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The Experience of Professional Identity Development in Graduating Nursing Students

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THE EXPERIENCE OF PROFESSIONAL IDENTITY DEVELOPMENT IN GRADUATING NURSING STUDENTS

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ABSTRACT

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This dissertation examined the experience of nursing professional identity development from the perspectives of both associate degree nursing (ADN) students and baccalaureate degree nursing (BSN) students in their final semester of study. This study filled gaps in the research by providing insight into the experience of the nursing professional identity itself and the factors identified by nursing students that supported or revealed a lack of professional identity development.

This research helped to develop an understanding of two main experiences: (a) what is the meaning of a nurse's professional identity to students in their final semester of nursing school? and (b) what are the contexts of the experiences of professional identity formation as a nurse? Answers to these research questions were developed through individual and focus group discussions with students in their final semester of study from two schools of nursing in southern California. Students were guided through individual interviews using semi-structured interview questions and later invited to focus groups with other students to clarify and elaborate on previous comments.

Results demonstrated both groups shared many descriptions of what it means to be a nursing professional; primary among them were concepts of knowledge, caring, teamwork, and integrity. The interviews also demonstrated similarities in factors that

supported the development of nursing professional identity including experience, instructor support, role models, and self-motivation. Experience, independence, and trust were more closely related to the experiences of professional identity formation. Teamwork, communication, advocacy, and leadership were concepts the participants frequently used to describe the professional nurse; whereas role models, reflection, support, and self-motivation were described more often as tools for professional identity development.

These findings related very closely to previous research studies on professional identity formation, much of which was done from the perspective of nurse educators, nurse executives, and experienced nurses. One unexpected finding was the lack of differentiation in the experiences and opinions of BSN- and ADN-prepared nursing students. Recommendations for nursing educators included the use of more clinical and experiential learning, guided reflection, and leadership training. This research provided an important perspective on nursing professional identity, adding depth and a fresh perspective to further the understanding of this important topic in nursing education.

Key words: Professional Identity, Nursing Students, Nursing Education, Experiential Learning, Qualitative Research, Constructivism, Caring, Knowledge, Confidence

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This work is dedicated to Nancy Oliver, my heart in nursing. Her example, her mentoring, and her love have made me the nurse educator I am today.

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CHAPTER I

INTRODUCTION

Introduction

In their highly regarded research, *Educating Nurses: A Call for Radical Transformation*, Benner, Sutphen, Leonard, and Day (2010) called for a profound and transformative change in the way nursing is both taught and practiced. The authors emphasized that in the current climate of cost-conscious and fast-paced nursing care, the focus and foundation of nursing can get lost. The authors reminded us that the role of the nurse educator is to create a learning environment based on "fostering professional attentiveness, responsibility and excellence … where students learn that they have the authority, not just the responsibility, to practice" (Benner et al., 2010, p. 16). They emphasized the importance of guiding students from feeling like a nurse to acting like a nurse and the importance of learning to "be" a nurse through experience. This is what the authors referred to as *formation*-- a transition from learning nursing to practicing nursing. Formation is very important to the concept of nursing professional identity development--the focus of this dissertation. According to the authors, formation occurs over time and in many environments--from the hospital setting to the classroom. This is an important foundation for the development of professional identity as a nurse by strengthening perceptual abilities, the ability to draw on knowledge and skills, and a way of being and acting in practice and in the world.

This dissertation looked at formation and other factors in the experience of nursing professional identity development from the perspective of both associate degree nursing (ADN) students and baccalaureate degree nursing (BSN) students in the final semester of study. This is an area of research that has not been fully explored. We have a clearer understanding of the importance of professional identity than we do of how professional identity is developed. To support professional identity in nursing students, educators need to understand the process of professional identity development. Educators can do so by examining the experiences of those who are going through it. This study sought to fill this gap in the research by providing insight into the experience of nursing professional identity itself and the factors identified by nursing students who support or reveal a lack of professional identity development.

Background

The landscape of the nursing profession is changing rapidly. The aging of the nursing workforce means veteran nurses are leaving the profession without experienced replacements. In April of 2014, the Bureau of Labor Statistics projected the need for 525,000 replacement nurses in addition to the current shortage, bringing the total number of job openings for nurses to 1.05 million by 2022 (American Association of Colleges of Nursing [AACN], 2014). Although new research shows a closing of the nurse shortage gap (Auerbach, Buerhaus, & Staiger, 2015), this still means new graduates are often hired to replace nurses in high acuity areas with quicker transition times and fewer role models. This fact, coupled with the increasing acuity of patients in all levels of care and shorter hospital stays, means newly graduated nurses must enter the workforce ready to take on a complex and highly demanding patient load. To give holistic, safe, and effective care,

students must leave nursing school with not just the skills and knowledge of a nurse but the identity of a professional nurse.

A theme that appeared in many studies of nursing education was how successful transition to practice implies professional identity (Björkström, Athlin & Johansson, 2008; Duchscher, 2008; Etheridge, 2007; LeDuc & Kotzer, 2009; Severinsson & Sand, 2010; Unruh & Ning, 2013). These studies explored a variety of influences on the development of nursing professional identity, many without the benefit of hearing from the students themselves. Without the voices of current experience, nurse educators and nurse leaders can only try to remember their own passage and look from the outside at what they valued as successful and unsuccessful development of professional identity in others. If self-definition and self-regulation (Styles, 2005) are important elements of the identity of a profession, nurses and nurse educators must understand professionalism and its development in order to guide those entering the nursing profession.

Statement of the Problem

It is impossible to fully comprehend professional identity without an understanding of the person undergoing its development. The concept of what defines a professional has been studied from the perspectives of many professions (Gardner & Shulman, 2005; Krejsler, 2005) including studies of nursing professionalism (Benner et al., 2010, McNiesh, Benner, & Chesla, 2011; Miró-Bonet, Bover-Bover, Moreno-Mulet, Miró-Bonet and Zaforteza-Lallemand, 2014; National League for Nursing [NLN], 2010; Styles, 2005). These and other analyses have defined various characteristics of a profession including training, self-definition, specialization, and social compact that give members of a profession standing within a community in exchange for service (Gardner

& Shulman, 2005; Styles, 2005). Within nursing, researchers have attempted to define what distinguishes nursing from other professions but again, there was no consensus. Is it the work itself (Allen, 2007) or how the work is performed (Clickner & Shirey, 2013; Krautscheid , 2014; Todres, 2008)? Is nursing professionalism defined by the responsibilities of nursing (Evans & Donnelly, 2006; Melrose, Miller, Gordon, & Janzen, 2012) or by decision-making skills often referred to as clinical reasoning (Etheridge, 2007; Forneris & Peden-McAlpine, 2009; Tanner, 2006, 2010)? While these definitions continue to be debated and nurse educators adjust learning environments in an attempt to build these ill-defined skills and abilities, nursing students remain caught in the middle. If these definitions and their development are to influence nursing students, researchers and educators must also explore nursing students' understanding of nursing professionalism, its importance to students, and what influences its development.

Defining a profession, however, does not equate with instilling professionalism in its members. Nurse researchers have studied various influences on nursing professionalism including personal (Baxter & Norman, 2011; Björkström et al., 2008; Clark, Owen, & Tholcken, 2004; Craig, Moscato, & Moyce, 2012; Johnson, Cowin, Wilson, & Young, 2012; Kim, 2007; Meretoja & Koponen, 2012; Milisen, De Busser, Kayaert, Abraham, & Casterlé, 2010; Tilley, 2008) and organizational effects (Brewer, Kovner, Greene, Tukov-Shuser, & Djukic, 2012; Miskelly & Duncan, 2014; Unruh & Ning, 2013; Unruh & Nooney, 2011). Researchers have also looked at the influence of societal or cultural norms (Cooper, Taft, & Thelen, 2005; Cope, Cuthbertson, & Stoddart, 2000; Miró-Bonet et al., 2014; Willetts & Clark, 2014), public image (Hoeve, Jansen, & Roodbol, 2014; Takase, Kershaw, & Burt, 2002), and educational preparation (Candela &

Bowles, 2008; Candela, Dalley, & Benzel-Lindley, 2006; Johnson et al., 2012; Kinchin, Cabot, & Hay, 2008; Koontz, Mallory, Burns, & Chapman, 2010; Lane & Kohlenberg, 2010; Myrick & Tamlyn, 2007). While some of these studies used nursing students as research subjects (Apesoa-Varano, 2007; Cooper et al., 2005; Iacobucci, Daly, Lindell, & Griffin, 2013; Kim, 2007; Koontz et al., 2010; LeDuc & Kotzer, 2009; Milisen et al., 2010; Takase et al., 2002), only two (DeMarco & Aroian, 2003; Melrose et al., 2012) focused on the experience and the perspective of nursing students. None of them attempted to distinguish the experience or perspective based on educational preparation. This research attempted to define students' understanding of nursing professionalism and its development from the perspective of two levels of education--the ADN and BSN.

Target audiences for this study were nurse educators who work with nursing students at any level and nurse executives who look to hire new graduate nurses. Nurse educators might gain a better understanding of the experiences of graduating students as they formulate a professional identity and prepare for the transition to practicing nurse. Nurse executives might better understand the new graduate and be able to expose those nurses to experiences and mentors who could continue to help the formation of professional identity. Ultimately, this study has the potential to add to the understanding and development of nursing as a profession.

Purpose Statement and Research Questions

To ensure students leave nursing school with their professional identity development underway, it is important to understand the experience of professional identity formation from students' points of view. The practice of nursing is more than just the completion of tasks--it involves critical thinking and experience, good

communication skills, and the ability to manage care from the perspective of the patient (Benner et al., 2010). Given that nursing schools are expected to produce graduate nurses who are ready for independent and professional practice, it is important that these nurses have both the skills and the authority of a professional nurse. In addition, the theoretical framework for this research, constructivism, defines knowledge as being constructed by the learner in a context as opposed to being imposed from outside. With this understanding, it is impossible to fully comprehend professional identity or its development without an understanding of the learner.

The following research questions guided this study:

Q1 What is the meaning of a nurse's professional identity to students in their final semester of nursing school?

Q2 What are the contexts of the experiences of professional identity formation as a nurse?

The inclusion of nursing students' perspectives of the experience and development of professional identity has the potential to broaden the definition of what it means to be a professional and to deepen our understanding of its influences. In addition, including the perspectives of students from two separate educational tracts might also help define any differences or similarities in these two entry points into practice. Because so little research has examined professional development in nursing school from the perspective of the student nurse, this phenomenological study was intended to describe the meaning and development of nursing professional identity from the perspectives of both BSN and ADN nursing students.

Theoretical Framework

The theoretical framework for this research was derived from the concept of *constructivism*. Constructivism is defined as the meaning an individual makes of the world and his or her personal experiences in it (Crotty, 1998). Professional identity is not formed until it is internalized. So while it might be interesting to understand social influences on professional identity, it would not offer insight into its formation without the understanding of individual nursing students. Constructivism can be distinguished from the confusingly similar *constructionism* in its relationship to the communal or collective experience. *Constructivism* is a personal understanding of a social or shared phenomenon, whereas *constructionism* is the understanding the group or society shares about the phenomenon (Crotty, 1998). *Constructivism* gives emphasis and validity to the individual experience, whereas *constructionism* emphasizes the effect and the definition ascribed by the culture (Crotty, 1998). Constructivism was the more appropriate perspective for this research because the personal experience of professional identity formation will further understanding of the experience of nursing students. How the student forms (or does not form) this identity and ultimately what nursing educators can do to support its development are the desired outcomes of this and further research.

In the context of nursing education, this research used the theory of constructivism as expressed by Jerome Bruner (1996). His theory posits that learning is an active process in which learners construct understanding based in part on previous experiences and knowledge, awareness of one's own thinking, and the context in which the learning occurs (Bruner, 1996). According to Bruner (1996), the learner reorganizes what he or she already knows to create new information using the practices of one's

culture and through interaction with the instructor, peers, and the sociocultural environment (Driscoll, 2005). Creating this new meaning is putting something in the cultural context from which it comes in order to make sense of it on a personal level--a sort of cultural positioning of personal understanding (Bruner, 1996). Situating an understanding of professional identity in the nursing student's experiences, knowledge, and awareness of one's own thinking would ultimately help the nursing educator encourage the development of this important phenomenon.

Summary

This research looks at the lived experience of the development of professional identity from the perspective of both ADN and the BSN students in the final semester of study. The individual experiences of a variety of nursing students were obtained through the use of both individual and focus group interviews. Students were asked to share their definitions, their experiences of professional identity, and particular occurrences they identified as contributing to their development as a nurse. The remainder of this dissertation provides a review of relevant literature; a description of the study methods including study design, sampling procedure, data collection procedures, data analysis, and provisions for the protection of human subjects; results from the interviews and focus groups; a discussion of the findings; and suggestions for educational interventions and further research.

CHAPTER II

LITERATURE REVIEW

This literature review provides the context for this study, which seeks to describe the experience of professional identity development in baccalaureate and associate degree nursing students enrolled in the final semester of their nursing program. Topics examined in the review include defining professionalism, specifically nursing professional development; contributors to professional development; perspectives on professional identity by nurse executives and nurse educators; and perceived differences between associate degree and bachelor's degree nursing students.

Defining a Professional

Defining what it means to be a professional has never been easy nor has it ever been standardized. In their introduction to a journal edition dedicated to the current state of professions, Gardner and Shulman (2005) gave a generic definition saying, "Professions consist of individuals who are given a certain amount of prestige and autonomy in return for performing for society a set of services in a disinterested way" (p. 14). They continued by describing six commonplace characteristics of all professions:

> 1) a commitment to serve in the interests of clients in particular and the welfare of society in general; 2) a body of theory or special knowledge with its own principles of growth and reorganization; 3) a specialized set of professional skills, practices, and performances unique to the profession; 4) the developed capacity to render judgments with integrity under conditions of both technical and ethical uncertainty; 5) an organized approach to learning from experience both individually and collectively and thus, of growing new knowledge from the

> contexts of practice; and 6) the development of a professional community responsible for the oversight and monitoring of quality in both practice and professional education. (p. 14)

Gardner and Shulman (2005) described a compact between society and the professional to act selflessly, responsibly, and wisely. This creates mutuality between professions and individuals that can at times be a point of conflict. The authors supported the efforts of scholars from the Carnegie Foundation who sought to understand professional training in a variety of fields including nursing (this is discussed later in the section on nursing professionalism). They discussed the semi-professional or less prestigious status often given to professions like nursing and social work and the fact that these professions have historically been female-dominated.

Margretta Madden Styles (2005), a well-known leader in nursing education, credentialing, and international nursing, prefers to use the term "profession-building" to describe nursing's attempts to be considered a profession. She described six attributes to be recognized as a true profession:

> 1) University (higher) education; 2) a distinct service or practice and discipline; 3) a research-based body of knowledge; 4) autonomy (self-governance) and accountability; 5) a code of ethics; and 6) an association to organize, serve, and speak for members and the public welfare. (p. 81)

She described the ways in which regulation both reflects and serves the attributes of a profession. She posited the process of self-regulation and self-identification is central to the independent practice of a profession.

Taking a more theoretical view, Krejsler (2005) discussed professional development from the perspective of the profession rather than individual professionals. He pointed out that defining a profession is always done in relation to the larger social, cultural, and political environment. Krejsler discussed identity of the professions

themselves, in particular those whose status as a profession was less publicly acknowledged such as teaching, social work, and nursing. In his view, these (semi-) professions are largely holistic in training, requiring immense personal commitment, usually taught at smaller universities and colleges, and all wanting to attain status as a true profession.

Krejsler (2005) stated there are four main issues that must be dealt with to attain status as a profession. The first is to make clear the epistemological starting point or perspective of the theories and beliefs of the profession. The second is qualifying one's stance by using the terminology and practices of what he calls "the sociology of professions" (Krejsler, 2005, p. 336). This can be described as playing the game by the same rules as those groups already given status as a profession, thereby gaining access either by appeasement or by force. The third is reflecting unified characteristics and a commitment to the existence of the profession in light of the individualistic nature of society. The member must integrate professional demands within his or her own personality, not merely rely on professional know-how. Last is reflecting on where this profession fits within the public and private sectors. This article took a much more theoretical view rather than prescribing the attributes of a profession. It exemplifies the importance of self-definition and self-regulation of a profession and the profession's relationship within the larger society.

Nursing Professionalism

The task of defining a professional becomes even more complicated when applied to nurses. Landmark research by Benner et al. (2010), *Educating Nurses: A Call for Radical Transformation*, used various terms to describe the concept of professional

identity including formation, re-formation, socialization, and acquisition of professional values. They employed the term formation "because it denotes development of perceptional abilities, the ability to draw on knowledge and skilled know-how, and a way of being and acting in practice and in the world" (Benner et al., 2010, p. 166). Their definition of formation involved a holistic and flexible view of patient care that involves both the skills and activities of care and an understanding of the individual patient receiving that care. Their work stressed this transformative learning experience be practiced in both the clinical setting and in the classroom. Benner et al. posited that students bring past experiences and habits into the learning environment and through being confronted with new and likely more complex experiences, relinquish or reform their knowledge and habit.

A second significant study by McNiesh et al. (2011) discussed the development of what the authors called clinical agency. McNiesh et al. sought to discover what formative experiences second-degree students in an accelerated nursing program identified as contributing to their sense of clinical agency. This concept, described as "the ability to take a stance and influence the situation" (McNiesh et al., 2011, pp. 51-52), plays an important role in the development of nursing professionalism. In this interpretive phenomenological qualitative study, students identified factors such as taking responsibility, independent caregiving, and role modeling from preceptors as helping them develop and differentiate their practice.

In the study by McNiesh el al. (2011), increased authority and responsibility for care caused students to have a heightened vigilance for the patient's wellbeing and a sense of responsibility for the clinical outcomes. One student described how taking

greater responsibility for care moved her from being an observer to a doer. Another described how taking responsibility gave the situation gravity: “Without feeling like the patient’s health is a little dependent on me, I just don’t learn as much” (McNiesh et al., 2011, p. 55). Managing care on their own allowed students to develop their own habits and styles of practice, giving them a feeling of independence and initiative. Students felt more connected to the environment of care; one described this as feeling like an “insider” (McNiesh et al., 2011, p. 56). Trust within the hospital unit, being a part of a team, and recognition from nursing staff also enhanced students’ development of professional identity as a nurse. The authors called for nursing faculty to give students responsibility for more independent care of patients as a way to foster a greater sense of professional identity. This study offered insight into ways students develop as nursing professionals but did not describe their definition or view or nursing professionalism, which is what the current research helped to uncover.

The National League for Nursing (NLN; 2010) described the development of professional identity as a continuous process. The NLN placed their definition in the context of the profession’s history, goals, and codes of ethics to “distinguish the practice of nurses from that of other health care providers” (p. 68). Knowledge alone is insufficient; professionalism includes internalizing the core values and beliefs of the profession as well as understanding the context of the practice. According to the NLN, the use of clinician and nurse educator role models, experiential learning, and guided reflection all contribute to the formation of professional identity and a nurse’s way of being, knowing and doing (NLN, 2010). A Spanish study by Miró-Bonet et al. (2014) also discussed professional identity as being understood within context. Professional

identity is linked to not only a globally informed perspective but it is also socially and historically constituted. Internalization of the profession of nursing is a global concept formed through daily, situated practice. Again, the definition is informative but does not describe the perspective of graduating students.

Values and ethics have also been cited as a foundation for nursing professionalism. LeDuc and Kotzer (2009) studied the internalization of nursing values using the Nursing Professional Values Scale. This scale is related directly to the American Nurses' Association (ANA) Nurse's Code of Ethics and is used as a way to measure internalization and practice of these nursing values. The study found no statistically significant relationship between years of experience and any of the individual statements of professional values, indicating nurses who had been practicing for many years viewed the code as no less important a guide for practice as the nursing students and new graduates. Iacobucci et al. (2013) asked senior bachelor's degree nursing students about their professional values, self-esteem, and ethical confidence using the Rosenberg's Self-Esteem Scale (Rosenberg, 1965) and the Revised Professional Nursing Scale. They found nursing values are a foundation for professional identity and higher levels of self-esteem contribute to one's subjective feelings of value as a professional. It is instructive to understand perceived contributors to nursing professionalism but there has not yet been enough research into the definition students give to the concept.

Other researchers asserted that nursing professional identity comes from the work itself or the way in which the work is employed. Allen (2007) concluded that nursing identity comes from the content of the work, what nurses actually do, rather than from theories of what it ought to do. Allen asserted that a more realistic approach would be to

base an understanding of the nursing profession on the outcomes and contributions of nursing practice. It is the outcomes and the activities of nursing that support claims of an independent body of knowledge and self-governance. Similarly, Clickner and Shirey (2013) looked at comportment as an element of nursing professionalism. In their research, comportment is defined as "a dignified manner or conduct" (p. 106). The authors said this is critical in effective relating, communicating, and collaborating with other members of the team and fosters a civil and professional environment.

In 2014, Krautscheid published a literature review on nursing professional accountability. In this work, the definition of professional accountability is derived from a synthesis of the literature as

> taking responsibility from one's nursing judgments, actions and omissions as they relate to lifelong learning, maintaining competency and upholding both quality patient care outcomes and standards of the profession while being answerable to those who are influenced by one's nursing practice. (Krautscheid, 2014, p. 46)

The author reasoned that nurse educators have a duty to foster students' learning of professional accountability as a formative experience. Krautscheid differentiated accountability as a separate goal from responsibility by defining it as a more internalized ability coming from free choice and personal commitment. According to Krautscheid, professional accountability supports congruence between nursing action and standards for the profession.

In a keynote address to a conference on qualitative research in healthcare practice, Todres (2008) discussed the epistemology of knowing as an "embodied relational understanding" (p. 1566), which is necessary to the applied practice of nursing. In his talk, he theorized that a caring practice is more than an application of techniques, rules, and standardized behaviors. "Embodied relational understanding" (p. 1566) allows the

nurse to develop a caring practice, one that views the work holistically. The nurse uses "knowing in personal ways" (p. 1572) and "judgment-based care" (p. 1566) as ways to attend to the fullness and uniqueness of humans. None of these definitions of nursing professionalism, whether expressed by the context, the work, or personal knowledge portrayed the perspective of the graduating nursing student. This study helped to fill this gap in the research through a qualitative descriptive study from the perspective of the graduating student nurse.

Nursing Education

Within the context of nursing education, professional development is often described through an interdependent relationship among personal knowledge, skill, judgment, and the context of nursing practice. Evans and Donnelly (2006) sought to develop a model to describe the relationship among knowledge, skill, and judgment. Performance of tasks is the most visible form of nursing, leading those outside of the profession to define it in terms of psychomotor skills. Evans and Donnelly posited this limits the profession and ignores the decision-making and judgment that occurs before, during, and after the performance of skills. Evans and Donnelly added nursing is defined by societal obligations, goals, values, an ethical framework, a distinct knowledge-base, and discipline-defining theories and skills. Educators need the background of knowledge and the experience of patterns to help students create the mind-set of a professional nurse because nursing competencies take on new meaning when used in context. Skills are supported by knowledge and by the judgment the nurse has developed. Evans and Donnelly described the knowledge-judgment-skill interrelationship does not remain static; it is the job of educators to make this interrelationship explicit. Understanding this

interrelationship from the perspective of the student will add to the knowledge of its development and its relationship to the development of professional identity.

DeMarco and Aroian (2003) asked both senior baccalaureate nursing students and nurse leaders to define personal, professional, and organizational qualities of successful nurses. Professional qualities were defined as honesty, compassion, advocacy, team orientation, reliability, dedication, punctuality, hard work, critical thinking, loyalty, trustworthiness, humility, and moral engagement. Personal qualities were similar to professional qualities with the addition of a sense of humor, common sense, curiosity, balance, cleanliness, and lifelong learning. Respondents identified elements of the organizational culture such as peer mentoring, approachable leadership, and nurses having a voice as contributing to success in the nursing workplace. The researchers noted each of these elements could not be measured individually but each had a spillover effect that influenced the others. While this list of attributes was informative, it did not address the question of different levels of education and did not fully distinguish student definitions from nursing professionals as this study intended.

