

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

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

Theme	Sub-theme
Doing the good thing and doing what is right	Doing things the right way
	Making an effort in relationships
	Taking advice
	Seeing mistakes and making mistakes
Being recognized and confirmed	Being recognized by the patient and next-of-kin
	Being recognized and gaining confirmation in the community of practice and in inter-professional cooperation.
Thriving in a community of practice	Becoming a competent nurse.
	Belonging to a community of practice
	Becoming a work leader.

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## 11 12 **Introduction** 13

14 This is a study of professional pride from recently graduated nurses' insider perspective in  
15 municipal health care and services focusing on what pride targets and how it develops. It  
16 forms part of a larger research project focusing on recently graduated nurses' inception into  
17 the nursing profession and into the community of practice. Recently graduated nurses in this  
18 study are working their first 18 months as registered nurses in municipal health care services  
19 in Norway. These services include both home health care and nursing homes.  
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## 25 **Background** 26

27 Many nurses experience the first work period as being the most critical period in the whole of  
28 their respective careers because they are adapting to new responsibility in a system differing  
29 substantially from their theoretically oriented nursing education (1). In municipal health care  
30 settings they often work alone as nurses, along with staff with less or even no formal nursing  
31 education (2). Patients in these settings are vulnerable due to concurrent chronic conditions  
32 (3) and therefore depend on nurses who take pride in their professional competence and in  
33 providing advanced nursing care. Previous studies show that residents in nursing homes are  
34 frail older adult people in need of quality care. It is also important to protect their integrity  
35 and recognizing their individual needs (4). This is just the type of good nursing recently  
36 graduated nurses look forward to put into care practice in their first job (5). Norwegian  
37 nursing education consists of a three-year bachelor programme offered by university colleges  
38 and universities (replacing an earlier apprenticeship model) (6). In spite of comprehensive  
39 research concerning the need to be introduced to professional practice (1), not all newly  
40 educated nurses are provided with such an introduction (7, 8).  
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51 There is a major lack of nurses on a global scale and the situation is deteriorating as demand  
52 grows due to the ageing population (9-11). Nursing services in Norway are publicly financed  
53 and through the legislation of Coordination Reform the municipal sector has received greater  
54 responsibility for health and social services in accordance with a corresponding reduction in  
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3 the length of hospital stays (12). In order to respond to these challenges there is a need for  
4 increased capacity and increased competence and these are both sought and realized in a five-  
5 year action plan called The Competence Lift 2015 to ensure sufficient competent staffing in  
6 the sector (3). One of the initiatives in this plan is to increase the level of qualified staff with  
7 higher education. Today about 25% of staff have nursing education at bachelor level (2) and  
8 this means that there is often only one qualified nurse on duty with staff with less or no  
9 competence in the sector. Studies show that only 7% of recently educated nurses want to work  
10 in municipal health and care services (13). Various studies also show that between 30-60% of  
11 recently educated nurses change workplaces during their first year at work (10). Moreover, a  
12 recent Finnish study shows that 26-34% also choose to leave the profession entirely (14).  
13 Another study concludes (15) with the need to address work environment factors affecting  
14 job satisfaction in order to keep newly educated nurses in their jobs and in the profession. In  
15 other word there are challenges related to both the recruitment and the retainment of nurses.  
16 Municipal health and care services seem to be particularly affected due to the strong  
17 expansion in these services and the increasing complexity in this sector. A study shows that  
18 nurses have a tendency to stay in work situations in municipal settings where they experience  
19 professional pride (9).

