduated nurses build their professional pride in an active and social process in a community of practice. The first cut in their professional pride seems to take place when they were not recognized and confirmed as professional persons.

Conclusion: Recently graduated nurses in municipal health care describes their professional pride as a complex phenomenon with relational, dynamic and collective dimensions. The cuts in their pride may hurt their identity and nursing care.

Keywords: Recently graduated nurses, municipal health care, virtues, professional pride, phenomenological hermeneutics.