The concept of professional development in nursing education is supported by constructivism--the theoretical framework of this research. Handwerker (2012) talked about the limits of behaviorism as an educational framework because students must respond to the totality of the information including the context. Handwerker referred to how about Benner et al. (2010) proposed that students must learn to “be” nurses, not to “do” nursing. Students must build their own understanding based on what they already know in order to assimilate new nursing knowledge. Handwerker stressed the social nature of learning and how students make meaning in response to and with the help of the

people and contexts around them. Social learning also supports the practice of metacognitive thinking, which helps students transfer knowledge and abilities to new settings. As it relates to professional identity, Handwerker described clinical practice and participation in a community of practice as ways to transform identity into that of a practicing nurse. While the fit between this theory and clinical experiences are more evident as noted by Benner et al., this kind of experiential or social learning can happen in any environment including the classroom. Both the student and the instructor are engaged in creating new meaning when the instructor asks the student to reflect on meaning or to describe how he or she came to understand a new concept. This fulfills the recommendations of Benner et al. by supporting engagement with the knowledge of the profession.

Research affirmed the process of developing professional identity occurs socially rather than simply by a change within the individual. Melrose et al. (2012) asked 27 Licensed Practical Nurses (LPNs) who were in a university program to earn their BSN about their changing professional identity from LPN to RN. In fact, many of the respondents stated they did not feel much differently about the work they did but they felt others, particularly other medical professionals and patients, perceived them differently. The research defined these outside perceptions from faculty, peers, and professionals as important socializing agents that reinforced legitimization (Melrose et al., 2012). This support and acceptance generated confidence and a willingness to risk new behaviors. Melrose et al. provided another important perspective, that of the advancing LPN student, but did not provide insight into the perspective of the graduating ADN or BSN student.

Contributors to Professional Development

Educational Preparation

Nursing school has been cited as a key period for the development of professional identity (Johnson et al., 2012). During this time, students gain the skills, knowledge, and attitudes of health care professionals that separate them from lay people. Nursing students' judgments of their own abilities and accomplishments lead to increased self-identity as a nurse. Johnson et al. (2012) stated professional identity is linked to self-identity that starts before nursing school and continues afterward; but it is the sense of self nursing students create that has the biggest influence on professional identity. The authors also discussed the importance of social relationships and the professional feedback students receive during this time as contributing to a sense of the professional self. They concluded, in part, that developing professional identity is as important as acquiring knowledge and skills during nursing education. This report specifically called for more studies on the development of professional identity such as this current research.

Other studies have examined student perceptions of their academic preparation for nursing practice and the development of professional identity (Candela & Bowles, 2008; Candela et al., 2006). Respondents expressed an overall satisfaction in preparation for clinical skills but felt least prepared for management, leadership, and organizational responsibilities. The research (Candela & Bowles, 2008) highlighted the wide disparity between how employers described new graduates as being unprepared for independent practice while educators declared they were developing ready professionals. These researchers defined six important elements of nursing education that provide the essential cognitive, affective, and psychomotor skills, and the higher-order thinking abilities

needed by practicing nurses: communication skills, social skills, critical thinking abilities, problem-solving skills, essential nursing concepts and principles, and professional values and ethics. While the views of new nurses and suggestions for the betterment of nursing education are important, neither of these publications furthered an understanding of student nurses and professional development during their school years.

Similarly, Duchscher (2008) suggested educators could assist students by allowing for repeated practice as students need consistency, predictability, stability, and familiarity in their practice setting. An important factor in transition shock is the apparent contrast among the relationships, roles, responsibilities, knowledge, and performance expected in these two environments. A healthy partnership between industry and education would ease the transition for newly graduated nurses and foster professional identity. Lane and Kohlenberg (2010) went even further to suggest the current educational structure might hinder the development of nursing professionalism. They described how the role of the nurse is changing while educational preparation is not. Having different entry points for practice (LPN, ADN, and BSN) and non-differentiation of practice undermines professionalism. The authors expressed support for a more educated workforce and encouraged leveling nursing responsibilities to create better patient outcomes. They also supported advanced nursing education to improve the professional climate for nurses. These studies are important for understanding the educational practices that support professionalism; yet they do not help us understand the perspective of the student nurse as this current research contends to do. Lane and Kohlenberg discussed differences in educational preparation, which are further explored by this study using both BSN and ADN students.

Critical Thinking

In her research on the development of clinical judgment, Christine Tanner (2006) described how nursing students develop knowledge by experiencing patterns, not simply by learning skills or applying a procedure. She stated the nursing process is a starting point but it does not do enough to develop good clinical judgment. According to Tanner, clinical judgment is influenced by five things: what students bring to their nursing education, the context of practice, the connection to and knowledge of the patient, using a variety of reasoning patterns, and reflection triggered by a breakdown in clinical judgment (or learning from one's mistakes). The development of clinical judgment is aided by experience in the clinical setting by recognizing textbook signs, symptoms, and developing responses in a particular setting.

Other studies supported the importance of clinical judgment and the difficulty students and new graduate nurses have in its development. In her 2007 descriptive, qualitative study, Etheridge found new graduates begin with a lack of understanding of the nurse's role, which then must be developed through clinical experience. New graduates describe critical thinking and clinical judgment as being of greater importance than they realized as students. The survey found development of clinical judgment comes from the understanding of epistemology (nurses' belief about knowledge) and from developing confidence, learning responsibility, and thinking critically. Etheridge described how these elements could be enhanced by faculty assistance and discussion with peers.

In their research, Forneris and Peden-McAlpine (2009) discovered two main themes: (a) critical thinking is developed through organizing and carrying out tasks; and

(b) critical thinking is intentional, reflective thinking. The researchers found preceptors must understand the impact of power and anxiety on the critical thinking abilities of novice nurses transitioning into practice and create dialogue that invites questions in a reflective and critical manner. Preceptors must also challenge thinking through sharing their professional perspectives. All of the studies on critical thinking supported its importance in developing nursing professionalism; however, none came from the perspective of the student and neither did they discuss the impact of educational level. This current research supported these findings by describing the perspective of the graduating nursing students in both ADN and BSN programs.

Clinical Practice and Preceptorship

Many studies (Brown et al., 2003; Craig et al., 2012; Duchscher, 2008; Forneris & Penden-McAlpine, 2009; Kim, 2007; Koontz et al., 2010; McNiesh et al., 2011; Severinsson & Sand, 2010) found practicum experience and direct patient care to be the greatest contributors to emerging professional identity as a Registered Nurse (RN). Koontz et al. (2010) used a qualitative grounded theory approach with 10 senior bachelor's degree nursing students in their final semester. Respondents cited positive influences from their preceptorship, being given responsibility and trust, having the nurse remember what it was like to be a student, and from gaining a new perspective on patient care. The researchers identified three themes affecting nurses' development: (a) clinical knowledge is not theory alone; nursing development needs concurrent patient interaction and responses to care; (b) students must develop the ability to separate relevant information from irrelevant in clinical problems; and (c) there are things that cannot be taught in the classroom but are learned through the interaction of nurse-patient practice.

Koontz et al. concluded an appropriate and engaging learning environment could support the transition from learner to nursing professional. However, this research focused on the transition to practice and did not directly ask students about their understanding of professional development.

Many studies asked students specifically about the role of preceptors in their clinical and professional development. Severinsson and Sand (2010) found the frequency of sessions and the supervision model most influenced professional development according to students. Students identified a "supportive yet challenging relationship" (Severinsson & Sand, 2010, p. 674) was most important followed by mutual respect, openness, and trust in the preceptor-student relationship as ways to foster leadership and professional identity. Price (2005) supported the importance of good mentors in the clinical environment, conscious knowledge, and reflective practice. According to Price, sharing reflections with a mentor or tutor about what they had learned about their knowledge, emotions, and skills enhanced the transfer of nursing skills and behaviors, which contributed to the development of professional identity.

Personal Characteristics

Various studies discussed competence as being important to the transition from nursing student to nursing professional (Kim, 2007), as a way to support nursing professional practices (Meretoja & Koponen, 2012), as an element of professional self-assessment (Milisen et al., 2010; Rhodes et al., 2013), and as a contributor to confidence (Baxter & Norman, 2011). With a greater amount of preceptor interaction, there was a greater degree of perceived competence in nursing skills among the students (Kim, 2007). The greater the interaction with a preceptor, the more the students understood how

nursing competence enhanced critical thinking, effective communication, and implementation of care. Conversely, Kim inferred inadequate clinical experiences might lead to students' difficulty with integrating into the workplace.

Clinical competence is context-driven and cannot be evaluated separately from the clinical context (Meretoja & Koponen, 2012). Meretoja and Koponen (2012) defined competence as "functional adequacy and capacity to integrate knowledge and skills and attitudes and values into the specific context of practice" (p. 414). Their definition of competence described integrating knowledge and skills with attitudes and values. The nursing professionals described how knowledge, skills, attitudes, and values are context-driven and require a multidisciplinary approach that can adapt to future challenges. In a separate study by Milisen et al. (2010), respondents in their final year of nursing education identified elements of student nursing competence as individualizing patient care, detecting problems and complications, and promoting patient wellbeing. These researchers defined students' professional image as "the way students perceive themselves in their clinical practice environment and their anticipated work environment" (Milisen et al., 2010, p. 687). This study made only a weak connection between competence and professional self-image by comparing conditions respondents identified as good for nursing practice and areas of self-perceived confidence.

Other studies found measurement in competency was subjective and hard to standardize. In her concept analysis, Tilley (2008) differentiated between competence and competency--the former measuring a behavior while competency measured the application of knowledge in a clinical setting. In addition, she differentiated course evaluation of cognitive achievement with assessment from applied clinical competency.

Similar to Milisen et al. (2010), Tilley found both classroom and clinical competence were important factors in nursing student development. Baxter and Norman (2011) concluded self-assessment is a weak tool in determining student development. While educators encouraged self-assessment as a way to develop professional behaviors, self-assessment is not an accurate assessment of clinical ability.

Research showed competence did not equal performance such as with the distinction between competence and competency made by Tilly (2008). Björkström et al. (2008) found other abilities such as practical, affective, and social skill; critical, creative, and reflective thinking; accountability; awareness of research utilization; and leadership contributed more to professionalism. Development of professional identity is also supported by critical, creative, and reflective thinking abilities as well as accountability and awareness about research utilization and leadership. Björkström et al.'s longitudinal study of professional self-concept in nurses transitioning from the role of student to practicing nurse in Sweden used the Nurse Self-Description Form for self-assessment of the development of professional self with 82 nursing students--once at the beginning of their bachelor's degree program, again just before graduation, and a third time three to five years after graduation. The researchers concluded mastery of practical, affective, and social skills was not enough to develop professional self-concept. While these studies, which looked at the development and measurement of competence, contributed to an understanding of nursing professionalism, they did not fully describe the concept nor did they give us the perspective of the graduating nursing student.

Societal and Environmental Characteristics

Research findings support the theory that entry into practice is both a social and a cognitive experience. Cope et al. (2000) found acceptance into the community of practice was important but could not be separated from social acceptance given a satisfactory level of competence. The findings supported the use of situated learning and the need for mentorship not only for the development of skills and knowledge but also for exposure to the culture of professional nursing practice. Professional identity for the new nurse is complicated by the social environment and personal identity, both of which are developing as the new nurse begins practice (Willetts & Clarke, 2014). Willetts and Clarke (2014) proposed group belongingness and social identity become even more relevant in the context of building a professional identity and are an outgrowth of personal self-identity. Group performance and teamwork means nurses must engage in "spontaneous acts of cooperation, helping and innovation, not just follow a job description" (Willetts & Clarke, 2014, p.167). The authors also referenced the idea that professional identity is linked to societal perception and much of what nurses do is not apparent to the general public. As a result, it becomes more important for nursing professionals to clarify and justify the professional position of nurses.

While it can be difficult to separate the work environment from the social environment, researchers found the culture of a particular hospital or nursing unit continues to shape profession identity individually and as a profession. Nurses learn from their work environment and their colleagues what it means to be a nurse. Research teams from central Florida conducted two correlational studies of indicators of nursing work environments, professional commitment, and intent to leave nursing. Unruh and

Nooney (2011) reported inadequate orientation, working the day shift, patient load, more work hours, and shift work led to perception of job difficulty and demand. Poor orientation and a greater number of float shifts related to lower perception of job control. Both of these factors led to decreased commitment and higher numbers of nurses leaving the profession. Unruh and Ning (2013) found job difficulty and job demands ranked highest as factors for leaving the profession of nursing. A challenging transition to practice and work difficulties led to lower level of professional identity, making it easier to leave the profession. Similarly, Brewer et al. (2012) found full-time employment, strains and sprains, lower job satisfaction, and lower organizational commitment led to higher turnover. A greater intent to stay, more voluntary overtime, and more than one job led to lower turnover. Magnet status, mentor support, and other factors had no effect in this study. While the foci of these studies were turnover rates and organizational commitment rather than professional identity, the results were significant to this research given the importance of social support and work environment to the development of professional identity.

Studies of transition to practice supported the finding that professional identity is closely linked to social identity and relationships. Craig et al. (2012) surveyed two cohorts of new nurses about their transition to nursing practice and the role of their preceptors six months after completion of a BSN program. Student comments supported the finding that transition to practice has an important social component. Respondents' concerns included their ability to handle an unexpected crisis, they were missing something, their lack of experience to provide safe care, their lack of nursing knowledge, making mistakes, time management, not being viewed as competent, being yelled at, and

being able to fit in. Students reported certain key indicators of successful transition: positive feedback at the work site increased self-confidence on the part of the new graduate and acceptance by the care team was important to successful transition. They also reported factors that assisted a successful transition: presence of good role models, the ability to ask questions safely, and ongoing feedback on performance.

Leadership training has also been linked to the development of professional identity. Miskelly and Duncan (2014) used questionnaires, focus groups, and interviews with 58 participants in an in-house nursing and midwifery leadership development program in New Zealand. Their research found the opportunity to reflect on their clinical practice and on the delivery of health care increased their confidence, personal development aspiration, and helped them see themselves as part of a larger healthcare delivery system. According to the study, all of these elements increased professional identity. In particular, participants found a greater understanding of the healthcare delivery system and their role in it gave them an appreciation for the social, political, economic, and managerial aspects of providing care and the impact on the general public. This not only improved patient-centered care, it also helped develop professional identity and empowerment. While these studies were important in defining social contributors to professional development, they did not all examine the perspective of the graduating nursing student to give insight into contributions made during nursing school. This current research could benefit from a discussion of social factors but sought to fill the gap in research from the perspective of the graduating nursing student.

Public Image

Many authors have researched and discussed the role of nursing's public image--the representation of nurses in the media or the public's misinterpretation of the role or educational training of a nurse. Studies have shown a lower public image of nursing supported a lower self-image in individual nurses (Hoeve et al., 2014), which ultimately damages professional identity (Takase et al., 2002). Hoeve et al. (2014) found the effects of public image and nursing self-concept to be bi-directional, showing a negative public image contributes to lower self-esteem in nurses just as nurses with low self-image contribute to a more negative public image. The research demonstrated how the public is not aware of the autonomous nature of nursing work and the scholarly and research-based foundation to nursing preparation and practice. As a result, nurses are not given recognition for their skills and abilities, which in turn affects their self-image. Hoeve et al. discussed how the social history of nursing is interrelated to the practice of medicine and how this has created an image of nurses as subordinate to doctors. Nursing students are not immune to these effects of public image and create a self-identity based in this culture. They concluded nurses must work harder to create a more realistic image of the profession of nursing and increase their visibility.

Participants in a similar study (Takase et al., 2002) viewed public image as lower than personal self-image and the survey found all participants had positive self-esteem. Responses showed nurses' self-concept, self-esteem, job satisfaction, and performance were all influenced by public image and stereotyping. Participants suggested encouraging professional socialization and cultivation of positive personal self-esteem would help ward off the negative influence of public stereotypes on nursing practice.

These researchers were unable to establish a relationship between the degree of professional socialization and development of nurses' self-concept but they found a variety of factors, not just public image, influenced the development of nurse's self-image. Again, this research informed the perspective of the graduating nursing student but did not provide insight into the mindset of current nursing students, which was provided by this research.

The Perspective of Nurse Executives

Nurse executives and nurse educators have often had different views about the professional readiness of newly graduated nurses. This is shown most clearly in the research of Berkow, Virkstis, Stewart, and Conway (2008). Berkow et al. conducted a survey of a cross-section of frontline nurse leaders about new graduate nurse proficiency across 36 nursing competencies deemed essential to safe and effective nursing practice. Nurse leaders were defined as those in clinical nurse specialist, nurse director, educator, manager, and charge nurse positions as well as staff nurses with more than two years of experience. They received over 5,700 responses to their online survey tool. The most striking finding from this research was the vastly different impression educators and employers had of newly graduated nurses. According to this research, participants suggested that encouraging professional socialization and cultivation of positive personal self-esteem would help ward off the negative influence of public stereotypes on nursing practice. Nurse executives described the lowest 10 abilities of new nurses as follows: the ability to take initiative; interpretation of assessment data (e.g., history, examination, laboratory tests, etc.); the ability to work independently; an understanding of quality improvement methodologies; completion of individual tasks within the expected

timeframe; the ability to keep track of multiple responsibilities; conflict resolution; the ability to prioritize; the ability to anticipate risk; and delegation of tasks. The findings showed new graduate nurses' greatest improvement needs centered on non-task-related skills such as taking initiative, tracking multiple responsibilities, and delegation, which are more readily taught in a clinical setting rather than in a classroom.

In a similar study of nurse executives' perceptions of new-graduate nurses' competencies in the clinical setting, Thomas, Ryan, and Hodson-Carlton (2011) used a questionnaire derived from the Quality and Safety Education for Nurses competencies for undergraduate nursing education. The areas of concern of these nurse executives included a lack of ability to collaborate with other health care providers, a lack of experience in delegating, time management, communication, and working with teams. Again the concerns of nurse executives focused on the less visible skills of professional identity best suited for learning in a clinical environment. The researchers suggested more experience in the clinical environment that focused on management of care, care for more than two patients, and exposure to chronic conditions and health promotion management to promote competence. The perspective of nurse executives is an important measure of expectations for the clinical setting and would be useful to compare against student definitions of professional identity found through this current research.

The Perspective of Nurse Educators

Research focused on nurse educators showed the development of professional identity is not a secondary intent in the development of nursing curricula. Akhtar-Danesh et al. (2013) found descriptions of the characteristics of professional identity, such as knowledge, specialization, intellectual and individual responsibility, and group

consciousness in the literature going back as far as 1914. Akhtar-Danesh et al. found four viewpoints: humanists, portrayers, facilitators, and regulators. Students and faculty members identified certain learning activities, the learning environment, and discussion of concepts such as accountability, collaboration, and advocacy could promote the development of professionalism. This research supported the need to design educational strategies to address professionalism in nursing practice in individuals, within the profession, and as part of interdisciplinary teams.

Apesoa-Varano (2007) examined the interplay of caring and nursing science to develop the construct of "educated caring" (p. 264), wherein science and caring are equally valuable and significant. Using a feminist theoretical approach, Apesoa-Varano noted current educational practice does not support the fact that nursing is a female-dominated profession and overlooks the importance of affective, expressive, and relational aspects of the profession. She theorized the emphasis on objectivity, science, and rationality deemphasized caring as an important aspect in professional nursing care. She found four problems with past treatments of professionalism in nursing: they looked at clinical, not classroom learning content; they assumed the school emphasized professionalism in practice; they overlooked the influence of gender; and they overlooked the importance of caring. Her research supported a more holistic approach to patient care that develops not just skills and abilities but the growth of professional identity through exposure to complex care environments. The perspectives and intentions of nursing educators are important to compare against the understanding of students regarding professional development. This current research could add to the development of

educational practices to bridge the expectations of educators and the experience of students regarding the development of professional identity.

Associate Degree and Bachelor's Degree Programs

This current research describes experiences of professional identity formation in both associate degree and bachelor's degree nurses. A review of previous publications on these different program types revealed several rhetorical and political writings primarily dealing with entry into practice (Aiken, Clarke, Sloane, Lake & Cheney, 2008; American Organization of Nurse Executives, 2012; Boyd, 2011; Lane & Kohlenberg, 2010; Matthias, 2010). Much less research-based literature has dealt with issues such as practice patterns (Smith, 2002), National Council Licensure Examination (NCLEX) readiness (Esterhuizen, 2009), professional values (Martin, Yarbrough, & Alfred, 2003), and critical thinking (Shin, Jung, Shin, & Kim, 2006). No research has looked at professional identity differences or similarities between the two groups. We do not currently have an understanding if there are differences in educational preparation or in perception of professional identity between these two groups. By using respondents from both ADN and BSN programs, this research looked to address the question of any potential differences in perception on the part of graduating students from each type of program.

In research looking at the practices and activities of ADN and BSN students, studies did not find significant differences between the two groups. Smith (2002) found nearly identical patterns of practice activities between ADN and BSN nurses. The research did not look at the quality of the performance, just the frequency. The activities were chosen based on the National Council of State Boards of Nursing (NCSBN) survey

used to compose the NCLEX-RN exam. The NCLEX-RN exam is a test of minimum competency for practice and might not provide insight into more subtle or advanced differences between the two groups. Similarly, Esterhuizen (2009) used the NCLEX-RN exam as a basis for measurement by looking at readiness for the exam. He also found no significant difference between associate degree and bachelor's degree nurses in terms of readiness for the NCLEX-RN.

Research in Korea found differences in critical thinking ability between ADN and BSN students (Shin et al., 2006). Critical thinking was described by the study's authors as including self-regulatory judgment, interpretation, analysis, evaluation, and inference. Critical thinking is said to include both cognitive skills and affective disposition. The research found a statistically significant difference between the groups with BSN-prepared students scoring the highest. The largest differences in the first tool, the California Critical Thinking Disposition Inventory, were in scales measuring truth-seeking, open-mindedness, thinking self-confidence, and maturity of judgment (Shin et al., 2006). The second tool, the California Critical thinking Skills Test, also showed higher levels of critical thinking in BSN students, specifically in the areas of analysis, evaluation, inference, deductive reasoning, and inductive reasoning. While this study might indicate differing abilities in thought and action, it did not describe differences in professional identity or its formation (Shin et al., 2006).

Research from Texas (Martin et al., 2003) found no significant difference between ADN and BSN students in overall nursing values. However, when examining subtypes of ANA-related ethics, their research identified significantly higher importance for 5 of the 11 subscales than their BSN counterparts: protecting patient information of a

confidential nature; accountability for individual nursing judgments and actions; seeking consultation, accepting responsibilities, and delegating nursing activities; participating in the profession's efforts to improve standards of nursing; and collaborating with other health professionals and citizens to promote the health needs of the public (Martin et al., 2003). This research was somewhat limited since it merely asked respondents to identify the importance of the ethical value, not link it to professionalism. In addition, it used ANA Code values as a proxy for professionalism rather than allowing respondents to define the experience of professional identity for themselves.

No studies have looked at differences in professional identity formation between BSN and ADN students. Candela and Bowles (2008) discussed differences in perceptions of educational preparation. Shin et al. (2006) looked at critical thinking dispositions. Smith (2002) looked at practice differences. Martin et al. (2003) asked both ADN and BSN students about the importance of nursing values. While these studies highlighted differences in these two tracks of study, none of them give insight into professional identity development.

Summary

A review of the literature uncovered a gap in our understanding of the experience of professional identity formation in graduating BSN and ADN students in the United States. This research sought to fill this gap with a qualitative study to describe the experience of professional identity development in ADN and BSN nursing students enrolled in the final semester of their nursing program as a way to further explore the formation of nursing professionalism. Topics examined in the review included defining professionalism, contributors to professional development, perspectives on professional

identity by nurse executives and nurse educators, and perceived differences between associate degree and bachelor's degree nursing students. The research studies outlined in this literature review examined the concepts of professionalism and professional identity from many different perspectives but none specifically described the experience of professional identity formation in graduating bachelor's degree or associate degree nursing students.

CHAPTER III

METHODOLOGY

Chapter III provides an overview of the research problem and purpose, research design, theoretical framework, participant sampling, recruitment of participants, data collection procedures, data analysis procedures, and provisions for the protection of human subjects. Each is described with the intention of obtaining credible, trustworthy, and applicable results that can be used to further our understanding of the experience of nursing professional identity development.

Research Problem and Purpose

To ensure students graduate nursing school with their professional identity development underway, it is important to understand the experience of professional identity formation from students' points of view. Professional identity is internalized and acted upon by the individual learner and is a more subjective learning task than starting an IV or practicing therapeutic communication. It is difficult to fully comprehend professional identity or its development without an understanding of the learner. In addition, the concept itself is not well developed among nurse educators and researchers; therefore, its progress in an individual learner at times defies definition. There is little research on professional identity from the perspective of the graduating student nurse. Gaining a better understanding would help educators to guide its development and further its growth.

This research took a qualitative, phenomenological approach to understand the lived experience of professional identity formation in nursing students in their final semester of study. The research used individual interviews and focus groups constructed with broad introductory questions and follow-up as needed to clarify responses. The participant inquiry concentrated on two broad questions: (a) what is the meaning of professional nursing identity to students in their final semester of a nursing program; and (b) what are the contexts of and thoughts about the experience of professional identity formation as a nurse. Because so little research has looked at professional development in nursing school from the perspective of the student nurse, this phenomenological study sought to describe the meaning and development of nursing professional identity of both bachelor's degree and associate degree nursing students in their final semester of study.

The theoretical framework for this research was constructivism, which defines knowledge as being constructed by the learner in a context as opposed to being imposed from outside. This framework was an ideal fit for research on the development of professional identity formed by the learner in the context of nursing education. Constructivism posits that learning is an active process whereby learners construct understanding in the context in which the learning occurs (Bruner, 1996). This encouraged the researcher to consider the broader context of how culture affects one's abilities and cognition, ultimately influencing how one constructs his or her understanding of concepts (Driscoll, 2005). The environment or context also affects students' conceptions of themselves and their internal capacities (Driscoll, 2005).

This framework dovetailed perfectly with the use of a qualitative approach. Phenomenological qualitative research was selected for this study because it sought to

uncover the meaning of a phenomenon for those involved. "Qualitative researchers are interested in understanding how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences" (Merriam, 2009, p. 5). This study used focus groups and individual interviews to look for recurring patterns or themes in the experiences of the participants (Houser, 2008). In qualitative research, the researcher is the primary instrument for data collection and analysis; therefore, concerted efforts must be made to bracket out or suspend what one suspects or assumes to reduce the effect of preconceptions (Merriam, 2009; Munhall, 1994). The researcher actually describes his or her perspective of that experience, giving an additional layer of influence to our understanding (Munhall, 1994), which is why bracketing is such an important part of research development.

Research Design

Theoretical Framework

The theoretical framework for this research was the concept of constructivism, particularly as expressed by Jerome Bruner (1996). His theory posited that learning is an active process in which learners construct understanding based on previous experiences and knowledge, awareness of one's own thinking, and the context in which the learning occurs (Bruner, 1996). According to Bruner, the learner reorganizes what he or she already knows to create new information using the practices of one's culture and through interaction with the instructor, peers, and the sociocultural environment (Driscoll, 2005). Creating this new meaning is putting something in the cultural context from which it comes to make sense of it, thus creating a sort of cultural situatedness (Bruner, 1996).

According to Bruner (1996), learning is not an attempt to get at pure scientific facts; rather, it is a way to make sense of the environment and relate it to new inputs. This was discussed in Bruner's perspectival tenant in which he describes the meaning of a fact is relative to the frame of reference in which it is understood. Understanding is an interaction between the learner and the culture; therefore, meaning varies by context (Bruner, 1996). Bruner discussed the need to consider the broader context of how culture affects one's abilities and cognition, ultimately influencing how one constructs his or her understanding of concepts (Driscoll, 2005).

Constructivist research is not concerned with knowledge as truth but rather looks at the manner in which knowers construct knowledge. Tobin and Tippins (1993) described knowledge as both social and individual--knowledge is personally constructed but socially mediated. In an educational setting, the teacher creates environments supporting multiple ways of knowing and acts as a mediator to student understanding. Typically, the teacher starts with what the learner already knows, maximizes social interaction, and negotiates meaning so it can be synthesized into new knowledge. Constructivism looks at how new knowledge is learned and what meaning the learner gives to it.

Phenomenology

Phenomenology is a type of qualitative research that focuses on the lived experiences of humans in relation to a shared phenomenon (Houser, 2008; Merriam, 2009; Munhall, 1994). In other words, phenomenological research is intended to uncover how unique individuals understand and respond to something they all experience. Phenomenology seeks to discover what meaning people give to the experience and what

patterns they discern; it does not focus on the facts of the experience but rather on meaning the person gives to the experience (Houser, 2008; Munhall, 1994). As a human science, phenomenology identifies that meaning exists within human subjectivity--not within the act or the object itself (Munhall, 1994). Phenomenology looks at ordinary life experiences in a situated context in an effort to better understand one's being in the world and one's process of becoming. Reflecting on the ordinary uncovers its meaning, making it extraordinary (Munhall, 1994).

This research employed descriptive phenomenology, which seeks to describe an experience rather than interpretive phenomenology, which seeks to describe how the phenomenon relates to individuals' interpretation of the phenomenon (Polit & Beck, 2004). Descriptive phenomenology was appropriate for this study because the experience of professional identity formation in nursing students has not been fully explored in the literature. It was also appropriate because the students were being asked to describe their experience of professional identity development--not interpret their experiences. This current study helped to expose the experience and interpretation of graduating nursing students, contributed to our knowledge base on the topic, and formed the basis for future research.

Phenomenology is particularly useful when a social phenomenon has been poorly conceptualized (Polit & Beck, 2004) such as students' experience of professional identity formation. Phenomenology seeks to get to the universal essence of an experience, which is done by describing what participants have in common as they experience a phenomenon (Creswell, 2007). In this research study, each student shared elements of the experience of professional identity development, a concept referred to as

intersubjectivity (Cohen, in Munhall, 1994). Through the use of individual interviews as well as focus groups, this research sought to create a composite description of the essence of professional identity formation as experienced by this group of graduating nursing students. Phenomenology rests on the tenet that social interaction constructs convey meaning (Creswell, 2007), which is why focus groups were used as a method of member checking and as a way to add richness to the data.

Participant Sampling

Sampling is an area of qualitative research where flexibility and adaptability are important (Polit & Beck, 2004). Criterion sampling, more generally known as purposeful sampling (Merriam, 2009), was chosen as the best fit for this research. In criterion sampling, selection of group members is based on their knowledge and experience (Doody, Slevin, & Taggert, 2013a; Redmond & Curtis, 2009). This group of students was chosen based on their experiences in a nursing program, their proximity to graduation, and the fact they were willing and able to participate. The desired research data were based on the experiences of the participants and were not intended to represent all nursing students. This study used criterion sampling to create homogeneity of experience by limiting the group to students in their final semester and configuring focus groups of students by their program of study (ADN and BSN). At the same time, the group configuration also reflected heterogeneity of opinions and insights as much as possible (Papastavrou & Andreou, 2012); therefore, all students were asked to participate and focus groups were chosen with the intent of increasing diversity.

Recruitment of Participants

The sample of nursing students was recruited from two large public institutions in the western United States. One is a state university that offers a baccalaureate nursing degree and the other is a public community college that offers an associate nursing degree. All students were in their final year of study in their nursing program so they would have adequate nursing school experience from which to draw in answering questions. The students at these schools came from diverse backgrounds, had a variety of educational and life experiences, and, due to the proximity of graduation, all were in the process of defining what their practice of nursing would look like. All participants were older than 18 years of age and all were enrolled in the final semester of nursing school. The pool of potential participants was chosen to ensure the researcher did not currently teach any of the potential participants nor would she have them in an evaluative situation in the future.

From recruitment of participants to the execution of the interviews and focus groups to analysis of the data, the researcher ensured integrity. When recruiting participants and conducting the interviews and focus groups, this researcher ensured involvement was voluntary and confidentiality was protected to the extent possible (Shaha, Wenzel, & Hill, 2011). It was made clear that participation in this research project was voluntary. In the informed consent and verbally, it was explained to participants that their participation was voluntary and they could chose to withdraw at any time without any ramifications. A statement about this was included in the consent form they signed and a copy was given to each participant (see Appendix A). Data were kept confidential from those not involved in the research. Only the researcher, her

research advisor, and qualified peer reviewers examined individual responses, and the results of the study were presented with the use of pseudonyms. Data were kept in a locked cabinet and on a personal computer accessible only by the researcher.

Access to the academic sites and the participants was arranged through the directors of undergraduate nursing in each location. Institutional Review Board (IRB) approval was obtained from both agencies where data were collected and the university where the researcher attended as a doctoral student.

Procedures

Protection of Human Subjects

Before data collection began, IRB approval was obtained from the University of Northern Colorado (see Appendix B) where the researcher is a doctoral student and from California State University-Fullerton and Long Beach City College where the research was completed. Each participant was asked to sign a consent (see Appendix A) that explained participation in the research was purely voluntary and the participant was allowed to withdraw from the study at any time. The consent included an agreement to be audiotaped, a description of the data collection process, and the risks and benefits of participation in the research.

The risks and benefits to the participant are described as follows.

1. Risks to the participants are minimal and are not expected to be greater than those encountered in daily life.
2. Participants might feel some level of emotional discomfort in recounting difficult experiences or participating in the group process.

3. The focus-group process took time for which the participant was not compensated.
4. The study was completed outside of class time on a purely voluntary basis.
5. The benefits to the participants included gaining insight into their personal experiences and potentially encountering an improved awareness of nursing professional identity.

Participants were made aware of efforts to protect confidentiality including the use of a pseudonym and efforts to remove any identifying information. Only the researcher, her research advisor, and qualified peer reviewers examined individual responses. The results of the study were presented with the use of pseudonyms. Data collected and analyzed for this study were kept in a locked cabinet in the researcher's home, which was only accessible by the researcher, and on a personal computer protected by a password. Data from this research were not stored in an online cloud. In addition, the participants were allowed to review the transcripts of their individual interviews and portions of the focus group they attended. Also, the researcher made the final results, in the form of a research abstract, available to participants who were interested.

Data Collection

This research was conducted as a way to better understand the lived experience of professional identity formation in nursing students. Student perspectives were elicited in individual interviews and focus groups constructed with broad introductory questions and follow-up questions as needed to clarify responses (see Appendix C). Individual interviews allowed each member to be heard and his/her experiences to become part of the data set as opposed to quantitative or survey data that generalize participant

experiences (Doody et al., 2013a; Liamputtong, 2011; Redmond & Curtis, 2009). Focus groups were used after the individual interviews as a means of member checking and to deepen the data through peer discussion. Focus groups are well suited to the theoretical framework of constructivism due to the social nature of this data collection format (Merriam, 2009). Respondents got to hear what others in the group had to say and through discussion with others often created new understanding and gave new meaning to the topic being discussed. In essence, new meaning was being created through the process of data collection (Merriam, 2009).

Individual interviews. Individual interviews are a common form of data collection in qualitative research (Merriam, 2009; Polit & Beck, 2004). Generally, the individual interview started with a social conversation or some other activity to relax the participant and gain their trust of the researcher (Moustakas, 1994). The researcher then asked the participant to reflect on the phenomenon of interest and then describe it in his or her own terms. This allowed the participant an environment in which he or she was comfortable and able to convey a personal experience of the phenomenon honestly and fully (Moustakas, 1994). The researcher brought to the interviews a set of open-ended and follow-up questions as a guide. The optimal experience would be for as little interruption or direction from the researcher to ensure the experience conveyed by the participant was fully his or her own. An individual interview is preferred over a focus group when there is sensitive or emotionally charged subject matter; participants might feel more comfortable to share when there are no others in the room (Redmond & Curtis, 2009). These individual interviews also afforded the researcher an opportunity to build rapport with each participant before the focus groups were conducted.

Focus groups. Phenomenology lends itself well to the use of focus groups because the nature of the data collection and the perspective of the research method are both very socially bound (Houser, 2008). This blended nicely with the concept under study because professional identity formation is influenced by culture and society as well (Cooper et al., 2005; Cope et al., 2000; Willetts & Clark, 2014). A focus group is more than a group interview of individuals; the group interaction is part of what is being researched (Liamputtong, 2012) and the data become the product of context-dependent group interactions (Redmond & Curtis, 2009). Using the interaction deepens the inquiry and reveals aspects that might not be available through one-on-one interviews. Group interaction is necessary to access the perspectives of the participants (Liamputtong, 2012) and to highlight the range of perspectives and experiences (Doody et al., 2013a).

In this research, the focus group was used as a means of member checking and as a way to deepen the researcher's understanding of the participants' experiences. There were many advantages to the use of focus groups in this study including the opportunity to capitalize on group dynamics. Participant interaction produced more in-depth data. Often when participants see and hear others who have similar views, it legitimizes their opinions and allows for more candor (Papastavrou & Andreou, 2012). The use of focus groups in this study broadened participant responses beyond what was said to include the intensity and the tone of voice. In addition, focus group participants might change their mind or consider other opinions they might not have thought of once they heard the opinions of others (Doody et al., 2013a; Redmond & Curtis, 2009).

Environment for data collection. The researcher sought to create a relaxed, neutral, and safe environment where participants felt comfortable to share their views and

ideas and where participants knew what was expected of them (Doody, Slevin, & Taggert, 2013b; Shaha et al., 2011). The seating was comfortable and the room was well lit. Participants were asked to turn off their cell phones and the researcher endeavored to keep distractions to a minimum. In addition, the researcher ensured all voices could be recorded using a digital voice recorder and a second voice recording system as a backup (Doody et al., 2013b).

The researcher took into account factors that could influence the success of the data collection such as the researcher's style of questioning, dress, body language, and general warmth toward the group (Doody et al., 2013b). The researcher sought to focus on the success of the interaction and was aware of these potentially limiting personal characteristics. Also, the researcher sought clarification of ambiguous data either during the initial interview or at the follow-up meeting of the group (Doody et al., 2013b; Papastavrou & Andreou, 2012; Polit & Beck, 2004). *Intuiting* was another way the researcher attempted to improve the quality of the descriptive phenomenological research. Intuiting means the researcher remained open to the meanings attributed to the phenomenon by those who experienced it (Polit & Beck, 2004). The researcher was ready for the breadth of the topic to expand and was open to issues and views she might not have anticipated (Redmond & Curtis, 2009). This allowed the portrayal of the experience to truly be descriptive of those who experienced it.

The use of pseudonyms for participants in this research helped to ensure confidentiality. The plan for the use of pseudonyms was to have name cards available to the students with pseudonyms already printed on them. Having prepared pseudonyms rather than letting participants create their own decreased confusion if two students made

up the same name; it also minimized risks to confidentiality if a participant made up a name that identified him or her. When they were first interviewed, participants picked a card with a pseudonym and kept it in front of them throughout the individual and group discussions. The researcher also had the participant write his or her name on the back of the card so the participant could keep the same pseudonym for the subsequent focus group. In the focus groups, the researcher asked all participants to refer to each other by the pseudonyms to ensure confidentiality. The researcher also asked participants to say aloud their pseudonym before talking in order to record the identity of the speaker during the transcription.

In the focus groups interviews, the researcher paid special attention to group dynamics. Interactions between group members were encouraged and individual members were not allowed to dominate the group. Individual interviews were conducted first, giving the researcher the opportunity to assess personality and extroversion/ introversion. Since recruitment was purposeful and the group size was flexible, the researcher had the opportunity to construct groups that were homogeneous in terms of educational preparation but heterogeneous in opinion (Redmond & Curtis, 2009). While gratitude for participants' involvement might take the form of a small gift or food during sessions, it also involved being efficient and respectful of participants' time (Shaha et al., 2011). The researcher considered participants' schedules and their use of time so they would not feel burdened by involvement in the study. A time limit was established at the beginning of each individual and group session; the researcher notified participants when this time limit was near, giving an opportunity to stop or continue based on the desire of the participants.

During the focus groups, chairs were placed in such a way that all participants could see one another. If a participant had to leave before the focus group ended, the researcher re-oriented the group after the departure and gave those remaining a moment to adjust to the new group formation (Shaha et al., 2011). The length of time for each of the study's focus groups was expected to be somewhere between one and two hours. It could be shorter if there was nothing further for the participants to say but research has found two hours is the physiological maximum timeframe participants can tolerate (Doody et al., 2013a; Redmond & Curtis, 2009). For this study, the researcher scheduled two hours for each session.

Participant questioning. The researcher utilized a structure for the focus groups referred to in many descriptions of phenomenological study (Doody et al., 2013a; Liamputtong, 2012; Moustakas, 1994; Redmond & Curtis, 2009). The groups started with an introduction, some general and non-intrusive warm up questions, and then provided a clarification of terms. The questioning started with easy and non-threatening questions, moved on to more difficult and more detailed questions, and concluded with a chance for members to add or clarify comments and wrap up and closing statements by the researcher. Using a warm up and introductions gave the participants a chance to settle in to the environment and become comfortable with the format (Doody et al., 2013b). Restating the purpose of the focus group and summarizing results at the end helped to ensure all participants had a chance to be heard and understood and gave closure to the group experience. It also helped the researcher to ensure the interpretation of what was said was how the group experienced the phenomenon.

The individual interviews and focus groups used a semi-structured interview process with a list of open-ended questions and probes (Doody et al., 2013b; Polit & Beck, 2004). Liamputtong (2012) described the types of questions that might be asked:

1. Probing questions--can you describe more about what you experienced?
2. Follow up questions--can you tell me more about that?
3. Specifying questions--what did you actually do, feel, etc?
4. Direct questions--have you experienced (the phenomenon)?
5. Indirect questions--what do most people think about (the phenomenon)?
6. Structuring questions--we have been talking about (a phenomenon). How do you participate in/how have you experienced (the phenomenon)?
7. Interpreting questions--do you mean you experienced (a phenomenon)?

The questions were guided in a natural progression from general to specific (Redmond & Curtis, 2009). This might mean the researcher had to go back and complete discussion of general topics before moving forward.

The role of the researcher in this study was to facilitate the discussion in the most non-intrusive way possible. Open-ended questions were used to allow the participants to interpret and guide the discussion. The researcher phrased the questions in such a way that they were not leading and made it clear all answers were acceptable (Zacharakis, Steichen, de Sabates, & Glass, 2011). In an effort to be non-intrusive, the researcher used active listening and non-judgmental prompts such as “go on” or “I see.” The researcher also encouraged further discussion with probing or clarifying questions or summarized without interfering with the dialogue. The researcher talked as little as possible and limited comments and questions to furthering the discussion or clarifying meaning

(Redmond & Curtis, 2009). To that end, the researcher made use of the four types of responses generally used in reflective listening: clarifying, paraphrasing, reflecting feelings, and summarizing (Fern, as cited in Redmond & Curtis, 2009).

The researcher also utilized open-ended and broad questions in an effort to yield the most data and lead to richer descriptions of the phenomenon of nursing professional formation (Merriam, 2009; Moustakas, 1994). Questions were focused on experience, behavior, opinion, feeling, knowledge, or other broad areas. This researcher used experience questions to get at what students did or how they acted and feeling and sensory questions to elicit their responses and reactions to the experiences. The researcher was aware the way in which questions were worded was important. The researcher sought to ensure all participants understood what was being asked of them without further description or explanation (Merriam, 2009). Because this study was conducted with nursing students, the use of medical jargon was more acceptable than with participants of other studies. Questions avoided included leading questions, yes-or-no questions, or questions with multiple parts asked all at once (Merriam, 2009). The use of an interview guide helped the researcher to stay on task and included all relevant questions and separate question segments as necessary for clarity (see Appendix C).

Data Analysis

The process of data analysis for this research followed the method developed by Clark Moustakas (1994). The first step was to describe the researcher's personal experiences with the phenomenon to diminish their effect on the analysis. Moustakas refers to this as the phenomenological epoche. Acknowledging personal biases and preconceived ideas allowed the researcher to set them aside or at the very least be aware

of them during analysis of the data. While it was not possible to be completely value-free, this research used bracketing to increase objectivity by bringing beliefs, values, and biases to the forefront (Houser, 2008). Bracketing was done through notes in a reflexive journal including reports about personal values, possible role conflict, feelings that indicated a lack of neutrality, any means by which the researcher might benefit from a particular interpretation of the data, the influence of the composition of the literature review, and any influence on data collection and interpretation (Polit & Beck, 2004). Because the researcher was part of the research, it was unreasonable to exclude any influence but she strove to eliminate outright bias and was mindful of the effect of that influence.

The second step of data analysis was to find significant statements within the data. This step utilized a process called horizontalization, which looks at all data as if they had equal weight (Moustakas, 1994). This encouraged the researcher to be open to any themes that might appear in the data. The term horizontalization refers to the endless horizons in the research data, leading to never-ending possibilities for discovery (Moustakas, 1994). The research data disclosed its nature and essence through careful and repeated examination and openness to possible interpretation that led to deeper layers of meaning (Moustakas, 1994).

The third step was to group significant statements into larger themes (Moustakas, 1994). Because data for this study were collected in more than one interview and more than one focus group, analysis of differing group dynamics became a part of this step (Polit & Beck, 2004). This involved looking at whether a theme came up in more than one interview or group or all but one interview or group. Similarly, it was important to

notice whether certain themes came up more than once. The researcher examined the transcripts and the field notes to identify if there were differences between the interviews or groups that were the result of individual or group processes. Another important consideration was to notice whether issues came up only in response to the researcher's questioning or whether they arose spontaneously (Polit & Beck, 2004).

The fourth step was to give textural description, i.e., the participants' experiences with the phenomenon (Moustakas, 1994). This involved describing the experience of individual participants with as much detail and texture as possible. The researcher included verbatim examples where possible (Moustakas, 1994). This was also done as a composite textural description of the shared experience of all participants. Those themes found in all experiences were considered shared experiences, which were also described in detail and with verbatim examples when possible (Moustakas, 1994).

The fifth step was to develop a structural description (Moustakas, 1994). This depicted the setting and the context of the experience by including a vivid account of the underlying dynamics--the how and the meaning of each of the participant's experiences (Moustakas, 1994). After individual examination, this structural description was also evaluated in the composite. Through the use of imaginative variation, a composite structural description was created that represented the group of participants as a whole (Moustakas, 1994). This was a way of understanding and conveying how the group experienced the phenomenon in the composite.

The last step was to write a composite description of the textural and structural descriptions. This was the ultimate goal of this study's analysis--to give the researcher the *essence* of the experience using data from the individual interviews and each of the

focus groups (Moustakas, 1994). After development of the synthesis of the textual and structural meanings, the researcher was ready to summarize the entire study, relate it to previous research and possible future research, relate it to personal and professional outcomes, relate the study to social meanings, and give it contextual relevance. After full analysis, the researcher then devised and suggested the direction and goals for further research on the phenomenon (Moustakas, 1994).

Analysis of the data was done in a systematic way: looking for consistency, verifiability of the process, sequential understanding of the data, and continuous reflection (Papastavrou & Andreou, 2012). As Carey and Smith (as cited in Polit & Beck, 2004) suggested, the researcher analyzed individual responses in relation to other participants and the group context. The important elements of transcript analysis included immersion, reduction, and interpretation (Papastavrou & Andreou, 2012). The transcripts were repeatedly read to achieve immersion by highlighting key words and repeated phrases. As noted above, coding of the data was done without preconceived groupings and was aimed at identifying emerging themes and categories. The field notes were used to enrich the data from the transcripts and give a broader perspective and context to the spoken word. Concepts and ideas were examined for repetition, for their relationship to one another, for concurrence, and for sequencing (Polit & Beck, 2004).

The researcher maintained awareness that the purpose of analyzing phenomenological research was to understand rather than to generalize and to gain insight rather than determine cause and effect (Doody et al., 2013a; Redmond & Curtis, 2009). The intent in this qualitative research was not to generalize the information but to elucidate the particular, the specific (Creswell, 2007). One of the important

considerations in analyzing this study's focus group information was the group interaction (Papastavrou & Andreou, 2012). Group interaction was analyzed both in conjunction with the transcript data as well as separately to understand the themes of group interaction. Factors such as nonverbal communication, periods of silence, and voice pitch gave further detail about the communication between group members. Other elements noted were which questions evoked more discussion, the presence of dominant and quieter members of the group, and the influence of individual group members on the group process. All of these factors were noted in the evaluation of the first transcript as soon as possible and recorded in the researcher's journal in order to guide the second group meeting and clarify or elaborate on individuals' responses (Doody et al., 2013a; Papastavrou & Andreou, 2012; Redmond & Curtis, 2009).

Trustworthiness

Planning for individual and focus group interviews was as important as the execution of the interviews themselves to ensure the researcher received trustworthy and complete information (Lambert & Loiselle, 2008; Shaha et al., 2011). Individual interviews were conducted first to allow each participant the opportunity to describe his or her individual experience and opinion (Bradbury-Jones, Sambrook, & Irvine, 2010). The individual interview also allowed the researcher time to develop rapport with each participant before encountering him or her in a group setting. Focus groups were designed to allow participants to share, discuss, agree, and disagree about opinions, attitudes, and experiences (Coenen, Stamm, Stucki, & Cieza, 2012; Shaha et al., 2011). Individual and group questioning was a form of triangulation; it enhanced the analysis of

the phenomenon, broadened its conceptualization, and strengthened the trustworthiness of the study (Lambert& Loiselle, 2008).

Knowledge of the potential barriers to data collection and ways to manage them were addressed as methods to increase the trustworthiness of the results. Barriers such as power imbalances, compromised confidentiality, vulnerability, and a desire to please the researcher or make oneself look good could have decreased the participants' willingness to talk honestly. Construction of the groups, the environment of the interview venues, and management of the group process were important considerations.

Qualitative studies are inherently value-laden due to the fact that the researcher serves as the research instrument (Lincoln & Guba, as cited in Polit & Beck, 2004). In qualitative research, the researcher and participants act as co-participants and the entire process is filtered through the values and beliefs of the researcher (Polit & Beck, 2004). As a novice, this researcher recognized and addressed her limitations through active listening skills, data collection, data analysis, and the ability to draw appropriate conclusions. For this reason, throughout the research process, this researcher shared her reflexive journal and her conclusions and interpretations with her research advisor as a means of peer debriefing.

Another source of trustworthiness for this study was adequate engagement in data collection, also known as saturation (Merriam, 2009). The strength of the data was assessed and enhanced by saturation of common themes from one interview or group to another (Zacharakis et al., 2011). This helped the researcher to know she had both a multiplicity of views and a completeness of themes. It was expected that saturation

would be improved by allowing adequate time for interviews and focus groups, by inviting many participants, and by following up on incomplete or unclear comments.

This research also made use of an audit trail that provided an accounting of the methods used. Careful records of research methods and tracking of data ensured the results reflected what was actually said and experienced. This helped the researcher limit bias (Goodwin & Happell, 2009). For example, this research sought to ensure the opinions and statements could be attributed to the group member who said them. This is important in phenomenological research because the results should reflect individual experiences, not the consensus of the group. The researcher sought to ensure that the views of a few were not represented as the views of the whole (Goodwin & Happell, 2009). Although some researchers utilize tracking sheets during focus groups to note which group member said which statement (Goodwin & Happell, 2009), this proved too cumbersome and had the potential to distract the researcher. In this study, the use of pseudonyms and name cards not only helped ensure confidentiality but also helped with tracking of statements and views. In the introduction, the researcher asked group members to address each other by their pseudonyms and to state their own pseudonym when talking so the transcriber could identify the speaker. While this method might not have avoided all errors, it maintained the group environment the researcher hoped would ensure more trustworthy results.

Other ways credibility was supported in this study included giving context to the respondents' statements. Descriptions of the context, the nonverbal communication, and the interactions of the group gave richness to the meaning and ensured a true

representation (Merriam, 2009). Using diversity in sample selection allowed for maximum variation of views and increased credibility (Merriam, 2009).

Rigor and merit are essential for trustworthiness and for the research to guide practice or further research. According to Munhall (1994), rigor is enhanced by ensuring the researcher's description of an experience is credible to the person who had the experience. This is achieved by member checking and by allowing participants to review and comment on the transcript of interviews in which they are involved. In addition, preliminary findings should also be shared with participants to see if they resonated with the experience of the participant (Munhall, 1994). Rigor is also enhanced by the use of excerpts from the transcripts, specifically by the use of the language of the participants. Vivid description of the context and awareness and observation of the process helps the reader relate to the experience (Munhall, 1994).

Member checking, also known as participant validation, was the primary method used to promote trustworthiness and credibility in this study. The researcher solicited feedback on the findings and sought to ascertain whether those findings were a true representation of the participants' experiences (Merriam, 2009). Member checking was done as part of the follow-up focus group that allowed participants to verify their responses were clear and to validate what had been said. Participants were then allowed to remove or modify any comments they felt did not reflect their opinions or experiences (Goodwin & Happell, 2009).

Other important elements of rigor included procedural rigor and ethical rigor (Munhall, 1994). Clarifying the steps of the research and explaining the purpose of each step enhanced the procedural rigor. The research committee and research advisor

contributed to procedural rigor by reviewing the process and guiding the researcher to avoid potential threats to the process. Ethical rigor came from protection of human subjects, including the use of a consent form, confidentiality of research data, and the use of Institutional Review Boards (Munhall, 1994).

Ultimately, trustworthiness of the research findings came from careful handling of the data and attentiveness to the process of data collection and analysis. Trustworthy data allowed for applicability of results to contexts outside the study situation (Munhall, 1994). The findings could be compared with existing theories and nursing research and existing knowledge on the subject, allowing the researcher to explain the relevance of the findings (Munhall, 1994). Trustworthy results came from an awareness of the researcher's limitations, openness to the data, and a consideration of the research data in context (Munhall, 1994).

Summary

This researcher sought to describe graduating nursing students' experience of professional identity formation by using a qualitative, phenomenological approach. The researcher used individual interviews and focus groups to create and gather data about the students' lived experiences. The study was constructed to minimize the influence of the researcher using bracketing, peer review, and a sustained awareness of judgments and actions that could have influenced the outcome of the study. To ensure trustworthy analysis, this study used criterion or purposeful sampling. Data were collected using open-ended questions in a comfortable environment. Data were analyzed using the Moustakas (1994) method, which started with describing and setting aside personal influences and followed with textural and structural descriptions to get to the essence of

the phenomenon of nursing professional identity development. Member checking, saturation, and an audit trail were used to promote credibility of the results. Institutional Review Board approvals and a comprehensive consent form promoted protection of human subjects.

CHAPTER IV

RESULTS

The purpose of this study was to describe the meaning and the development of nursing professional identity from the perspective of graduating nursing students. It further examined whether differences in definition were apparent between associate degree nursing students and bachelor's degree nursing students. The interviews demonstrated both groups shared many descriptions of what it meant to be a nursing professional; primary among them were concepts of caring, teamwork, integrity, and knowledge. The interviews also demonstrated similarities in factors that supported the development of nursing professional identity including experience, instructor support, role models, and self-motivation. This results section describes the concepts participants identified as important to both the meaning and the development of nursing professional identity including situations in which participants found themselves that helped shape their views.

The participants for this study came from two large public institutions in the western United States: (a) a state university that offers a baccalaureate nursing degree and (b) a public community college that offers an associate nursing degree. All students were in their final semester of study in their nursing program. There were 22 participants in the study, 10 from the community college and 12 from the state university. The ages of the participants ranged from early 20s to over 40. There were 17 women and five men

(see Table 1 for participant demographics and Appendix D for the breakdown by school). Many had experience in health care outside of school as lab technicians, certified nursing assistants, or emergency medical technicians; three were licensed vocational nurses (LVNs) experienced in direct patient care. Each student participated in a one-on-one interview lasting anywhere from 30 to 75 minutes. In addition, all 10 of the ADN students and 3 of the 12 BSN students participated in the follow-up group. This was primarily due to a scheduling difficulty since the BSN students had already gone through graduation by the time of the focus group.

Table 1

Participant Demographics

BSN Program		ADN Program	
Gender	Number	Gender	Number
Male	2	Male	2
Female	9	Female	8
Ethnicity	Number	Ethnicity	Number
Black	2	Black	0
White	3	White	6
Latino/a	3	Latino/a	4
Asian	4	Asian	4
Age Range	Number	Age Range	Number
18-22	0	18-22	1
23-27	4	23-27	5
28-32	3	28-32	3
33-37	0	33-37	1
Over 37	2	Over 37	0
No age given	3	No age given	0

The research questions guiding this study focused on two main concepts:

Q1 What is the meaning of a nurse's professional identity to students in their final semester of nursing school?

Q2 What are the contexts of the experiences of professional identity formation as a nurse?

In the individual interviews and the focus groups, participants spoke of nursing professional identity as a concept and as demonstrated in the nursing professionals they encountered during nursing school. They described the elements that defined nursing professional identity in response to the request that introduced each individual interview, "Could you describe in your own words what being a nursing professional means to you?" After this theoretical discussion of nursing professional identity, participants were asked to identify a nurse they thought exemplified nursing professional identity. This allowed participants to define the concept in context and to further develop their thoughts on what defines professional identity. As the individual conversations continued, participants were asked to give examples of a nurse who did not exemplify nursing professional identity. Through these varied avenues of questioning, the participants were able to give a rich picture of nursing professional identity.

To flesh out the contexts of professional identity formation as a nurse, participants were asked to describe their own development as a nursing professional, what they felt had helped their development, and what they needed to fully develop this identity. They were also asked what they thought had hindered this development. Later in the interview, participants were asked to describe a time when he or she felt like a professional nurse and another time when he or she did not. Again, the development of questioning went from more theoretical to concrete and included asking participants to give examples to

illustrate their responses. The most commonly discussed descriptions and features are examined in this results section.

Concepts

After interviews were completed, concepts were identified and organized as to whether the concept was mentioned with regard to the meaning of nursing professional identity or to the formation of nursing professional identity. Results were later categorized and tabulated in relation to the topic being discussed at the time and whether they were mentioned in an individual interview or in the subsequent focus group. Results were also categorized by student group; frequencies were tallied for the ADN students separately from the BSN group. The number of mentions for each concept was calculated in total--whether in reference to the meaning of being a professional nurse or in the formation of professional identity (see Appendix D for data).

Many concepts arose in response to both the meaning of being a professional nurse and the formation of professional identity (see Table 2). Concepts such as caring, knowledge, and experience were themes identified as characteristics of a nursing professional and also as a way of developing nursing professionalism. Other concepts such as reflection and self-motivation came up only in the context of the respondents' learning and development of professional identity. Confidence was mentioned in the most diverse contexts, while a few, e.g., research and management skills, were mentioned in only one or two different topic areas. The following sections describe the meaning respondents gave to these concepts, how the concepts contributed to their learning, and their definition of nursing professional development.

Table 2

Frequency of Concepts Mentioned

Concept	Frequency
Knowledge	58
Caring	56
Experience	55
Independence	50
Confidence	59
Integrity	38
Teamwork	32
Communication	30
Role Model	24
Demeanor	23
Organization	22
Instructor Support	21
Critical Thinking	20
Standards	17
Trust	16
Self-motivation	16
Advocacy	15
Integration	14
Human Connection	13
Preceptorship	13
Reflection	12
Leadership	12
Identity	10
Passion	8
Competence	7
Support from Others	7
Patient-Centered	6
Self-Awareness	6
Managing	5
Other	34

Knowledge

Knowledge was the most often mentioned concept in the study. Participants described the concept of knowledge as important to learning, to professional development, and to good nursing care. One participant described the nursing professional as

> someone that would go out of their way to know everything they need to know about a particular topic. If they come upon a situation with a patient and they don't understand the diagnosis, then they're going to take that moment to look it up and research it and not take a step forward without knowing all that information. (Corey, ADN participant)

Participants described nursing knowledge as lifelong and always developing. "A nursing professional, I feel like, is always going to be a learning experience. It's that you are never going to stop learning, definitely. There are so many aspects to it" (Katie, BSN participant). In discussing the importance of knowledge to nursing professional identity, the BSN graduates used terms like evidence-based and talked about research more often than the ADN group. One participant described it this way: "Being a nurse, having the research and all of that scientific background, evidence-based practice in our profession isn't just willy-nilly, do this because it feels right. It is do this because it shows results" (Scott, BSN participant).

Participants from both groups defined the nurses they encountered with professional identity as knowledgeable. They used terms like "the smartest person I know" (Will, BSN participant) and "she blew my mind with how smart she was" (Stacy, BSN participant). Participants talked about how the model nurses used their knowledge for the patient's benefit, to improve the quality of care, and to practice as an independent professional. One participant described a nurse as "knowing what she is doing, not just

doing it because the doctor says so. Questioning, she questions, what is this for, why am I giving this. She was good, I really think she was good" (Melody, BSN participant). The professional nurse was described as wanting to share knowledge as well. "Just her knowledge base, she knew a lot. And the fact that she was so willing to teach me and treated me like an equal in the hospital setting. That says a lot about her as a nurse" (Jessica, ADN participant).

On the other hand, the nurse who did not have a fully developed professional identity was not only described as lacking knowledge but also as unwilling to share knowledge with others.

> Because if you're not confident in the knowledge you have, how can you share it with somebody else? I think the reason that some nurses don't do a lot of teaching, don't explain a lot of things is because they don't understand it themselves … so they're afraid to get too deep into the teaching because the patient might ask them something. (Crystal, BSN participant)

The unprofessional nurse was found to have deficits in patient care due to this lack of knowledge.

> But in my way I thought that was not a professional, not fully assessing his [the patient's] needs and asking more questions. Even if she wasn't sure of how the medicine went … I would say not inquiring further was unprofessional on her part. And I feel like she lacked in that way. (Stacy, BSN participant)

Participants described knowledge as important to their learning and as a sign that they were developing as a nursing professional. "I felt more like a nurse than any other semester because I think I gained enough experience and I have prepared myself enough with knowledge, I would say" (Beth, ADN participant). Knowledge prepared them with the ability to carry out nursing interventions with minimal guidance. "Just being able to know that and independently be able to carry it out and verify that all the medications are meeting their needs. It just makes me feel like I got this" (Stacy, BSN participant).

Conversely, participants described times when they lacked the knowledge to perform as a nurse and it decreased their self-identification as a professional nurse.

> Nothing bad happened that day but I really felt like I should be a transporter, a medical transporter that second, because that's how much I knew about my patient, absolutely nothing. It was definitely a situation where I didn't know what my role was as a nurse. (Nathan, ADN participant)

Caring

Participants often started the conversation talking about caring. "A nursing professional means just being there for your patients, caring for them" (Bernadette, ADN participant). They talked about caring as essential to the concept of nursing professionalism. "Probably the single-most important characteristic is caring because, that's what really makes the difference with patients is trying to show them that you care about their wellbeing and you're there to support them through whatever they're going through" (Felice, ADN participant). They discussed caring as an overall approach to nursing professionalism. "If your goal in nursing is to heal the person and to increase or improve their level of health, then your attitude is different" (Crystal, BSN participant). Caring informed nursing professional identity in many ways: as a commitment, as the basis for holistic nursing practice, as a form of communication, and as a way of understanding the patient. Many participants were emphatic when talking about the importance of caring to the professional nurse.

> I think that they really have to show that they care, that they truly, legitimately care. It's not just going in to another job and saying OK I'm going to go just show up to work today. I think it's putting on the fact that they care; that you actually care for their wellbeing, and showing that they're not just another patient that they have to take care of. It's more of what can I do in order for you to be where you want to be tomorrow, or where you want to be in the next week. (Nathan, ADN participant)

Participants talked about the professional nurse as caring in the context of knowledge and science, going beyond simple altruism. "Being a nursing professional to me means that you are able to integrate both your science, meaning like medication knowledge with caring. …I feel as a professional nurse you need to be able to balance both to do a good job" (Stacy, BSN participant). Human connection or relating to the patient was described as a part of caring as well. "I think you really need to be in there, be part of that patient care. Let them get to know you, let them see you, let them know you are there for them, let them know who you are" (Scott, BSN participant). Students from both schools described caring as a basis for the identity of a professional nurse. They talked about being able to care, to show caring, and to authentically mean it.

When asked about a particular nurse who exemplified nursing professional identity, students from both schools described caring attributes as part of their examples. In one focus group, a participant reiterated what she had described in the individual interview:

> I mentioned our clinical instructor for ICU and how when I thought of "nurse" she was the first person who came to mind because I felt like she balanced out the way she treated. We got to see her treat her own patients and the way she would treat us as students. With all of the care she gave it was kind of like caring at all parts of her job, in all of the roles that she was maintaining. (ADN focus group)

The participants brought up ideas of blending knowledge with caring, of compassionate caring, and of caring as communication. "Just from the way they communicate with the patients, you can tell they really care for the patients" (Beth, BSN participant). When describing the nurse without professional identity, caring was found lacking and students often described these nurses as being very task-oriented. "When I've watched this person in the clinical setting, that they sometimes just disregard the

person as human. It's more, you know task-orientated, getting through x, y, and z versus connecting with your patient and treating them holistically" (Jennifer, ADN participant). A similar description was "I mean she was a good nurse, she was doing what she was supposed to do…but there wasn't ever any side to her where it was compassionate. It was more mechanical care, not compassionate care" (Melissa, BSN participant). In defining the unprofessional nurse, participants made it clear that without caring, the nurse was not achieving her full identity as a nurse.

Caring also assisted the participants in developing nursing professionalism by watching the nurses as role models and by practicing it themselves. "I want them (patients) to know that I'm respecting them, I see them as a person. I don't see them as just an assignment or I'm just trying to pass nursing school so let me get through this" (Katie, BSN participant). More than one participant described caring as an innate quality--something they were able to bring to nursing as well as something that helped them develop their professionalism. "Even if I am having a bad day, I feel I can still do a really good job at that [caring]… I feel like that never goes away, so I feel like at least I have that… I'll always care; that's my constant" (Evangeline, ADN student). One participant described the ability to care as the central quality of a professional nurse.

> Being a nurse means I guess that means just being somebody who cares, being somebody who cares in all facets of their life…but really I think being a nurse comes before you decide to be a nurse because what I've heard from a lot of instructors and a lot of other nurses is you can teach somebody to do skills but you can't teach somebody to care. So that's what I think nursing is, it's a study of care. (Melissa, ADN student)

Confidence

Confidence was the most wide-ranging concept in the study. It came up in the context of learning professionalism, was defined as a part of being a nursing professional,

and was the key to feeling like a professional. One participant summed up the necessity of confidence to becoming a nursing professional by saying, "You have to have a certain level of confidence…before you can go out and say, not only am I a nurse and a patient advocate, but I am a professional" (Angela, BSN participant). Many participants described the lack of confidence they felt early in the program and how they felt they would harm a patient.

> It's sometimes like a place of doubt. You just feel like you aren't an authority and you don't yet know how things work or you don't feel confident in your own ideas where you feel like you have to be reassured about everything. That happened to me when I first started in the ER. I feel like I would make silly mistakes. (Felice, ADN student)

As they developed, participants described confidence as allowing them to make clinical decisions independently, which in turn enhanced their professional identity development.

> That was the first time that I felt confident. In the past I'd go, 'what do you think about this?' And this time I just felt that something needed to be done, and I had the knowledge to go and ask and not feel like I was out of place to do that. (Felice, ADN participant)

Confidence was an important factor in learning for many of the participants, helping with the transfer of skills and abilities. "When you build that confidence in this big spectrum, you know, I can do this and I can perform these different tasks in all these different areas, I should be able to perform this task in this area too" (Corey, ADN participant). Participants described their interactions with staff nurses and clinical instructors as both helping and hurting their confidence. "The nurses that I work with are very important too in developing my confidence because the nurse has to show that she is willing to teach me, welcoming me and make me feel comfortable" (Beth, BSN participant). Just as easily, a lack of confidence in a student from a nursing professional could impede learning. "She [the staff nurse] didn't trust me to do anything, and we had

been there for a month already. ...That brings your confidence down, like maybe I'm not. She's a nurse, she's established, so maybe she's right" (Evangeline, ADN participant). Ultimately, an atmosphere of trust and confidence between student and teacher could encourage the development of nursing professionalism. "When you're confident in what you know and your abilities and you can tell when somebody has that confidence in themselves, that instructor to a student, it works out a lot better. It can really help you" (Bonnie, ADN participant).

Experience, Independence, and Trust

Certain concepts were more closely related to the experiences of professional identity formation as a nurse rather than the definition of a nursing professional. Experience, independence, and trust were described as important tools for development. When participants talked about experience, they discussed how practice and proficiency as a nurse and life experience helped the nursing student develop a professional identity. "The more you are exposed to it, the more you pick up. This is what people are doing. You pick up terms; you pick up exposure to different conditions and the process too" (Stacy, BSN participant). More than one participant also talked about experience from their lives outside of nursing school as contributing to their development of professional identity. "I think also experiences within your own family of taking care of family members. Like, my dad is going through something right now and I am having to be his home nurse, so that plays in" (Corey, ADN participant). Primarily it was the repetition of skills and the time spent in the clinical setting that most helped participants' development of nursing professionalism. "I felt more like a nurse than any other semester because I think I gained enough experience and I have prepared myself enough with knowledge, I

would say. And also my skills were fully developed more than other semesters" (Beth, BSN participant).

Working independently was cited as very important to the development of nursing professionalism by a majority of the participants. Many talked about the experience of preceptorship and the independence that came with it as boosting their identity as a nursing professional.

> This last semester was our preceptorship, and that's when I really felt like I was developing professionally, because I had to do everything on my own. I had to make sure I understood why I was doing everything I was doing because nobody was watching me. Definitely there was room for error now, because nobody's watching me, I'm doing it on my own, and I had the responsibility. I mean the independence and autonomy came with the large responsibility of the patient's life. (Sherice, BSN participant)

Sometimes there were subtle symbols of being seen as a nursing professional or a peer to the staff nurses such as having one's name added to the staffing board or being given the nurse's phone. Participants described this as helping them feel like a nursing professional. "I guess the time I felt like a nurse was just yesterday when my nursing preceptor gave me her phone…and having the phone made me feel like I know my patients just as much as anybody else" (Melissa, ADN participant).

The ability to work independently was related to the concept of trust. The participants felt trusted not having to be watched over, which in turn added to their development of nursing professionalism.

> It's like independence; the fact that I was independent right there is a big steppingstone. You know, having the nurse's trust and being able to be independent, but not only that but for my own personality. I was confident to be alone. If I wasn't confident, I wouldn't feel like a professional. But the fact that I was like, OK, my nurse is gone, no big deal, I'll do it, I got this. (Katie, BSN participant)

Participants described how being trusted made them want to do a better job, in part to show they have earned the independence. Having that person to go to but not have that person watching over their work helped them develop as a professional. "It was having him have that trust in me that I was going to do all the things I needed to do and get everything done for that patient. That helped a lot. He wasn't constantly checking in with me; I would go to him when I needed anything" (Bonnie, ADN participant).

Integrity

Participants described integrity in many different ways including responsibility, being ethical or accountable, not cutting corners, and being honest. Their views were remarkably similar across the two groups--whether in an individual interview or in the focus groups. In particular, the topic of integrity brought about animated conversation in each of the follow-up focus groups. Participants emphasized integrity as a character trait, not an optional aspect of a professional identity. Participants fed off each other's descriptions of the need for integrity, whether on the job or off. In one focus group, a participant summed it up in this way:

> I think it, for me it's every aspect of your life, how you live your life, as far as are you are honest in all your actions. How do you behave when no one's looking? And you have to really be able to go home after the 12- or 14-hour shift and say I did everything I possibly could do, everything as correct and as straight and as honest, with the highest integrity for my patients, my team members, and the facility. (BSN focus group)

In the other focus group, participants agreed with the member who stated it this way: "I think we need to uphold the integrity part and certain values of nursing…24 hours a day" (ADN focus group). Later another member of that same focus group came back to the idea of integrity as a constant: "You don't have to change hats, if you have a foundation

of what your characteristics are, those are going to play in to every single collaboration with whomever it is."

Individually, many students mentioned the concept of integrity when describing a nurse with a strong professional identity. One student described her preceptor as having integrity in this way:

> And I think the one that embodies what I would like to be like is a preceptor that I have had. He was able to keep all his work to the best practice and that's what he said. I am here, I have all these things available to me and I want to be able to do the best that I can with these things. (Caitlin, ADN participant)

Another participant also used her preceptor as an example of integrity. "She approached the doctor in a way that was almost just by the book. She made sure that what I did was within my scope of practice as a student nurse and what she did was within her scope of practice" (Melody, BSN participant). A third participant who worked in the same hospital as his instructor outside of school described her as a role model for her integrity. "She's just very ethical about how she cares for everything. She practices what she preaches. …I realized that she actually did all of that in her practice when I could see her at work" (Scott, BSN student).

In describing the nurse with a lack of professional identity, participants talked about taking shortcuts and a lack of attention to detail in the context of integrity. One student put it very strongly when talking about a nurse without integrity: "This person was completely dishonest. You can't get any further away from what the nurse is supposed to be than someone who is lying and manipulating and vengeful, even at the patient's health expense" (Angela, BSN participant). Participants also described integrity as particularly important when it came to making mistakes. One participant described an experience she had with a nurse who was not her preceptor:

> I saw this a couple of nights before I finished my preceptorship. Another nurse had hung an IV bag with fluids that should have been something totally different than what she did. And she just went ahead and switched it really quick and didn't say anything to anybody and assumed that just because I am a student that I didn't notice. But I did notice. And the fact that she was not accountable and never made it a point to say, "Hey, you know what I made a mistake you guys. Who do I talk to about this? How do I deal with this?" (ADN focus group)

A participant from the other focus group tried to describe the unprofessional nurse's lack of integrity with mistakes in this way: "Some people, maybe their integrity comes in as they don't want to be seen as someone who makes mistakes. But everyone does them. Maybe they don't want to get a bad reputation, but what does that say about your integrity when it gets out there" (BSN focus group)?

Participants from both schools identified integrity as most important for safe patient care. In response to the introductory question of what is nursing professional identity, an ADN graduate stated it this way: "I would say integrity; you need integrity with everything you do. Doing everything right by your patients, for the safety of your patients" (ADN focus group). A BSN participant described it similarly: "Well I think that integrity, that's something that's instilled…it's just something that you should know to do, and just to live by it as you give care. You always want to do the right thing and do the best for your patients" (BSN focus group). And although the two groups never met, participants from both schools even used the same phrase: a nursing professional should practice "like someone is watching you." Participants from both schools warned against "taking shortcuts" and "cutting corners."

Teamwork

Teamwork was another concept participants frequently used to describe the professional nurse. "We're professionals individually, but we also have to think that

we're not single players, we're team players" (ADN focus group). Not only was the work done collaboratively but each member of the team affected the patient outcome and each other. "There are so many aspects to the medical profession and there are so many people that support a patient's journey to wellness and recovery that if one person is off it kind of throws off the process" (Harvey, BSN participant). In defining how teamwork shaped the nursing professional, participants described it as not just helping others but being helped by others and being able to ask for help. "Things are going to happen where you might do something wrong sometimes, but don't be afraid to say, 'oh I don't know, can somebody help me'" (Aubrey, ADN participant)? One participant even described this interdependence as making each team member better individually. "That (teamwork) kind of correlates with independence, because if you are able to acknowledge that you need help, you're going to be able to ask for help because in nursing that is one of the things you can't forget" (Stacy, BSN participant).

Participants acknowledged teamwork sometimes came with conflict but dealing with that too was part of being a nursing professional.

> I think going off of my experience again, we're always going to come into someone that we have a personality conflict with, but that shouldn't affect the way that we work. We just have to find a way to work together with them better, and that was my challenge. …So we're always going to come in contact, in any unit we're in, you don't always get along with everyone. But we just have to make it work and be a team together. (ADN focus group)

Participants defined the nurse with professional identity as being a team player, both with other nurses and in an interdisciplinary team. "She tells the CNA thank you for your help. She tells the respiratory therapist thank you for giving my patient a breathing treatment. She tells everybody thank you for helping me as a team instead of like, 'oh well, that's your job'" (Crystal, BSN participant).

Conversely, the nurse with a poor sense of professional identity was defined as not being a team player. In some cases, the ability to work successfully as part of a team separated the professional nurse from the unprofessional one. One participant described an unprofessional nurse she worked with by saying,

> She didn't want to collaborate. She wanted to tell me what to do, and she didn't think of me as an equal or even somebody who she was mentoring, she was looking at me as a waste of her time. It was hard because it's hard to be excited about giving care or working with somebody when you don't feel that same respect or that same anything back. (Melissa, ADN participant)

One participant used the experience of working with a nurse who was not a good team player to define his future aspirations as an experienced nurse. "If I had a student right now I would want to give them the best experience because that is what I wanted. …He wasn't really allowing me to be a part of that team" (Harvey, BSN participant).

Communication

Good communication skill was something participants saw in the nurses they identified as an important but sometimes neglected part of being a nursing professional. "That to me is excellent. And I think whenever the nurse can, they should be able to take that little extra time and explain things or like Henry does and what I have been trying to do, keep the patient updated" (Caitlin, BSN participant). They also identified poor communication as a detractor to patient care even if all tasks were done appropriately. "The way some of them talk to the patient. Instead of involving them in a plan of care, they just tell them, 'This is what we are going to do. Here just do this, just do this, just do this'" (Nathan, ADN participant). Being able to communicate with patients in a language they can understand was identified as an important skill that took nursing care beyond the theoretical and into the practical. "Because what we learned in school is great

and wonderful, but putting it in common sense language so other people will understand can be a challenge" (Crystal, BSN participant).

Participants saw communication as something that helped them learn while at the same time was a sign of a nursing professional. "We [the preceptor and the participant] had a little iffy morning, and she talked about it with me personally. Not just behind my back or anything. She told me about what she felt, and even at the end of the day she reiterated how she felt" (Melody, BSN participant). Being able to participate in interdisciplinary communication was also seen as an important learning tool and a way to develop as a professional.

> And also this last rotation I had an opportunity to talk to doctors and talk to the respiratory therapist, which I think was very beneficial and helps me start developing those communication skills. Whereas I have had other rotations where I don't have that opportunity and it just feels like I'm just an aid or assistant, not forming that nursing role. (Jessica, BSN participant)

Role Models and Mentors

Participants saw role models and mentors, both in the clinical setting and from academia, as guides and examples of nursing professional responsibility.

> During clinical I usually try to talk to my instructors and try to be engaged and ask questions if I don't know anything. When I am with my patients I try to observe from the nurse how they treat the patients, how they care for the patients in a professional manner because they have more experience than me. (Beth, BSN participant)

Participants even saw negative role models as an opportunity to learn. "Because even the bad people give you an insight into how you want to be, because you think, 'oh I don't want to do that'" (Crystal, BSN participant).

Organization and Management, Critical Thinking, and Competence

Organization, while important to the work of the nurse, was not seen as a central care act. "So having your time management skills, getting all the skills out of the way and getting your assessments out of the way, making sure that you actually have time to be that advocate and spend time with your patients" (Audrey, BSN participant). Managing was described as a broader, yet related concept. It was seen as important to keeping tasks structured but also to keeping the patient care plan running smoothly. "I watched how she [the nurse] handled everything. She had everything calm and smooth so that when the doctors came in they were able to relay diagnostic information and its implications" (Angela, BSN participant).

Related in a way was critical thinking, which was seen as an important skill for the nursing professional but also as a learning tool. "Caring is the human side of nursing, but there's also a scientific side where you have to be organized and critically think and you have to be able to put the puzzle pieces together. That's … what nursing is" (Melissa, ADN participant). Participants saw critical thinking as the natural development of all they had learned.

> So that's where you start taking all the things that you learn and start really using them. …You are doing some sort of critical thinking, like you're looking at your patient and you're thinking, oh his belly's really big and he's vomiting a lot, maybe he needs an NG tube. (Crystal, BSN participant)

From these abilities comes the competence to perform. "So that was really a good experience for me, where I knew what things were expected and everything. Well, not everything [laughs] but everything as far as that unit goes" (Caitlin, ADN participant). And with competence comes the feeling of being a nursing professional. "For me it

means feeling competent, feeling prepared, feeling like you are ready to start your profession" (Crystal, BSN participant).

Demeanor, Standards, and Self-Awareness

A professional demeanor, keeping to nursing standards, and self-awareness were all seen as attributes of the nursing professional. Participants saw these more as goals of professional development rather than tools for developing professionalism.

> The word professional in and of itself means abiding by a higher level of conduct. There are certain expectations with being a professional that may not apply to everybody. I think being a nursing professional has that health care quality to it too. It is abiding by certain codes of conduct and ethics and just being blind to different races and ethnicities and all that stuff. (Scott, BSN participant)

Nurses with an appropriate demeanor were seen as calm and centered, while nurses with an inappropriate demeanor engaged in behaviors like gossiping, using unprofessional language, or correcting a student in front of the patient. "For example, gossip is inappropriate as a professional. So I would say that is not as well-developed. She may be clinically or knowledge-wise fine, but professionalism-wise not so much" (Audrey, BSN participant).

Similarly, standards were described as an important component of nursing professionalism. "And for me, being a professional nurse means just that, always acting in a professional manner, always doing what's best, what's right. …Being a representative of nursing like when I make decisions, even in my personal life" (Will, BSN participant). An unprofessional nurse was seen as someone who cuts corners, is complacent, or lacks attention to detail.

> You know if you're caring for a patient and at that hospital they cut corners and it's not evidence-based care. I think as a professional and someone who is educated and has a set of critical thinking skills you should always do what you

> know is scientifically proven and safe and correct. And you shouldn't cut corners. It is the same thing with professionalism, don't cut corners. (Harvey, BSN participant)

Students saw this as important to their development and a method to practice as they formed their own nursing professionalism. "I have that understanding that I am held to higher standards because now I am a professional" (Scott, BSN participant).

Self-awareness was seen as a key component of the nursing professional and as a way to maintain standards and a proper demeanor. It was described as an internal identity or mindset that guides the professional nurse regardless of the surroundings.

> I feel like what makes you an expert in nursing is, again, learning about who you are, being self-aware of yourself, learning how to be in the moment, learning how to control your emotions, learning how to talk with people and truly be empathetic with people, that's beyond the professional. That's being an expert. That's what I feel is nursing professionalism right there. (Katie, BSN participant)

Participants described this as attention to detail and attention to self. "Nursing professional, I think you should have an awareness, even down to what you wear and how you present yourself" (Audrey, BSN participant).

Advocacy, Leadership, and Patient-Centered Care

Advocacy, leadership, and patient-centered care were also described by participants as characteristics of the professional nurse. While it was important for students to practice these elements, they were seen more as what identifies a professional nurse rather than as tools to help develop their own professionalism. "At this point in my educational career, at the end of it, I understand that as a nurse it's basically or primarily my role to be the patient advocate, and that dictates everything that I do" (Sherice, BSN participant). Participants talked about advocacy as being an intentional part of the curriculum and something they used for their patients and themselves. When participants

were able to engage in patient advocacy, they described it as feeling like a professional nurse. "I was just really happy that I was able to make a contribution and be the patient advocate at the same time. So that was really exciting for me" (Angela, BSN participant).

In individual interviews, BSN participants spoke of leadership and patient-centered care, but ADN students did not. Both groups spoke of advocacy as it related to professionalism. "And that didn't come until that preceptorship and that leadership class. …My mental scope, my attitude, my perspective, my paradigm shift went from I'm a follower to I'm a leader; a completely different perspective" (Angela, BSN participant). As with advocacy, leadership was described as something stressed in the BSN students' curriculum.

> And she just talked to us about that she expected us to be leaders and she expected us to be at the forefront and if people see us not taking it serious and joking around, it's going to set the tone. And that was like the first test and the first time I really had to really think, and applying it to this, it was like questioning my professional identity. Because that behavior definitely wasn't professionalism and I didn't even see it in the moment. (Will, BSN participant)

These participants describes it as being a shift in their thinking and in their self-identity, much like taking a patient-centered approach was a shift in their thinking to that of a professional nurse. "Her priority was what's best for the patient even if it's something small she always stuck to it…I thought it was really respectable that she wouldn't take out even small interventions" (Sherice, BSN participant).

Integration, Reflection, Support, and Self-Motivation

Integration, reflection, support, and self-motivation were driving forces in the participants' development toward nursing professionalism. These concepts were

described by participants more often as important to their development of nursing professional identity rather than as part of being a nursing professional. Integration was seen as the coming together of all a student had learned in his or her time in nursing school--a sort of connecting the dots that often happened in the clinical setting.

> So that's where you start taking all the things that you learn and start really using them. In fundamentals and med-surg, you're not really doing that; you're kind of reading what other people have said… You're looking for diabetic patients; you're looking for heart irregularities, big things. You're not looking at all the small symptoms and what the patient says that play into a bigger situation. This patient is having big problems that could get worse if we don't do something right away. (Crystal, BSN participant)

Participants described not only knowing what was happening but also knowing what to do about it. "It's putting it all together that really helped... It's being able to anticipate the orders is what makes me feel like a real nurse because then I feel like I'm putting it together and I'm thinking like a nurse" (Scott, BSN participant).

Reflection was another tool participants described using to develop their professional identity. "I started to think about also my thinking. I started to think about how all this connects instead of just little bits of information. …When I connect things all together it's less of memorization and more of thinking" (Melody, BSN participant). Many participants talked about how reflection started out as an assignment but later became a voluntary part of their learning process.

> And if I had a problem in the hospital the previous day, we break it down, you know, what happened, what could we have done better, what did we learn from this. And that breaking it down to all those little pieces instead of just holding this one event in my head really helps to learn from that experience, rather than feeling bad about it, oh my gosh I messed up. …Now I know how to break it down myself and think about it. And also taking what I have learned from that experience and applying that in the future so I know what to do in the next time something like that happens. (Bonnie, ADN participant)

Participants described learning how to think and perform like a nurse and learning how to learn as all being aided by reflection.

Support and self-motivation were described as assisting the development of nursing professionalism. They were described as a similar type of reinforcement but coming from two different sources. Participants described feeling supported by their families, their instructor, and other students.

> I think it is there on both sides: with students and with faculty. It is nice to know the other students are OK we are both going through the same things at the same time and we are feeling stressed out. But then…the faculty will support you and you are going to get through it and you are doing great. And you know this is just a short time and you will look back and you'll be like "oh that wasn't very much, that wasn't that big of a stressor." (Jennifer, ADN participant)

One participant described how a classmate helped her through a tough clinical experience. "I had a classmate…she probably saved me. If that day if she didn't help me out, I probably I would have come home and…thought I am not cut out for this" (Aubrey, ADN participant).

Self-motivation was described as that internal push to do better. "Yeah, a lot of it is external, but then there is some of that is internal for sure. You have to be driven. If you're not driven, it doesn't matter how much people push you, it's not going to matter" (Corey, ADN participant). Participants described how self-motivation was essential to successful development of nursing professionalism. "Yeah, and of course it also depends on the student, on the student's willingness to learn. They can't just sit back expecting to be fed; you have to be hungry for knowledge. You can't just expect it to come to you" (Melody, BSN participant). Participants also talked about getting more out of the clinical experience by being self-motivated.

> Just really push yourself to do them because if you wait for the nurse to ask you to do something, not only will it seem like you don't want to but you will miss opportunities that could happen. So I just ask other nurses, if there is anything interesting, I'm working with this nurse, but if you have a foley that needs insertion or an IV, please come find me, I can do it. (Scott, BSN participant)

Participants described self-motivation, support, reflection, and integration as important in developing their nursing professional identity but not as overt signs of a nursing professional.

Identity and Passion

A nurse with a strong professional identity was seen by participants as having a strong identification with the profession and as having passion for the work of the nurse. Some participants described nursing as a "calling" or a "vocation." "It's a huge responsibility. To me I think it's a true commitment and it's a true calling" (Caitlin, ADN participant). One BSN participant described it not just as a way of being but also as a process of providing nursing care using scientific research and evidenced-based care. Participants talked about wanting to make a difference in someone's life or knowing they had helped another person. "For me it's been like a gut-check, to make sure you are going into this profession for the right reasons. It's a lot of work so you have to be committed to the profession and you have to realize…how are you going to be" (Crystal, BSN participant)? One participant was very adamant about the fact that she could not call herself a professional nurse or a nurse of any kind until she had graduated, obtained her nursing license, and had a job in the field. However, most participants described that when they identified as part of a profession, they felt like a professional nurse.

Similar to this idea of a "calling" or a "vocation," participants talked about nurses with a strong professional identity having a passion for nursing. "You have to love what

you do to be able to be a good nurse" (Bonnie, ADN participant). Conversely, participants described nurses without a strong professional identity as simply doing tasks or doing a job. "I meet some other nurses that are doing nursing because of the pay. They do it as a task…not 'I have to do this because I want my patient to get better'" (Beth, BSN participant). One participant even described a nurse who she felt did not exhibit nursing professionalism as literally counting how much she had earned at the end of each day. Participants also talked about developing their own passion with strong skills and critical thinking abilities.

> My professional development, I've seen how the love that my colleagues and my instructors have for what they do has really inspired me because when I started this program it was initially like, do your two years, get your degree and then work, and it was like, that was it. I've seen the passion and the love for what they're doing and the passion and the love that my colleagues in the actual workforce have for what they do that has inspired me to go on, to push the envelope. (Melissa, ADN participant)

Other Characteristics and Development Tools

Other traits that contributed to the participants' development of nursing professional identity and traits seen as defining a nursing professional were not mentioned as frequently. The BSN students discussed politics, research, and evidence-based practice as development tools and descriptive qualities of nurses with a strong professional identity. These students also talked about power within the interdisciplinary team, particularly when it came to interacting with doctors, and about the importance of nursing defining itself as a profession. "We have to view ourselves as professionals and a profession before anyone else does…promoting nursing in the community and promoting nursing as a profession. Being a representative of nursing when I make decisions, even in my personal life" (Will, BSN participant). Participants also talked about hindrances to

professional development, particularly making mistakes in the clinical care area, and the need to overcome the self-doubt that came with it.

> The whole day I just felt like off. I feel like my time management is not good and I just felt uneasy, and I was like uhhhh, crap. And I'm thinking into it, like, what does this mean, why I am being like this. And that was definitely the most un-nursey I felt. The thing about being a nurse is that even if you're having a bad day, you have to do it. You have to pull it together, and I feel like I didn't pull it together all day. (Evangeline, ADN participant)

The impact of making mistakes was an important theme in the follow-up focus group as well.

Focus Groups Versus Individual Interviews

The purpose of the focus groups was to give participants a chance to clarify or elaborate upon their responses in collaboration with other participants from their same school. These groups were meant in part to serve as a validation of responses given in the original interviews. As expected, many of the same concepts came up in the focus group as were discussed in the individual interviews. Integrity, reflection, and instructor support were talked about most often in the focus groups. Both ADN and BSN students mentioned these concepts; the proportion of responses was consistent between the individual interviews and the focus groups. Reflection was talked about a bit more in the focus groups than in the original interviews, again with a consistency between the individual interviews and the groups. The BSN participants talked about preceptorship in both the individual interviews and in the focus groups while the ADN participants only talked about preceptorship in the focus group. Two concepts were talked about only once in the focus groups; critical thinking was mentioned once by a BSN participant and standards was mentioned only once by an ADN participant even though both concepts were mentioned frequently in individual interviews by participants from both groups.

The idea that leadership is part of being a professional nurse was discussed in individual interviews with BSN students and supported by that focus group. Leadership was not talked about in any ADN individual interviews; however, it was mentioned as often in the ADN focus group as it was in the BSN focus group. Only BSN participants talked about knowledge and human connection in the focus group although participants from both groups discussed it in individual interviews. In a similar fashion, only ADN participants talked about caring, self-motivation, advocacy, and passion in the focus group when participants from both groups mentioned it individually. Four concepts discussed in the individual interviews were not discussed at all in the focus groups: identity, competence, support, and self-awareness. However, these concepts were among the least frequently mentioned in the individual interviews so their omission in the focus groups was only somewhat significant. The one slightly odd occurrence was patient-centered care was not mentioned in any of the individual interviews but was mentioned by both focus groups.

Summary

This chapter outlined characteristics of a nurse with a strong professional identity and concepts that helped participants develop their own sense of nursing professional identity. Knowledge, caring, and experience were most frequently mentioned when describing nursing professional identity and in the participants' examples of a professional nurse. These were cited by participants as characteristics they tried to develop as part of the nursing studies and as concepts that helped them develop their own professional identity. Independence and experience were described as the biggest contributors to participants in developing their own sense of nursing professional identity.

Participants described the preceptorship or capstone experience as significant in their professional development. They described having the opportunity to use their critical thinking skills, to integrate all they had learned in previous semesters, and to try on the role of independent nurse without the presence of a nursing instructor.

The interviews demonstrated both groups shared many descriptions of what it meant to be a nursing professional, primary among them were concepts of knowledge, caring, teamwork, and integrity. The interviews also demonstrated similarities in factors that supported the development of nursing professional identity including experience, instructor support, role models, and self-motivation. Knowledge was the most often mentioned concept in the study. Participants described the concept of knowledge as important to professional development and to good nursing care. Caring was frequently mentioned as an important factor in the definition of a professional nurse. Participants brought up ideas of blending knowledge with caring, of compassionate caring, and of communication as caring. Confidence was the most wide-ranging concept in the study. It came up in the context of learning professionalism, was defined as a part of being a nursing professional, and was described as important to feeling like a professional.

Experience, independence, and trust were more closely related to the experiences of professional identity formation as a nurse rather than the definition of a nursing professional. Many participants talked about the experience of preceptorship and the independence that came with it as advancing their identity as a nursing professional. Participants described integrity in many different ways including responsibility, being ethical or accountable, not cutting corners, and being honest. Participants' views on integrity were remarkably similar across the two groups--whether in individual interviews

or in the focus groups. Teamwork, communication, advocacy, and leadership were concepts participants frequently used to describe the professional nurse; while role models, reflection, support, and self-motivation were described more often as tools for professional identity development. Critical thinking was seen as an important skill for the nursing professional but also useful for developing a professional identity. A discussion of the full results is provided in Chapter V.

CHAPTER V

DISCUSSION

This chapter discusses the implications of the research results and places them in the context of nursing professionalism and the consequences they have for education. The findings from this study are examined in relation to the two research questions, which focused on participants' experience of nursing professional identity and the contexts in which nursing professional identity was developed. These findings are then related to previous research studies on professional identity formation along with an explanation of unanticipated findings. Conclusions are described as well as recommendations for nursing education and student development. An analysis of remaining gaps in the research and suggestions for future study are recommended.

This study was conducted to develop an understanding of two main experiences:

Q1 What is the meaning of a nurse's professional identity to students in their final semester of nursing school?

Q2 What are the contexts of the experiences of professional identity formation as a nurse?

Answers to these research questions were developed through individual and focus group discussions with students in their final semester of study from two schools of nursing in Southern California--one housed in a community college offering an associate's degree in nursing and the other in a state university offering a bachelor's degree in nursing. Students were guided through individual interviews using semi-structured interview

questions and later invited to join focus groups with other students to clarify and elaborate on previous comments.

Interpretation of the Findings

This discussion of the findings involved interpretation and integration of the concepts into thematic frameworks related to the research questions guiding this study. As phenomenological research, this study uncovers how unique individuals understand and respond to a shared or common experience. These findings expressed the meaning participants gave to the experience and what patterns they discerned. Through interviews using open-ended questions, participants were able to describe their understanding of the nursing professional identity, their understanding of the process of developing a professional identity as a nurse, and were able to give examples encountered in the clinical setting. Use of interviews allowed participants to describe their understanding and experiences in as much detail and structure their answers as they liked. The format of the questioning was intended to lead the participant from a theoretical to a concrete perspective of nursing professional identity development. These themes were again discussed in the focus groups as an opportunity to clarify and elaborate on concepts discussed in the individual interviews.

The nurses participants saw as examples of a strong nursing professional identity cared about their work and their patients, had knowledge, and integrated this in the work they did. They carried themselves with a professional demeanor and saw themselves as part of a team. Professional nurse examples held themselves to high standards and saw this as a reflection of their standing as a nurse, not just their personal reputation. This suggests participants saw professional nurses as part of an identified group rather than as

singular persons completing a task. The frequency with which participants mentioned knowledge as part of their examples showed the importance they gave this trait. Clearly knowledge is a central part of a student's nursing education that can be developed both in the classroom and in the clinical setting. But again, individual traits such as knowledge must be incorporated with other important abilities such as caring, teamwork, and integrity.

Participants also described nurses they encountered who did not demonstrate nursing professional identity. Concepts these unprofessional nurses failed to demonstrate were caring, a professional demeanor, standards, and trust. One participant described what he saw as unprofessional in nurses he encountered: "I think it is a little bit of everything; their knowledge, the way they handle themselves, the way that they want to just do the patient care stuff, their way it's not as good" (Nathan, ADN participant). When discussing a lack of caring, participants described nurses who were simply performing tasks or doing a job rather than being part of a profession. One participant described this type of nurse as "not really being present. …They were there for that job and they did their basic responsibilities but I really got the impression that they'd rather be doing something else. They didn't give off the feeling of caring" (Felice, ADN participant). Many participants saw these nurses as negative role models or examples of how not to develop as a professional. "You walk away at least knowing how you don't want to be... It's actually great to have at least one bad nurse here and there, so at least you know, that's what I don't want to be like" (Harvey, BSN participant).

The Meaning of Nursing Professional Identity

The initial research question was explored in the individual interviews--first with a discussion of the idea of nursing professional identity and then later with examples of nurses who participants determined to have a strong or weak professional identity. The concepts participants defined most often as part of being a professional nurse were Other concepts participants identified as defining nursing professional identity were knowledge, trust, a professional demeanor, advocacy, leadership, and patient-centered care. The participants in this study linked professional identity to traits and knowledge much more often than to skills. This finding was similar to nurses in a 2010 study by Skår who asked nurses in Norway for descriptions of their own professional autonomy. Nurses in that study described autonomy as a freedom to act that went beyond their performance on the job and was more a function of their knowledge and personal capacities.

Many of the concepts participants identified as being characteristic of nursing professionalism were identified in previous writings on related topics. Similar to the perspective of the NLN (2010), participants identified that knowledge alone is insufficient; professionalism includes internalizing the core values and beliefs of the profession as well as understanding the context of the practice. One participant described the importance of internalizing the profession: “I think it kind of helps you as you are going through the nursing program. For me it’s been like a gut-check, to make sure you are going into this profession for the right reasons” (Crystal, BSN participant). Being a nursing professional was seen by participants as a holistic concept; it was described most often as a way of being rather than a way of doing. According to the

NLN, the use of clinician and nurse educator role models, experiential learning, and guided reflection could assist the development of professional identity. Participants in this research mentioned the importance of role models, the experience in the clinical setting, and the use of reflection as important to their learning.

Knowledge. When the discussion shifted to concepts of nursing professional identity participants encountered in the clinical setting, the most frequently described concept was knowledge, which was mentioned far more often than the others. Participants described knowledge as important to professionalism and to the definition of a profession. "Knowing what she is doing. Not just doing it because the doctor says so, questioning. So she questions, what is this for, why am I giving this. She was good, I really think she was good" (Melody, BSN participant). In this way, knowledge went beyond simply having the information and the know-how to applying and adapting the knowledge to unique situations. This was where the concepts of knowledge and critical thinking overlapped in importance. Skår (2010) described knowledge as important to patient care and to autonomy, which is a central element in professional identity. In her qualitative study on nursing autonomy, she indicated the use of knowledge is important to gain professional autonomy and a relationship with patients is essential in an autonomous nursing practice.

In her research on the development of clinical judgment, Tanner (2006) described how nursing students develop knowledge by experiencing patterns, not simply by learning skills or applying a procedure. She stated the nursing process is a starting point but the professional nurse must go beyond simple action to an integrated application of knowledge, experience, and skill. Evans and Donnelly (2006) discussed

how skills are supported by knowledge and by the judgment the nurse has developed. They described this as the knowledge-judgment-skill interrelationship. Similarly, participants in this research talked about applying, not just having knowledge to develop a more complex mindset. "What's nice is the combination of the classroom instruction, so you get some knowledge base, but then the ...clinicals for me have really helped me transition from the CNA mindset to the nurse mindset" (Crystal, BSN participant).

Caring. Participants from both the ADN and the BSN groups described nurses who presented a caring presence for their patients and the other members of the health care team. Participants acknowledged the importance of knowledge in patient care but affirmed the primacy of caring. "I think probably the single most important single characteristic is caring because, you know, people can have the knowledge all day long but they won't be really impactful if they don't care" (Felice, ADN participant). Apesoa-Varano (2007) looked at the interplay of caring and nursing science to develop the construct of "educated caring" (p. 264) in which science and caring are equally valuable and significant. This concept from the literature was brought to light in an example described by a participant in this research:

> Being a nursing professional to me means that you are able to integrate both your science, meaning like medication knowledge and care knowledge with caring, with the psychosocial. That's what it means to me …I feel as a professional nurse you need to be able to balance both to do a great job as a nurse. (Stacy, BSN participant)

This combination of scientific knowledge and caring was at the base of Jean Watson's (2011) carative factors and caritas processes. Watson talked of caring as an important humanistic value that was combined with scientific knowledge in effective nursing actions and interventions.

Participants described a nursing professional as one who provides holistic care. "It does come to treating the whole patient and everything that comes with them and not just the disease. …We now have to open their book and read their whole story, and not just treat a page in it" (Scott, BSN participant). Similarly, Todres (2008) described a caring practice as more than an application of techniques, rules, and standardized behaviors; it is an "embodied relational understanding" (p. 1566) that allows the nurse to develop a caring practice--one that views the work holistically. Todres also explained that the nurse uses "understanding in personal ways" (p. 1572) and "judgment-based care" (p. 1566) as methods to attend to the fullness and uniqueness of humans. Although novices in the profession, participants were able to describe a sophisticated and comprehensive understanding of the importance of caring. Participants recognized the uniqueness of their patients and that they had to attend to more than their medical needs.

Integrity and standards. Researchers, such as Gardner and Shulman (2005), who sought to define what a profession is, used the term "integrity" as an important element of a professional. Both BSN and ADN participants discussed integrity in the focus groups, describing it as part of nursing professionalism and an ingrained trait rather than a behavior at work. "I think it, for me it's every aspect of your life, how you live your life, as far as are you honest in all your actions. How do you behave when no one's looking" (BSN focus group)? Similarly, in the other focus group, one participant stated, "I think we talk a lot about how it is a commitment to your job. You're not just a nurse for the 12 hours you are on shift; you are a nurse forever, from when you make that decision" (ADN focus group). The Institute of Medicine in their 2010 report entitled *The Future of Nursing: Leading Change, Advancing Health* stated that nursing

students should be provided nurses with education on standards, quality, and safety of care ‘‘while preserving fundamental elements of nursing education, such as ethics and *integrity* and holistic, compassionate approaches to care’’ (p. 60).

According to Krautscheid (2014), professional accountability supports congruence between nursing action and standards for the profession, much like these participants’ descriptions of professional integrity and standards. Participants in this study identified the internalization of nursing standards and identifying with the profession even when away from the workplace. “And for me, being a professional nurse means just that, always acting in a professional manner, always doing what’s best, what’s right. …and being a representative of nursing like when I make decisions, even in my personal life” (Will, BSN participant). Such comments supported the literature in an expectation that professional nurses’ behavior met an expected standard. Leaders in nursing posited nurses’ professional identity manifested not only in their work but also in their daily lives (NLN, 2010).

Advocacy and leadership. Other characteristics participants used to describe a nurse with a strong professional identity were advocacy and leadership. These concepts were designated by participants as what identified a professional nurse more than as concepts that strengthened participants’ professional identity development. In the literature, leadership was seen as an important ability for the professional nurse and also as a tool for student development. Waite, McKinney, Smith-Glasgow, and Meloy (2014) described how leadership development is important during nursing formation as an essential ability, not an add-on skill. This is important to the development of the student nurse and to ensure a greater influence on healthcare outcomes.

However, leadership was not a frequently mentioned concept in this study. None of the ADN students talked about leadership in the individual interviews although BSN students mentioned it in a variety of contexts. The concept of leadership was discussed in both focus groups but only as a part of the definition of a professional nurse. The fact participants did not discuss leadership much concurred with a 2010 study (Hendricks, Cope, & Harris, 2010) promoting an undergraduate leadership program, which indicated new nurses often felt unprepared for leadership roles. This was despite the fact that autonomous decision-making, care coordination, collaborative teamwork, and advocacy all call for leadership skills.

Both groups spoke of advocacy as it related to professionalism. Participants talked about advocacy as being an important part of being a professional nurse. It also helped participants feel like a nursing professional when they were able to engage in advocacy. Beal and Riley (2015) described advocacy as an unchanging element of nursing professionalism despite the ongoing and rapid changes in the nursing work environment. They talked about it as an essential element of nursing that needed to be adapted to new environments, not altered in its essence. Morris and Faulk (2007) also described advocacy as an important element in the role of the professional nurse and a core concept in nursing education. They sampled RN-to-BSN graduates three months after graduation to identify any changes in professional behaviors. They found increased patient advocacy among other developments in the participants in their study. This finding supported what both ADN and BSN participants in the current study described as an important trait for a nursing professional.

Demeanor. Clickner and Shirey (2013) discussed comportment as a critical element in effective relating, communicating, and collaborating with other members of the healthcare team. In their concept analysis, the authors used definitions of comportment from various sources including Roach (as cited in Clickner & Shirey, 2013) who described it as "a nurse's bearing, demeanor, and harmony with self and others" (p. 107) and Benner (as cited in Clickner and Shirey, 2013): "professional comportment is the ability to relate to others in a respectful and supportive manner" (p. 111). In this current study, respondents from both the ADN and BSN programs identified the way a nurse handled him/herself and even the way he/she dressed were elements of professional identity. "Just from the get-go she was very, very professional. She always looks the part and acts the part, so I think that's part of it too" (Corey, ADN participant). Participants also described professional nurses as "calm" and "centered" and "abiding by a higher level of conduct."

The lack of a professional demeanor was one of the primary examples students used when defining the nurse who had not developed a full professional identity. They described nurses who gossiped or made inappropriate comments. "For example, gossip is inappropriate as a professional. So I would say that is not as well-developed. She may be clinically or knowledge-wise fine, but yeah, professionalism-wise not so much" (Audrey, BSN participant). They also spoke of nurses who did not take a team approach to care and nurses who did not listen to patients. Participants often linked behavior to professionalism, even above skills and knowledge. "The word 'professional' in and of itself means abiding by a higher level of conduct. There are certain expectations with being a professional that may not apply to everybody" (Scott, BSN participant).

McLeod-Sordjan (2014) discussed moral behavior and the role of nursing education. She concluded there is a strong influence from a nurse's background and experiences but ethics and professionalism could be improved through experiential learning. She cautioned that teaching ethics principles and codes was not enough--students must be expected to demonstrate such behaviors through professional actions such as advocacy and moral reasoning.

Professional Identity Formation

In discussing nursing professional identity formation, students talked about factors that facilitated or impeded their development as a nurse and experiences when they felt like a professional nurse. The concept participants most often described as helping them develop into a professional nurse was clinical experience. It was mentioned far more often than the next most common response--role models and mentors. It is not uncommon for students to describe themselves as kinesthetic or hands-on learners and clinical experience is an opportunity to integrate and consolidate learning. "I know some people learn more from the book, but for me, I learn more from doing. If I don't physically do it myself, then it's hard for me to really understand how it works. I'm like the hands-on person" (Crystal, BSN participant). Clinical experiences were described as helping them synthesize what they had learned in the classroom and as a chance to try on the professional self.

Experience, preceptorship, and independence. Many studies (Brown et al., 2003; Craig et al., 2012; Duchscher, 2008; Forneris & Penden-McAlpine, 2009; Kim, 2007; Koontz et al., 2010; McNiesh et al., 2011; Severinsson & Sand, 2010) found the practicum experience and direct patient care were the greatest contributors to emerging

professional identity. This finding was supported in the current research with the concepts of independence and experience being the most often mentioned in discussion about what supported participants' development of nursing professional identity. Participants in this research commonly mentioned the value of their preceptor experience in being able to integrate all they had learned, to work independently, and to take on responsibility.

> This last semester was our preceptorship, and that's when I really felt like I was developing professionally, because I had to do everything on my own. I had to make sure I understood why I was doing everything I was doing because nobody was watching me. Definitely there was room for error now, because nobody's watching me, I'm doing it on my own, and I had the responsibility. I mean the independence and autonomy came with the large responsibility of the patient's life. …like I would start to craft my practice. (Sherice, BSN participant)

Benner et al. (2010) stated that formation of professional values and identity occurs over time with transformation through experiential learning. Experiential learning helps ''students develop notions of good from their practice that transform their understanding of nursing's social contract to care for vulnerable patients'' (Benner et al., 2010, p. 166). McNiesh et al. (2011) talked about how increased authority and responsibility for patient outcomes helped students develop their professional identity. This finding was similar to participants' descriptions of independence as beneficial to their development of a nursing professional identity. "It was that push that made me feel like I'm a real nurse. I'm really taking care of all these patients. I'm learning to decide what to do, what not to do" (Scott, BSN participant). In Koontz et al.'s (2010) study, respondents cited positive influences from their preceptorship such as being given responsibility and trust. Participants in this current study affirmed this same view. "It was just an aura he [the preceptor] had of competence and trust in me. …That helped a

lot. He wasn't constantly checking in with me; I would go to him when I needed anything" (Bonnie, ADN participant). Students from both the ADN and the BSN groups defined independence as an important factor and this concept was supported in both focus groups.

Some participants expressed the idea they would not truly feel like a nurse until they had experience on the job. "I don't think it will be fully developed until I have been a nurse for a year. I feel like that's when I will feel like a nurse, like OK, I'm doing this independently" (Jessica, BSN participant). One participant was particularly adamant about the idea that she could not call herself or think of herself as a nurse until she was licensed. "I don't consider that a nursing professional because you have to have the certain qualifications that society says, and the license" (Audrey, BSN participant). She identified this as a barrier to professional development because she was not recognized as a nursing professional and could not develop it further until she was in the role. Johnson et al. (2012) stated that professional identity is linked to "self-identity," which starts before nursing school and continues afterward. An almost identical idea was expressed by a participant in this way:

> I think being a nurse comes before you decide to be a nurse because what I've heard from a lot of instructors and a lot of other nurses is you can teach somebody to do skills, but you can't teach somebody to care. So that's what I think nursing is, it's a study of care. (Melissa, ADN participant)

Role models and mentors. Studies that examined the development of professional identity (McNiesh et al., 2011; Price, 2005; Severinsson & Sand, 2010) discussed the importance of role models and being trusted by hospital staff to learn and develop a professional identity. Severinsson and Sand (2010) found the supervision model most influenced professional development according to students in their study.

Similarly, Price (2005) supported the importance of good mentors in the clinical environment. One participant in this current study reflected, "I worked with some really good nurses. They just really backed off. …I just had a lot more independence so I was able to get it in sync with what I knew I needed to do. I was able to really get into that role" (Bonnie, ADN participant,). Marañón and Pera (2015) used observation and discussion groups with third-year nursing students. As with the current study, their work found value in clinical placements and the use of mentors or role models. The third element in their research was problem-based learning, a technique not used in either of the schools in the current study but could serve to support the concepts discussed.

Instructor support. Many participants described the role of clinical and classroom instructors in their learning and development as a nursing professional. Instructors were seen as role models, guides, and supporters of clinical learning. "Encouragement coming from faculty…is a big factor in how we perform in the clinical setting, …how frequently they are checking in on us, their body language and whether they're receptive and they're giving positive feedback and things" (Corey, ADN participant). Some participants described times when the instructor served as an impediment to learning, most often in the area of confidence. "I had a teacher, she didn't really believe in me. …You make a mistake and you can sense that she doesn't see anything good. You know, she focuses on your mistakes, not on your strengths" (Melody, BSN participant). Through qualitative research, Mikkonen, Kyngäs, and Kääriäinen (2015) found similar results--a teacher's empathy could either support a constructive and caring learning environment or obstruct student learning and risk negative consequences for the student's quality of life. They found empathy from

teachers supported strengths-based learning and encouraged professional development. On the other hand, non-empathetic teachers' behavior toward students hindered the development of professional nursing abilities and even had a negative influence on patient care.

Participants saw their instructors as very influential in their development of nursing professional identity; however, for most participants, the effectiveness depended on the match between learning and teaching styles. "I think it can come down to personalities and how you interact with someone. Where some people you just work really well with them and they help you to grow, whereas other people…can hinder you in your growth" (ADN focus group). Smith and Caplin (2012) used the term "transactional distance" to describe the perceived distance between teacher and student in the learning environment. Those students who felt themselves at a greater distance from their instructor were at risk for decreased learning, lower performance, and failure to meet learning outcomes (Smith & Caplin, 2012). Participants' comments in this current research supported the idea that empathy and interest in the student by the instructor are essential for learning and growth.

Knowledge. Knowledge was frequently mentioned as a contributing factor to feeling like a nurse by being given the ability to make clinical decisions and to move forward with the care of the patient without having to check in with the preceptor or instructor.

> Just knowing things like my patient has this respiratory condition, OK then I need to look out for this, I need to make sure that this is going on. Just being able to know that, and independently be able to carry it out, and verify that all the medications are meeting their needs. It just makes me feel like I got this. (Stacy, BSN participant)

Participants described when they had the knowledge, they felt more confident, inspired, and they had more authority. "Having the light bulb to go off and, oh, OK, I feel like now I know what's going on, and I'm empowered to ask the doctor what do they want to do about it" (Felice, ADN participant). Knowledge gave them the ability to act independently by adding to the feeling of being the nurse rather than a student. In Akhtar-Danesh et al.'s study (2013), students and faculty members identified certain learning activities, the learning environment, and discussion of concepts such as accountability, collaboration, and advocacy could promote the development of professionalism. Participants in the current study described how knowledge gave them more than skills--it encouraged development of their professional self.

Integration, reflection, and self-motivation. Integration, reflection, and self-motivation were discussed by participants as important to their development of nursing professional identity rather than as descriptors of a nursing professional. Participants described integration as the coming together of all a student has learned in his or her time in nursing school, a sort of connecting the dots that often happens in the clinical setting. Reflection helped participants learn the role of the nurse more fully, which in an indirect way aided their development as nursing professionals. The use of reflection was described as assisting learning from each clinical day and also for improvement for the future. Langley and Brown (2010) found critical reflection and introspection increased a student's self-confidence and helped students integrate new knowledge into what they already knew. Self-motivation was seen as important for learning and for fulfilling the development of nursing professional identity. "You have to be driven. If you're not

driven, it doesn't matter how much people push you, it's not going to matter" (Corey, ADN participant).

Reflection and integration are related concepts that encourage professional growth and lead to greater critical thinking ability (Badeau, 2010; Langley & Brown, 2010). Reflection allows nurses to relate concepts and determine causal relationships (Badeau, 2010). Research on clinical judgment by Tanner (2006), Etheridge (2007), and Forneris and Peden-McAlpine (2009) talked about how nursing ability is developed through recognizing patterns and participating in clinical experiences, responsibility, confidence, organizing tasks, and reflective thinking. All of these elements were mentioned by participants in this study with regard to the development of nursing professional identity. One participant talked about the importance of reflection in development as a nurse: "Now I know how to break it down myself and think about it. Also talking about what I learned from that experience and applying that in the future so I know what to do the next time something like that happens" (Bonnie, ADN participant). Badeau (2010) described the purpose of reflection as a way for the nurse to attach meaning to activities of patient care. She defined it as important, not just to past practice but as a way to think about and form future practices, just as the above ADN student described.

Competence. Other studies cited competence as being important to the development of nursing professionalism (Kim, 2007), as a way to support nursing professional practices (Meretoja & Koponen, 2012), as an element of professional self-assessment (Milisen et al., 2010; Rhodes et al., 2013), and as a contributor to confidence (Baxter & Norman, 2011). One participant described competence in this way: "I felt

more like a nurse than any other semester because I think I gained enough experience and I have prepared myself enough with knowledge, I would say. And also my skills were fully developed more than other semesters" (Beth, BSN participant). Participants described competence and confidence as being bi-directional motivators; the stronger the competence, the greater the confidence, and confidence gave them the ability to try out skills and competencies, thereby strengthening their abilities. Similarly, in a Finnish study by Numminen, Leino-Kilpi, Isoaho, and Meretoja (2015) of new graduate nurses, the strongest association was found between competence and empowerment. This empowerment gave them a greater sense of professional integrity and encouraged adherence to moral principles.

Meretoja and Koponen (2012) defined competence as "functional adequacy and capacity to integrate knowledge and skills and attitudes and values into the specific context of practice" (p. 414). They stated clinical competence is context-driven and cannot be evaluated separately from the clinical context. One participant connected competence with professional identity in this way: "For me it means feeling competent, feeling prepared, feeling like you are ready to start your profession" (Crystal, BSN participant). In a separate study by Milisen et al. (2010), respondents in their final year of training identified elements of student nursing competence as individualizing patient care, detecting problems and complications, and promoting patient wellbeing. One participant in the current study described how all these abilities came together in the final semester: "So in the ER that really did kind of sneak up on me… I realized I really could handle these patients if it were just being by myself and that was a new development" (Felice, ADN participant).

Other concepts. A few ideas discussed in the literature were supported weakly by this current research. Unruh and Ning (2013) and Unruh and Nooney (2011) discussed how the culture of a particular hospital or nursing unit helps to shape professional identity. There were only a couple of mentions of this in the interviews--one in relation to increased anxiety in a unit that was frequently understaffed and another of an exceptionally welcoming unit. In the previous research, the difficulties presented by the environment had more to do with job responsibilities and shift assignments--two elements with which the nursing students in this research did not personally have to contend. Similarly, Miskelly and Duncan (2014) discussed the social, political, and managerial aspects of providing care and their impact on professional identity and empowerment. One BSN student mentioned politics and empowerment in her individual interview and again in the focus group she attended; however, this was not a widely discussed topic in this research.

Participants also described experiences in which they did not feel like a nursing professional. Most of these experiences came in the earlier semesters and were used as a form of comparison with their current situation. In these experiences, participants most often described lacking confidence and an inability to perform independently. "It's sometimes like a place of doubt. You just feel like you aren't an authority and you don't yet know how things work or you don't feel confident in your own ideas…you have to be reassured about everything" (Felice, ADN participant). Students described a lack of knowledge about the equipment or the charting making them feel like an outsider. Others described difficulty feeling like a nurse due to a lack of knowledge.

> Nothing bad happened that day but I really felt like I should be a transporter, a medical transporter that second, because that's how much I knew about my

> patient; absolutely nothing. It was definitely a situation where I didn't know what my role was as a nurse (Nathan, ADN participant).

Yet to a person, participants identified a role, a persona they must take on to perform or to feel like as a professional. None of the participants identified professional identity solely by behaviors or skills. Again, curricular development that emphasizes hand-on learning, adequate clinical time, and support for integration of learning would help develop these important abilities.

The Meaning of a Profession

Previous research has discussed the meaning of what it is to be a profession for nursing and other disciplines; participants in this research echoed some of these characteristics. Gardner and Shulman (2005) and Styles (2005) both discussed a profession as having a responsibility to the public welfare. Krejsler (2005) took a more theoretical approach and described reflecting on the relationship of the profession to the larger society. One participant described the profession's relationship with the public this way: "I believe that nurses, they do what they can to promote the wellbeing of others and to promote health, overall health, not just physical but also emotional, psychological, spiritual even" (Melody, BSN participant). A second participant described "representing patients in general and future patients by representing our profession, what changes need to be made" (Angela, BSN participant). Another BSN participant described his personal commitment to being part of a profession by "promoting nursing in the community and promoting nursing as a profession, and being a representative of nursing like when I make decisions, even in my personal life" (Will, BSN participant). Participants described a profession as having a relationship and a responsibility to the public they serve.

Both Gardner and Shulman (2005) and Styles (2005) described a profession as having a distinct service or body of knowledge. Participants discussed nursing knowledge and how this distinct knowledge helps define the profession and the professional:

> Our level of care is different, our assessment is at a different level. So professionally how you mention equalizing yourself (with doctors) at that level is that you are a professional. You are not somebody getting orders; that you yourself can stand alone as an individual. That's showing that you have power in your profession. (Stacy, BSN participant)

Another participant acknowledged the specific set of knowledge in reference to research and evidence-based practice: "And being a nurse, having the research and all of that scientific background, evidence-based practice in our profession isn't just willy-nilly do this because it feels right. It is do this because it shows results" (Scott, BSN participant). Gardner and Shulman (2005) also talked about a commitment to uphold ethical practice in the same way that Styles (2005) talked about a code of ethics. A participant discussed the nursing profession by saying, "It is abiding by certain codes of conduct and ethics and just being blind to different races and ethnicities and all that stuff" (Scott, BSN participant). Similarly, he mentioned, "I have that understanding that I am held to higher standards because now I am a professional" (Scott, BSN participant).

Kresler (2005) concluded that a member of a profession must integrate professional demands within his or her own personality and not merely rely on professional know-how. Again, participants described sentiments similar to this. One participant described how she was challenged to think of her role "as a part of my profession and who I was going to be in a professional capacity, not just a private person" (Angela, BSN participant). Another participant described "being a

representative of nursing like when I make decisions, even in my personal life" (Will, BSN participant). Iacobucci et al. (2013) found nursing values are a foundation for professional identity and higher levels of self-esteem contribute to one's subjective feelings of value as a professional. This concept was expressed as confidence by a participant:

> Nursing is one of the most trusted professions in the United States and if you don't have a certain level of confidence and you don't show a certain level of caring when you are working with your patients or even with your team, then you're probably not going to be seen as a confident, autonomous nurse. (Harvey, BSN participant)

Students may not have directly addressed the topic of what a profession is but their comments concurred with the research previously done on the subject.

Associate Degree in Nursing and Bachelor of Science in Nursing Preparation

There was a striking similarity between the responses given by the BSN participants and the ADN participants in terms of concepts mentioned and frequency. In the discussions of what defined a nurse with a strong professional identity, caring and knowledge, the two most frequently mentioned attributes of a nursing professional, were practically equal in numbers of mention by BSN and ADN students. In the focus groups, integrity was the most commonly discussed attribute with five mentions by the BSN group and seven by the ADN group. When describing what concepts helped them develop their own nursing professional identity, experience and independence were the two most frequently mentioned concepts. Again, the frequency of mention was strikingly similar with BSN students mentioning independence 19 times and ADN students mentioning it 20 times. Experience was mentioned 35 times by BSN students and 29 times by ADN students. In the focus groups, the BSN students spoke more

frequently about preceptorship while the ADN students spoke more often about independence, reflection, and self-motivation.

Research comparing the practices and activities of ADN and BSN students (Candela & Bowles, 2008; Esterhuizen, 2009; Martin et al., 2003; Shin et al., 2006; Smith, 2002) did not find significant differences between the two groups when looking at academic preparation for practice, NCLEX readiness, professional values, and critical thinking. Similarly in this research, there were more areas of similarity than difference between the two groups. The two areas of difference that stood out from this research were BSN students discussed leadership, community-based nursing, and research, whereas ADN students did not. These concepts, however, were not the focus of discussion on professional identity formation and none were mentioned more than two separate times. Also, BSN students mentioned knowledge three times more often than the ADN students, while ADN students talked more about the importance of clinical practice. In general the BSN students gave more descriptors of feeling like a nurse as opposed to the ADN students. The BSN students mentioned factors such as the use of evidence-based practice and leadership as contributing to learning and to feeling like a nurse, whereas the ADN students gave more emphasis to reflection and self-motivation. The BSN students also discussed concepts in the context of a profession more often than ADN students. While this was one study in a small section of the United States, it seemed to support the ability of students of all levels to identify aspects of nursing professionalism.

Conclusions

There was a great deal of overlap between the descriptions of nursing professional identity in the literature and the examples given by participants in this current study. What was significant about the areas of overlap with previous research was the responses in this current research came from students rather than experienced nurses, educators, or nurse executives. This finding supported the idea that learning outcomes are being conveyed to students and incorporated into their professional identity development. The NLN (2010) indicated professionalism includes internalizing the core values and beliefs of the profession as well as understanding the context of practice. Participants in this research identified the importance of core elements and the context of practice in their discussions of nursing professionalism. These core elements are discussed further in the section on implications for nurse educators. This research gave support to recommendations from the NLN (2010), the AACN (2008), and other nursing governing bodies about the focus of nursing education.

The AACN (2008) has called for nursing curricula based on discovery learning, direct clinical experiences, and integrative learning strategies. These essentials provide the curricular framework for a generalist nursing education (AACN, 2008). This was echoed by Benner et al. (2010) who supported the primacy of experiential learning and having adequate clinical time for integration of learning. McNiesh et al. (2011) emphasized the need for nursing students to have increased authority and responsibility for patient outcomes as a way to develop their professional identity. Similarly, Tanner (2006), Etheridge (2007), and Forneris and Peden-McAlpine (2009) talked about how nursing ability is developed through recognizing patterns and participating in clinical

experiences, being given responsibility, and reflective thinking. Without formal training in nursing pedagogy, participants in this study supported the findings of the AACN and nursing researchers by identifying learning environments that supported the formation of the professional nurse. They did this by identifying characteristics of a nursing professional and experiences that supported or revealed a lack of professional identity development.

Reflection was noted by many researchers as a tool for developing professional identity and also as an important skill for the practicing nurse. Badeau (2010) described how reflection encourages students to attach meaning to activities of patient care and is important not only for review of past practice but as a way to think about and form future practices. The use of guided reflection was supported by the AACN (2008) and the NLN (2010) and is a current practice in many schools of nursing. It allows students to relate concepts and determine causal relationships (Badeau, 2010), increases a student's self-confidence, and helps students integrate new knowledge into what they already know (Langley & Brown, 2010). Participants talked of how reflection was supported in their education and has already become a regular practice for many of them. Educators should encourage the use of reflection until it becomes a personal practice that students carry into licensure.

The significance of how the participants described the nurse with a strong professional identity was their emphasis on personality or ingrained traits and not behaviors or actions. They described someone who *cares* about the patient, who acts with *integrity*, and is able to work well with others. This was the finding of McLeod-Sordjan (2014) who cited strong influences from a nurse's background and experiences

while asserting ethics and professionalism could be improved through experiential learning. The nurse educator is then tasked with identifying students' existing traits, adapting them to the clinical setting, and giving students opportunities to practice and hone these traits. McLeod-Sordjan also made the point that teaching about codes of ethics and principles is not enough--students should be expected to demonstrate these behaviors. While the clinical setting provides the optimal atmosphere, these traits can also be refined through classroom activities. In addition the classroom provides an opportunity for students to explore their own abilities and learn to adapt them to the practice of nursing.

In both the individual interviews and the focus groups, participants discussed definitions of professional identity cited by practicing nurses, nurse educators, and nurse executives in previous research. This indicated students did share the understanding of their professional goals and whether or not they were able to attain them. Research by Berkow et al. (2008) and Thomas et al. (2011) discussed areas of weakness for newly graduated nurses as identified by nurse executives. Certain areas of weakness including the ability to take initiative and the ability to work independently (independence), the ability to prioritize (organization), and the ability to collaborate with other healthcare providers (teamwork) were identified by the participants in this study as concepts that helped them feel like a professional nurse. This showed the participants in this study had identified elements of nursing care the nurse executives found both important and lacking in many new graduates.

Implications for Nurse Educators

The fact that knowledge played such a big role in participants feeling like a professional nurse related to the importance of combining classroom and clinical experiences. Without knowledge about what actions were best, the participants did not take on the role of nursing professional. While the creation of such knowledge could take place in the traditional classroom, application and further development of this knowledge is best suited to a clinical environment. Such an environment could be in a simulation lab, a hospital setting, or through the use of case studies in the classroom. Expanded knowledge could lead to increases in confidence, self-motivation and experience--all factors that encourage the development of nursing professional identity (Benner et al., 2010; Evans & Donnelly, 2006; McNiesh et al., 2011; Tanner, 2006). To support professional identity development, nurse educators need to develop curricula that incorporate optimal clinical time for students to practice not just skills but complete patient care experiences. These clinical experiences should include enough repetition so ideas and practices can be applied to different patient care scenarios.

One area participants discussed in a limited manner was leadership. This was consistent with previous research such as Hendricks et al. (2010) who found new graduate nurses felt unprepared for leadership roles. Research by Hendricks et al. and Waite et al. (2014) stressed the importance of leadership development for student nurses and promoted the use of undergraduate nursing leadership programs. Such skills encourage advocacy on behalf of the profession (Hendricks et al., 2010) and enhance other important nursing abilities such as autonomous decision-making, care coordination, collaborative teamwork, and advocacy (Waite et al., 2014). In this way,

nurse educators could support the development of nursing professional identity in their undergraduate students.

Another important element of development supported by this research was instructor support of student learning. This study and other research (Mikkonen et al., 2015; Smith & Caplin, 2012) have shown nursing instructors through their actions and intentions have an important impact on student learning--for the better or worse. Instructors must make use of this influence as role models of patient care and interpersonal interaction, and, more overtly, as formal guides to student learning. In addition, support for students could come in informal ways including identification and encouragement of struggling students as well as opportunities for interaction outside the classroom. Student mentorship programs, nursing associations, and informal gatherings could provide the opportunity for interactions between students and instructors that engender support. Curricular structure and informal practices could also encourage the development of self-motivation, which was seen as key to professional development by study participants.

Nurse educators must be aware the learning environments they create support the development of nursing professional identity. This includes giving students independence and authority over patient care decisions if they are to be adequately trained to become autonomous nurses. Students must be allowed the ability to make independent choices, be allowed freedom from coercion, be encouraged to practice rational and reflective thought, and be provided adequate information and knowledge to be able to do so (Skår, 2010). This is a tall order given the environments of care in which students are currently taught; yet educators would be wise to remember these are

the same environments to which we are sending these students once their education is done.

Limitations

One limitation of this study was the lack of experience by the primary researcher who conducted the interviews and focus groups. Inexperience as an interviewer might not have elicited as open a response or might have limited discussion that required further questioning. Another limitation was the difference in the focus group participation between the ADN and BSN students. All ADN students had an opportunity to further the discussion with their peers. The three BSN students who attended the focus group might not be representative of the views of all 12 members of that group. The nature of the interaction in the ADN focus group was very conversational while the focus group of the BSN students was more question-and-answer and validation of previously discussed topics. Again, the inexperience of the interviewer might have played a part since she took a more active role in the more sparsely attended BSN discussion; whereas the well-attended ADN discussion allowed for a more conversational approach among students.

Some concepts discussed in the focus groups were in a different context than in the individual interviews. For example, self-motivation, role models, teamwork, and self-awareness as tools for professional development came up in the focus group but not in the independent interviews. All four of these concepts were discussed in the individual interviews as part of being a professional nurse or part of the development as a professional nurse but not in the context of nursing education. This could imply this research did not reach saturation in discussing tools for learning. This could become a

topic for future research. Trust as an affirmative part of being a professional nurse came up as a topic in the focus group; however, trust was discussed in the individual interviews only as a descriptor of what the unprofessional nurse lacks. Despite this variance in perspective, the length at which participants discussed trust would indicate saturation of this concept.

Finally, the geographic location and sites of study limited the research. This study used only two sites--one BSN and one ADN school of nursing in the same geographic region. The fact these schools recruited students from the same catchment area could account for the similarity in results between the two groups. Both are publically funded institutions of higher learning, which could have also limited the diversity of participants available for this research. Recruiting students from a more diverse geographic and academic environment could further develop the results of this study.

Suggestions for Additional Research

The findings in this study could be confirmed, refuted, or expanded by using students from more than one geographic area and from different types of nursing programs. Expanding the study to include accelerated programs, private universities, and stand-alone nursing programs would give a greater diversity to the participants. Similarly, replicating this study in a different geographic area could reveal important differences as well and allow for analysis of more variables. Including information about the difference in curricula would add another layer of understanding to the research.

This study explored opinions and experiences of students who were about to graduate from nursing school. It did not distinguish which of these beliefs and abilities were created or developed as a part of their nursing education. Each of these participants brought different personal and professional experiences to his or her study of nursing. If this research took a longitudinal approach, it could explore ideas and beliefs at the entry to nursing school and then again at the end. This could help us to learn more about the effects of nursing education and give more information about different programs of study. Both longitudinal and cross-sectional studies of nursing professional identity were done by Hensel (2013), Hensel and Laux (2014), and Hensel, Middleton, and Engs (2014), which showed differing results in the development of and contributors to nursing professional identity. These previous studies relied on questionnaires, which did not give respondents the opportunity to discuss their views in detail. Further studies could help to clarify what is at present conflicting information.

More depth could be added to the findings by developing a similar qualitative research study involving faculty from these two schools and/or nurse executives from surrounding hospitals. In reviewing previous research (Akhtar-Danesh et al., 2013; Berkow et al., 2008; DeMarco & Aroian, 2003; Thomas et al., 2011) and the findings of this research, many of the same concepts came up when talking to students, faculty, and nurse executives. Areas of commonality and difference could shed light on the theory-practice gap in nursing. In addition, this could help educators develop learning environments to better prepare graduates for their first jobs.

Summary

This study added to a limited body of literature on the development of nursing professional identity. In particular, it filled the large gap in research from the perspective of the nursing student him/herself. The findings from this study described participants' definition of nursing professional identity and the contexts in which nursing professional identity was developed. Participants attributed the ingrained traits of caring, integrity, teamwork, and knowledge to the identification of a nursing professional. Additionally, they described the importance of experience, role models, integration of experience and knowledge, reflection, and self-motivation to their development of a nursing professional identity. Participants identified the importance of support from nursing instructors, nurse mentors, and other students in helping them form and practice this new identity.

These findings related very closely to previous research studies on professional identity formation, much of which was done from the perspective of nurse educators, nurse executives, and experienced nurses. One unexpected finding was the lack of differentiation in the experiences and opinions of BSN- and ADN-prepared nursing students. Education of BSN and ADN students proposes to have differences in emphasis on leadership and professional development, which was not fully supported in this study. While the education of these two groups had different emphases and experiences, the goals and definitions of nursing professional identity were much the same. As expected, BSN students spoke more frequently about leadership and research while ADN students focused more on clinical practice. Recommendations for nursing educators included the use of more clinical and experiential learning, guided reflection, and leadership training.

More remains to be developed in the study of nursing professional identity formation, particularly from the perspective of nursing students. Research using students from all levels of study and from different types of programs in different environments, and research involving nursing faculty could further develop our understanding of the development of professional development. This research provided an important perspective on nursing professional identity by adding depth and a fresh perspective to our further understanding of this important topic in nursing education.

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APPENDIX A

CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH

UNIVERSITY of NORTHERN COLORADO

CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH

Project Title: The experience of professional identity formation in students in their final year of nursing school.

Researcher: Anita Fitzgerald, RN, MSN, Graduate Student, University of Northern Colorado
Phone Number: (562) 810-4718 e-mail: anita.fitzgerald@csulb.edu

I am researching the experience of professional identity formation in students in their final year of nursing school. As a participant in this research you will be asked to take part in both a one-on-one and later a group interview about your experiences in professional identity formation. There is also the possibility of a short follow-up interview to assure complete understanding or to elaborate on certain statements. The individual interview should take no more than 45 minutes and the focus group should take no more than (2) two hours. Any additional follow-up should take 15 minutes or less. All research activities will take place outside of class time and are purely voluntary. With this consent you are agreeing to be audio-taped in both the individual interview and in the focus group. These audiotapes will then be transcribed verbatim. Your responses in both the audiotape and in the transcripts will not include your name or any other identifying information; only the researcher, her research advisor, and qualified peer reviewers will examine individual responses. Results of the study will be conducted and presented with the use of a pseudonym and all original paperwork and audio files will be kept in a locked cabinet and a password-protected computer.

Risks to you are minimal and are expected to be no greater than those encountered in daily life. You may feel some level of emotional discomfort in recounting difficult experiences, and the interview process will take time for which you will not be compensated. The potential benefits to you include gaining insight into your academic experience and an increased awareness of the concept of professional development as you transition into their practice of nursing.

After each interview, I will share the transcripts with you in order for you to clarify your thoughts, and you will be allowed to remove or modify any comments they feel do not reflect their opinions or experiences. I will take every precaution in order to protect your confidentiality. I will assign a pseudonym to you during the research and in the write-up. Only my research advisor, you and I will know the person connected with a pseudonym and when I report data, your name will not be used.

At the end of the experiment, I would be happy to share your data with you at your request. I will make the final results, in the form of a research abstract, available to participants who are interested.

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled.

Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact Lory Clukey, PhD, PsyD, CNS, RN, Gunter Hall 3130 University of Northern Colorado, Greeley, CO 80639; 970-351-2648; lory.clukey@unco.edu or the Sponsored Programs and Academic Research Center, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-1907.

_____

Subject's Signature Date

_____

Researcher's Signature Date

APPENDIX B

INSTITUTIONAL REVIEW BOARD APPROVALS

UNIVERSITY of NORTHERN COLORADO

Institutional Review Board

DATE:	April 27, 2015
TO:	Anita Fitzgerald, MSN, RN
FROM:	University of Northern Colorado (UNCO) IRB
PROJECT TITLE:	[736877-2] The experience of professional identity development in students in their final year of nursing school
SUBMISSION TYPE:	Amendment/Modification
ACTION:	APPROVAL/VERIFICATION OF EXEMPT STATUS
DECISION DATE:	April 27, 2015

Thank you for your submission of Amendment/Modification materials for this project. The University of Northern Colorado (UNCO) IRB approves this project and verifies its status as EXEMPT according to federal IRB regulations.

Anita -

Thank you for your patience with the UNC IRB process. The recruitment protocol and revised consent form satisfy all requests for modifications and additions. Please be sure to use these materials in your research procedures.

Best wishes with your study and please don't hesitate to contact me with any IRB-related questions or concerns.

Sincerely,

Dr. Megan Stellino, UNC IRB Co-Chair

We will retain a copy of this correspondence within our records for a duration of 4 years.

If you have any questions, please contact Sherry May at 970-351-1910 or Sherry.May@unco.edu. Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Northern Colorado (UNCO) IRB's records.

CALIFORNIA STATE UNIVERSITY
FULLERTON

School of Nursing
College of Health & Human Development
Phone: (657) 278-3336, Fax: (657) 278-3338

March 18, 2015

Institutional Research Board
University of Northern Colorado

To Whom It May Concern:

This letter is to acknowledge that California State University, Fullerton (CSUF) approves the research study "Professional Identity Development in Graduating Nursing Students" by Ms. Anita Fitzgerald.

Our Institutional Review Board does not require Ms. Fitzgerald to complete our protocol. However, we do require evidence that she has received approval through University of Northern Colorado IRB. As Coordinator of the Pre-Licensure Programs, I will be the point person here at CSUF to work with Anita as she conducts her research. Dr. Jessie Jones, Dean of the College of Health and Human Development, and Dr. Cindy Greenberg, Director of the School of Nursing, are informed of this research and confident that Anita will follow all appropriate protocols.

Please do not hesitate to contact me if you need any additional information.
We look forward to seeing the results of this interesting research and we are very happy to assist.

Sincerely,

Dr. Rebecca Otten
Associate Professor, Nursing
Coordinator, Pre-Licensure Programs
CSUF School of Nursing
657-278-8423
rotten@fullerton.edu

Long Beach City College • Long Beach Community College District
4901 East Carson Street • Long Beach, California 90808

Date: March 8, 2015
To: Anita M. Fitzgerald, MSN, RN; Candidate, University of Northern Colorado, Nursing Education
From: Eva Bagg, Dean of Institutional Effectiveness
Re: Request to Conduct Educational Research at Long Beach City College

Your request to conduct research on human subjects at Long Beach City College has been approved for your project entitled *The Experience of Professional Identity Development in Students in Their Final Year of Nursing School*. This approval is based upon implementation of those steps documented in your study proposal that have been designed to protect the confidentiality of the human subjects involved in your study and upon the support you have secured from Paul Creason, Dean, School of Health, Kinesiology, Science and Mathematics; Deborah Chow, ADN Program Director and Department Head; and Jeanne Ruehl, Professor, Registered Nursing at Long Beach City College.

Should you or other interested parties of your host university have any questions about the involvement of the Office of Institutional Effectiveness in support of your research, please direct them to me at the number and address below.

Best wishes for a successful research study.

Sincerely,

Eva Bagg, Ph.D.
Dean of Institutional Effectiveness
Long Beach City College
562-938-4736
ebagg@lbcc.edu

cc: Paul Creason, Dean, School of Health, Kinesiology, Science & Mathematics, Long Beach City College
Deborah Chow, ADN Program Director and Department Head, Long Beach City College
Jeanne Ruehl, Professor, Registered Nursing, Long Beach City College

APPENDIX C

ANNOTATED INTERVIEW GUIDE

Interview Guide

Introductory narrative:

Thank you for agreeing to be a part of this research. I am a doctoral student at the University of Northern Colorado and for my dissertation I am looking at the concept of nursing professional development. I am trying to understand the process students go through as they develop from a student to a student nurse to a part of the nursing profession. Another way of saying this is how one starts to think and feel like a nurse. Everyone does this differently and at different times, so I am not looking for the *one* way, I want to understand how it is for you.

I have questions that will guide this interview, however, I would like this to be more of a conversation than a question-and-answer session. Please feel free to add any thoughts, comments or questions that come up during this time. I expect this interview will take no more than 45 minutes, but it could be longer or shorter depending on how much time we need for me to understand your thoughts and experiences. We can take a break at any time you would like, or stop and pick this up at a later time.

There will also be a group interview that I am asking you to participate in with other students who have completed a similar interview to this one. At that time I will give you a chance to go over a transcript of this interview and add to or correct anything we talk about today. Then I will lead a group discussion about the experience of nursing professional development.

I know this is a big time commitment, so I want to thank you up front for all you are doing to help develop our understanding of your academic and professional development. So let’s start the interview:

This first section is intended to get at my first research question: What is the meaning of identifying as a professional nurse to students in their final semester of nursing school?

1. In your own words, please describe what being a professional nurse means to you?
2. Describe for me how you developed your identity as a nurse, or what you need to have before you fully develop this identity?
3. What has helped you develop this identity?
4. What has hindered you from developing a professional identity?
5. I'd like you to think about a nurse you have encountered who you fell has a fully developed professional identity. What was it about this nurse that make you think of him or her as a nursing professional?
6. Now I would like you to think back on a nurse who did not come across as having a fully developed professional identity. What actions/approaches/attitudes makes you think of this person as less than a fully developed nursing professional?

These questions are intended to get at my second research question: What are the contexts of and thoughts about the experiences of professional identity formation as a nurse?

1. As a student, describe a situation where you experienced feeling like a professional nurse.
2. What did this experience feel like for you?
3. Was there something about the context, your actions or the outcomes that contributed to you feeling like a professional nurse?

4. As a student, describe a situation where you did not feel like you had professional identity.
5. What did this experience feel like for you?
6. Was there something about the context, your actions or the outcomes that contributed to you lack of feeling like a professional nurse?

Is there anything else you would like to add to this discussion?

APPENDIX D

BREAKDOWN BY CONCEPT AND CATEGORY

1. Frequency of Concepts by Category

Concepts that are part of being a professional nurse							
	Individual				Focus Group		
	total	BSN	ADN		total	BSN	ADN
Caring	24	10	14	27	3	0	3
Knowledge	11	7	4	15	4	4	0
Teamwork	11	7	4	15	4	2	2
Integrity	8	4	4	20	12	5	7
Standards	7	6	1	8	1	0	1
Communication	6	6	0	9	3	2	1
Advocacy	5	3	2	7	2	0	2
Confidence	5	2	3	5			
Demeanor	5	4	1	7	2	2	0
Human Connection	5	3	2	8	3	3	0
Experience	4	3	1	4			
Identity	4	2	2	4			
Organization	4	2	2	4			
Self-awareness	4	3	1	4			
Critical thinking	3	2	1	4	1	1	0
Passion	3	1	2	5	2	0	2
Competence	2	2	0	2			
Integration	1	1	0	2			
Leadership	1	1	0	5	4	2	2
Patient-centered	1	1	0	4	3	2	1
Trust				1	1	0	1
Concepts that the nursing professional demonstrated							
	Individual				Focus Group		
	total	BSN	ADN		total	BSN	ADN
Knowledge	13	4	9	13			
Caring	8	6	2	8			
Demeanor	7	5	2	7			
Communication	5	2	3	5			
Integrity	5	3	2	7	2	0	2
Organization	5	3	2	6	1	0	1
Teamwork	5	3	2	9	4	3	1
Confidence	4	2	2	4			
Human Connection	4	2	2	4			
Role Model/ Mentor	4	1	3	4			
Leadership	3	3	0	3			
Advocacy	2	1	1	2			
Competence	2	2	0	2			
Critical thinking	2	2	0	2			
Patient-centered	2	2	0	2			
Standards	2	1	1	2			
Passion	1	0	1	1			
Self-awareness	1	1	0	1			
Trust	1	0	1	1			

Concepts that the unprofessional nurse did not demonstrate							
	Individual				Focus Group		
	total	BSN	ADN		total	BSN	ADN
Caring	10	4	6	10			
Demeanor	8	6	2	8			
Standards	6	4	2	6			
Knowledge	5	4	1	5			
Teamwork	5	4	1	5			
Trust	5	4	1	6	1	0	1
Communication	4	1	3	4			
Integrity	3	1	2	6	3	1	2
Role Model/ Mentor	2	2	0	2			
Advocacy	1	0	1	1			
Confidence	1	1	0	1			
Critical thinking	1	0	1	1			
Experience	1	1	0	1			
Leadership	1	1	0	1			
Organization	1	0	1	1			
Passion	1	1	0	1			
Concepts demonstrated that helped her/him feel like a professional nurse							
	Individual				Focus Group		
	total	BSN	ADN		total	BSN	ADN
Independence	30	16	14	38	8	1	7
Knowledge	20	16	4	20			
Integration	8	6	2	8			
Confidence	7	6	1	8	1	0	1
Critical thinking	7	4	3	7			
Communication	6	3	3	6			
Caring	5	2	3	5			
Preceptorship	5	5	0	6	1	0	1
Advocacy	4	3	1	4			
Competence	3	1	2	3			
Experience	3	2	1	3			
Identity	2	1	1	2			
Integrity	2	1	1	2			
Trust	2	2	0	3	1	0	1
Human Connection	1	0	1	1			
Leadership	1	1	0	1			
Organization	1	1	0	1			
Teamwork	1	1	0	2	1	0	1

Concepts that made me a better student/learn							
	Individual				Focus Group		
	total	BSN	ADN		total	BSN	ADN
Experience	18	11	7	19	1	0	1
Instructor support*	13	7	6	21	8	4	4
Confidence	10	4	6	10			
Support	7	2	5	7			
Critical thinking	6	5	1	6			
Independence	5	3	2	7	2	1	1
Reflection	5	2	3	11	6	1	5
Communication	4	2	2	4			
Organization	3	1	2	5	2	2	0
Preceptorship	3	3	0	7	4	4	0
Trust	3	3	0	4	1	1	0
Integration	2	1	1	3	1	0	1
Leadership	2	2	0	3	1	1	0
Advocacy	1	1	0	1			
Passion	1	1	0	1			
Role model/ mentor				5	5	1	4
Self-awareness				1	1	0	1
Self-motivation				6	6	0	6
Teamwork				1	1	0	1
Concepts that help me develop into a professional nurse							
	Individual				Focus Group		
	total	BSN	ADN		total	BSN	ADN
Experience	22	12	10	25	3	1	2
Role Model/ Mentor	10	7	3	11	1	0	1
Self-motivation*	8	5	4	8			
Caring	4	2	2	4			
Integrity	3	3	0	3			
Reflection				1	1	0	1
When I don't do/experience these things I do not feel like a nurse							
	Individual				Focus Group		
	total	BSN	ADN		total	BSN	ADN
Confidence	6	3	3	6			
Identity	4	4*	0	4			
Independence	4	1	3	4			
Knowledge	3	1	2	3			
Organization	3	2	1	3			
Communication	2	1	1	2			
Experience	2	0	2	2			
Self-motivation				1	1	0	1

	Individual				Focus Group		
	total	BSN	ADN		total	BSN	ADN
Other							
Confidence develops over time							
	1	1	0				
Lack of support from the instructor hurt me							
	2	0	2				
Instructor support can hurt or help							
	3	2	1				
Listening helps me learn							
	1	1	0				
Research and EBP are part of being a professional nurse							
	1	1	0				
Making mistakes makes it hard to feel professional nurse							
	2	2	0		3	0	3
The nurse helped my confidence							
	3	3	0				
The nurse hindered my confidence							
	1	0	1				
Lack of resources makes it hard to be professional nurse							
	1	0	1				
Politics is part of being a professional nurse							
	1	1	0		2	2*	0
Power and self-definition are part of being a nursing professional							
	2	2	0				
Home/work influence each other but should be kept separate (experience)							
					6	0	6
Experience does not make you more of a professional; it's in the person							
					2	1	1
Patients know when you are sincere (human connection)							
					1	0	1
A good environment helps human connection							
					1	0	1
Instructor's style may match better with one student than another							
					3	1	2
Later in nursing school it all starts to fit together							
					2	0	2
Mentorship makes the nursing profession better							
					3	3	0
Standardizing entry into practice would help the profession							
					1	1	0

2. Frequency of Category by Concept

Concept	Category	Ind			FG		
		total	**BSN**	**ADN**	**total**	**BSN**	**ADN**
Knowledge **56**		**52**			**4**		
	part of being a professional nurse	11	7	4	4	4	0
	the *nursing professional* demonstrated	13	4	9	0	0	0
	the *unprofessional nurse* did **not** demonstrate	5	4	1	0	0	0
	helped her/him feel like a professional nurse	20	16	4	0	0	0
	don't do/experience these don't feel like a nurse	3	1	2	0	0	0
Caring **54**		**51**			**3**		
	part of being a professional nurse	24	10	14	3	0	3
	the *nursing professional* demonstrated	8	6	2	0	0	0
	the *unprofessional nurse* did **not** demonstrate	10	4	6	0	0	0
	helped her/him feel like a professional nurse	5	2	3	0	0	0
	help me develop into a *professional nurse*	4	2	2	0	0	0
Experience **54**		**50**			**4**		
	part of being a professional nurse	4	3	1	0	0	0
	the *unprofessional nurse* did **not** demonstrate	1	1	0	0	0	0
	made me a *better student*/learn better	18	11	7	1	0	1
	helped her/him feel like a professional nurse	3	2	1	0	0	0
	help me develop into a *professional nurse*	22	12	10	3	1	2
	don't do/experience these don't feel like a nurse	2	0	2	0	0	0

Concept	**Category**	**Ind**			**FG**		
		total	**BSN**	**ADN**	**total**	**BSN**	**ADN**
Independence **49**		**39**			**10**		
	helped her/him feel like a professional nurse	30	16	14	8	1	7
	made me a *better student*/learner	5	3	2	2	1	1
	don't do/experience these don't feel like a nurse	4	1	3	0	0	0
Confidence **34**		**33**			**1**		
	part of being a professional nurse	5	2	3	0	0	0
	the *nursing professional* demonstrated	4	2	2	0	0	0
	the *unprofessional nurse* did **not** demonstrate	1	1	0	0	0	0
	helped her/him feel like a professional nurse	7	6	1	1	0	1
	made me a *better student*/learner	10	4	6	0	0	0
	don't do/experience these don't feel like a nurse	6	3	3	0	0	0
Integrity **38**		**21**			**17**		
	part of being a professional nurse	8	4	4	12	5	7
	the *nursing professional* demonstrated	5	3	2	2	0	2
	the *unprofessional nurse* did **not** demonstrate	3	1	2	3	1	2
	helped her/him feel like a professional nurse	2	1	1	0	0	0
	help me develop into a *professional nurse*	3	3	0	0	0	0
Teamwork **33**		**22**			**10**		
	part of being a professional nurse	11	7	4	4	2	2
	the *nursing professional* demonstrated	5	3	2	4	3	1
	the *unprofessional nurse* did **not** demonstrate	5	4	1	0	0	0
	helped her/him feel like a professional nurse	1	1	0	1	0	1
	made me a *better student*/learner	0	0	0	1	0	1

Concept	**Category**	**Ind**			**FG**		
		total	**BSN**	**ADN**	**total**	**BSN**	**ADN**
Communication **30**		**27**			**3**		
	part of being a professional nurse	6	6	0	3	2	1
	the *nursing professional* demonstrated	5	2	3	0	0	0
	the *unprofessional nurse* did **not** demonstrate	4	1	3	0	0	0
	helped her/him feel like a professional nurse	6	3	3	0	0	0
	made me a *better student*/learn better	4	2	2	0	0	0
	don't do/experience these don't feel like a nurse	2	1	1	0	0	0
Role Model **25**		**16**			**9**		
	the *nursing professional* demonstrated	4	1	3	0	0	0
	the *unprofessional nurse* did **not** demonstrate	2	2	0	0	0	0
	made me a *better student*/learner	0	0	0	5	1	4
	help me develop into a *professional nurse*	10	7	3	1	0	1
Demeanor **22**		**20**			**2**		
	part of being a professional nurse	5	4	1	2	2	0
	the *nursing professional* demonstrated	7	5	2	0	0	0
	the *unprofessional nurse* did **not** demonstrate	8	6	2	0	0	0
Instructor Support **21**		**13**			**8**		
	Helped me develop professionalism	13	7	6	8	4	4

Concept	**Category**	**Ind**			**FG**		
		total	**BSN**	**ADN**	**total**	**BSN**	**ADN**
Critical thinking **20**		**19**			**1**		
	part of being a professional nurse	3	2	1	1	1	0
	the *nursing professional* demonstrated	2	2	0	0	0	0
	the *unprofessional nurse* did **not** demonstrate	1	0	1	0	0	0
	helped her/him feel like a professional nurse	7	4	3	0	0	0
	made me a *better student*/learn better	6	5	1	0	0	0
Organiza-tion **20**		**17**			**3**		
	part of being a professional nurse	4	2	2	0	0	0
	the *nursing professional* demonstrated	5	3	2	1	0	1
	the *unprofessional nurse* did **not** demonstrate	1	0	1	0	0	0
	helped her/him feel like a professional nurse	1	1	0	0	0	0
	made me a *better student*/learn better	3	1	2	2	2	0
	don't do/experience these don't feel like a nurse	3	2	1	0	0	0
Standards **16**		**15**			**1**		
	part of being a professional nurse	7	6	1	1	0	1
	the *nursing professional* demonstrated	2	1	1	0	0	0
	the *unprofessional nurse* did **not** demonstrate	6	4	2	0	0	0
Trust **15**					**4**		
	part of being a professional nurse	0	0	0	1	0	1
	the *nursing professional* demonstrated	1	0	1	0	0	0
	the *unprofessional nurse* did **not** demonstrate	5	4	1	1	0	1
	helped her/him feel like a professional nurse	2	2	0	1	0	1
	made me a *better student*/learner	3	3	0	1	1	0

Concept	**Category**	**Ind**			**FG**		
		total	**BSN**	**ADN**	**total**	**BSN**	**ADN**
Self-motivation **15**		**9**			**6**		
	made me a *better student*/learn better	0	0	0	6	0	6
	help me develop into a *professional nurse*	9	5	4	0	0	0
	don't do/experience these don't feel like a nurse	0	0	0	1	0	1
Advocacy **15**		**13**			**2**		
	part of being a professional nurse	5	3	2	2	0	2
	made me a *better student*/learn better	1	1	0	0	0	0
	the *nursing professional* demonstrated	2	1	1	0	0	0
	the *unprofessional nurse* did **not** demonstrate	1	0	1	0	0	0
	helped her/him feel like a professional nurse	4	3	1	0	0	0
Integration **14**		**11**			**1**		
	part of being a professional nurse	1	1	0	0	0	0
	helped her/him feel like a professional nurse	8	6	2	0	0	0
	made me a *better student*/learn better	2	1	1	1	0	1
Human Connctn**13**		**10**			**3**		
	the *nursing professional* demonstrated	4	2	2	0	0	0
	helped her/him feel like a professional nurse	1	0	1	0	0	0
Preceptor-ship **13**		**8**			**5**		
	helped her/him feel like a professional nurse	5	5	0	1	0	1
	made me a *better student*/learn better	3	3	0	4	4	0

Concept	**Category**	**Ind**			**FG**		
		total	**BSN**	**ADN**	**total**	**BSN**	**ADN**
Leadership **13**		**8**			**5**		
	part of being a professional nurse	1	1	0	4	2	2
	the *nursing professional* demonstrated	3	3	0	0	0	0
	the *unprofessional nurse* did **not** demonstrate	1	1	0	0	0	0
	helped her/him feel like a professional nurse	1	1	0	0	0	0
	made me a *better student*/learn better	2	2	0	1	1	0
Reflection **12**		**5**			**7**		
	made me a *better student*/learn better	5	2	3	6	1	5
	help me develop into a *professional nurse*	0	0	0	1	0	1
Identity **10**		**10**			**0**		
	part of being a professional nurse	4	2	2	0	0	0
	helped her/him feel like a professional nurse	2	1	1	0	0	0
	don't do/experience these don't feel like a nurse	4*	4	0	0	0	0
Passion **8**		**6**			**2**		
	part of being a professional nurse	3	1	2	2	0	2
	the *nursing professional* demonstrated	1	0	1	0	0	0
	the *unprofessional nurse* did **not** demonstrate	1	1	0	0	0	0
	made me a *better student*/learner	1	1	0	0	0	0
Compe-tence **7**		**7**			**0**		
	part of being a professional nurse	2	2	0	0	0	0
	the *nursing professional* demonstrated	2	2	0	0	0	0
	helped her/him feel like a professional nurse	3	1	2	0	0	0

Concept	Category	Ind			FG		
		total	BSN	ADN	total	BSN	ADN
Support 7		7			0		
	made me a *better student*/learn better	7	2	5	0	0	0
Patient-centered 6		3			3		
	part of being a professional nurse	1	1	0	3	2	1
	the *nursing professional* demonstrated	2	2	0	0	0	0
Self-aware-ness 5		5			0		
	part of being a professional nurse	4	3	1	0	0	0
	the *nursing professional* demonstrated	1	1	0	0	0	0
	made me a *better student*/learn better	0	0	0	1	0	1

Examples of Participant Comments by Concept

Advocacy	"It means to be an advocate to those who are in need, to those who are vulnerable, to those who are not only your patient but to the community and to the public. I believe that nurses, they do what they can to promote the wellbeing of others and to promote health, overall health, not just physical but also emotional, psychological, spiritual even. So I believe that the nursing profession is just to bring overall wellness and goodness towards the public." (Melody, BSN participant)
Caring	"But then if your goal in nursing is to heal the person and to increase or improve their level of health then your attitude is different. You want to spend the time to educate them because when they go home you don't want them to come back with the same thing. You want them to stick to whatever they need to do so they are in a better level of health, not worse." (Crystal, BSN participant)
Communication	"I guess the time like a felt like a nurse was just yesterday when my nursing preceptor gave me her phone. [The hospital is] not technologically advanced, so the one thing that is, is the phone and that is how other disciplines contact you, and that is how your patients come in contact with you, and having the phone made me feel like I know my patients just as much as anybody else. I know how to communicate with a doctor. I know how to communicate with a radiologist. I know how to communicate with the other disciplines of my field, enough so that they're giving me this responsibility, and so that's what. It was just kind of handoff. Here's the phone. You're in charge of the phone. You're in charge of your patients. You're in charge of communicating orders and receiving orders, and that made me feel like, oh, I'm a nurse." (Melissa, ADN participant)
Competent	"I felt more like a nurse than any other semester because I think I gained enough experience and I have prepared myself enough with knowledge, I would say. And also my skills were fully developed more than other semesters." (Beth, BSN participant)
Confidence	"To practice autonomously you have to have a certain level of confidence you have to be confident in your knowledge, your science background, your nursing skills you have to be confident in your people skills, etc, your social skills. If you don't have confidence in that and you don't feel grounded then it is probably going to be hard to practice autonomously." (Harvey, BSN participant)
Critical thinking	"Caring is human side of nursing, but there's also a scientific side where you have to be organized and you have to critically think and you have to be able to put the puzzle pieces together and that's also a huge contribution to what nursing is." (Melissa, ADN participant)
Demeanor	"Just from the get-go she was very, very professional. She always looks the part and acts the part, so I think that's part of it too is appearance. … So if you look sloppy, patients are going the take it wrong, they're going to assume your work is sloppy. So my preceptor, she always looks the part. She's very cordial with all her staff." (Crystal, BSN participant)

Experience (life, on the job)	"Yeah, so in terms of your professional identity, a lot of it is contributed from your past experiences with your own personal life. Because it's individualized it really contributes to the quality of your practice, because everyone has a different background, a different history, a different experience." (Sherice, BSN participant)
Human interaction/ connection	"I think you really need to be in there, be part of that patient care. Let them get to know, let them see you, let them know you are there for them, let them know who you are." (Scott, ADN participant)
Identity (commitment, calling)	"I guess I can say that when I started, when I first initially said that wanted to be a nurse, it was because I wanted to do something that means something at the end of the day. And then as I have gone through my experiences in there, I love to look back on my day and even if my patient doesn't know that I did anything to help them, I know I did." (Jennifer, ADN participant)
Independence	"I feel like now I feel a lot more empowered to make decisions on my own. We still work hand-in-hand with my preceptor, but at the same time I feel like I'm coming to, almost a peer, you know, a place where we can confer, and it's not just me following behind, and I like that. It's nice and now I feel like when I go back in, I won't hesitate to kind of take control and be in charge of the shift, which is what we need to be doing by the time when we're done." (Felice, ADN participant)
Instructor support	"…encouragement coming from faculty and the impact that particular faculty members have on you as a student to get you to push a little harder, take an extra step. I think that has a big factor in how we perform in the clinical setting is the faculty that we work with too. And our clinical instructors the ones that we work with in the clinical setting, how frequently they are checking in on this, in terms of their body language and whether they're receptive and they're giving positive feedback and things." (Crystal, BSN participant)
Integration (connecting the dots)	"So now I was putting it all together, and learning from all the nurses I worked with previously and putting it all together, and kind of finding my own way of doing things." (Sherice, BSN participant)
Integrity	"I think being an accountable person and always practicing like someone is watching you, is the best thing you could do for your patients and for yourself." (Aubrey, BSN participant)
Knowledge	"So, someone that would go out of their way to know everything they need to know about a particular topic. If they come upon a situation with a patient and they don't understand the diagnosis, then they're going to take that moment to look it up and research it and not take a step forward without knowing all that information." (Crystal, BSN participant)
Leadership	"And she just talked to us about that she expected us to be leaders and she expected us to be at the forefront and if people see us not taking it serious and joking around, it's going to set the tone. And that was like the first test and the first time I really had to really think, and applying it to this, it was like questioning my professional identity. Because that behavior definitely wasn't professionalism and I didn't even see it in the moment." (Will, BSN participant)

Managing	"I watched how she handled everything. She had everything calm and smooth so that when the doctors came in they were able to relay diagnostic information and its implications and let her sort of come to her own conclusions." (Angela, BSN participant)
Organization	"While you are time managing and getting into the routine of things, you start feeling like the nurse." (Audrey, ADN participant)
Passion	"My professional development, I've seen how the love that my colleagues and my instructors have for what they do has really inspired me because when I started this program it was initially like, do your two years, get your degree and then work, and it was like, that was it. I've seen the passion and the love for what they're doing and the passion and the love that my colleagues in the actual workforce have for what they do that has inspired me to go on, to push the envelope." (Melissa, ADN participant)
Patient-centered	"But I mean her priority was what's best for the patient even if its something small she always stuck to it … so I understand that like obviously different prognoses might guide your care, but I thought it was really respectful, or respectable that she wouldn't just take out even small interventions even thought she had that in mind because if your care is patient centered, then you know …" (Sherice, BSN participant)
Preceptorship	"And I think preceptorship was a time when I definately felt like a professional. I feel like I'm getting there. This is the closest I have become to feeling like a professional." (Katie, BSN participant)
Reflecting	"And if I had a problem in the hospital the previous day, we break it down, you know, what happened, what could we have done better, what did we learn from this. And that breaking it down to all those little pieces instead of just holding this one event in my head really helps to learn from that experience, rather than feeling bad about it, oh my gosh I messed up." (Bernadette, ADN participant)
Role models/ Mentoring	"I encounter a lot of I would say, amazing nurses who I look up to like my role model, like "oh this is what I want to be when I become a nurse. This is how I want to treat my patients. This is how I want to be in the team." (Beth, BSN participant)
Self-awareness	"And if she's unsure or wants a second opinion, she will always come up and ask the charge nurse hey this is what I think could you take a look. She's still seeking guidance. She doesn't think she knows everything. That's a true professional too because you have to know your limits." (Crystal, BSN participant)
Self-motivation	"The only way to make something lifelong is to challenge yourself, pushing myself to do things that are more than I thought I could do is what is pushing me to develop myself more professionally." (Melissa, ADN participant)
Standards	"And for me, being a professional nurse means just that, always acting in a professional manner, always doing what's best, what's right. Making that commitment to lifelong learning and promoting nursing in the community and promoting nursing as a profession. And being a representative of nursing like when I make decisions, even in my personal life." (Will, BSN participant)

Support	“I think that I have taken a little piece of every single part of them and made me, and that's contributed to me, because I do consider myself a nurse and when I introduce myself I say, "My name is [NAME USED] and I'm a nurse." And I think that's because of the little contributions along the way, the little pats on the back, and the little reinforcements, and even when somebody gives you constructive criticism and you take it, it all goes into the development of a nurse. “ (Melissa, ADN participant)
Teaching	“Because some nurses they don't like teaching, they don't like showing us or working with us because they think being with a nursing student is going to slow their day and it’s too time consuming.” (Beth, BSN participant)
Teamwork	“There are so many aspects to the medical profession and there are so many people that support a patient’s journey to wellness and recovery that if one person is off it kind of throws off the process.” (Harvey, BSN participant)
Trust	“The other staff really trust her and really respect her. The reason why they respects her is that she respect everyone else she works with. So I think it has to do with how they take care of their patients, how they communicate with the patient’s family and how they work with the interdisciplinary team.” (Jessica, ADN participant)
Other	“I think too, understanding policies and politics, which has become very, not just visible, but a lot more comprehensible through public health nursing. That for me was huge because they always tell you be the advocate for the patient not just in the hospital context but they have family members, they have other people in their lives that are very important to them. And then representing patients in general, future patients by representing our profession, what changes need to be made.” (Angela, BSN participant) “Being curious; look up what I don't know. Research. Nursing school really teach me how to do research. I learned how to do research in nursing school. That’s very important. Like not research on Google. Evidence-based research.” (Beth, BSN participant) “So being a professional, it is a sense of pride that comes with being that. So it’s not just being a nurse, it’s being a nursing professional, so I get that pride.” (Scott, ADN participant) “We have to view ourselves as professionals and a profession before anyone else does. … promoting nursing in the community and promoting nursing as a profession. And being a representative of nursing like when I make decisions, even in my personal life.” (Will, BSN participant)