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

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

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9 Pride belongs to the moral virtues described by Aristotle as a middle path between two  
10 burdens, in which one is tied to that which is too much and the other correspondingly to that  
11 which is too little. The proud person is described as he or she who deems himself/herself  
12 worthy of doing major things, and this is about honour. The middle path is shown as the  
13 proud person is neither lacking self-esteem nor being conceited (19).  
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18 Sellmann (20) argues for virtues having a central place in nursing, and emphasizes  
19 trustworthiness and tolerance in addition to the classic Aristotlean virtues. Virtues are  
20 important for nurses because patients are more than just ordinary vulnerable persons. Care is  
21 the essence of nursing in Kari Martinsen's (21) care philosophy and Delmar (22) interprets  
22 and presents her concept of nursing as a relation-based moral practice where caring is a  
23 prerequisite . Virtue is defined as a character disposition by Wärnå (23) , with references to  
24 Aristotle, linked to a habit of persistent practicing of morally good actions, and therefore  
25 virtue responds to the ethical demand in concrete and asymmetric caring relations. Taking  
26 pride in exercising good nursing is then considered virtuous behavior, and pride is understood  
27 in a study by Wärnå (23) as the most important virtue in working life.  
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36 Wackerhausen argues for competence acquisition happening by way of the gaining of  
37 knowledge which is unarticulated and language-based. He distinguishes between a scholastic  
38 and a non-scholastic paradigm (24), in a perspective critical of the understanding that  
39 competence is achieved only through studying books and attending school. The scholastic  
40 paradigm builds on a view of competence being something accessible in school-based  
41 education. The non-scholastic paradigm is, on the contrary, more concerned with silent know-  
42 how, the community of practice, and experience-based knowledge as important components  
43 in someone's competence. This is a form of knowledge which Benner (25) calls  
44 apprenticeship, meaning learning by experience acquired by participating in a practice  
45 community where knowledge is articulated and reflected on. This process of being integrated  
46 in a practice community is characterized as "becoming one of our kind" (24). The learning  
47 process leads to being accepted as a member of the practice community gradually acting,  
48 thinking, and talking in the way practiced by the practice community. If the person resists this  
49 process and demands change in the way things are spoken, thought about, and carried out, he  
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3 or she will not become a full-fledged member of the group. Reflection is required to challenge  
4 the established action scope, because this means coming into contact with the community's  
5 immune system. This can occur if "the newcomer" also challenges the community's ways of  
6 seeing and doing things. There might be a conflict when the recently registered nurse  
7 encounters colleagues, who don't have an academic education which often is the case in  
8 municipal health and care settings.  
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### 17 **Aim**

18 The aim of the study is to illuminate how recently graduated nurses in the municipal health  
19 and care services experience professional pride.  
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### 26 **Design and method**

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

38 A purposive selection of participants was used according to the criteria for selection: the  
39 nurses selected had completed their bachelor degree education, either part-time or full-time,  
40 and had been at work for a period of up to 18 months. This is the demanding period estimated  
41 for achieving a sense of having "made it"(28).  
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46 Eight recently graduated nurses, working in municipal health care services, participated in the  
47 study, one male and seven females. This represents the gender balance for nurses in the  
48 Norwegian public health service. The nurses were aged between 23 and 43. All the  
49 respondents had practiced for at least 16 weeks in municipal health care and services during  
50 their education. Selection of the respondents was carried out in cooperation with their leaders  
51 who asked each individual person whether he or she was willing to be interviewed.  
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### *Data collection*

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

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

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

### *Data analysis*

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

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

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3 3. A comprehensive understanding is then developed, building on the first naïve reading,  
4 the structural analysis and the new read-through, in which understanding is expanded  
5 through the use of relevant theory and previous research.  
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10 The data analysis focuses on studying the meaning of lived experiences, and sets aside what  
11 we think we know; instead focus is directed at the meaning of the phenomenon as it appears  
12 in the narratives. Both authors are nurses, and the first author has been involved in nursing  
13 education for several years. The first author performed the analysis that was discussed and  
14 validated with the second author. Reflections and dialogues have been carried out during the  
15 whole research process.  
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#### 20 21 22 23 *Ethical considerations*

24 The study has been examined and approved by the Norwegian Social Science Data Services.  
25 All the participants gave their informed permission to participate in the study, and were aware  
26 that they had the opportunity to withdraw from the study at any point. Nobody withdrew, but  
27 some appointments were cancelled due to heavy workload.  
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#### 32 33 **Results**

34 The results are presented in the form of naïve reading with the themes and sub-themes being  
35 described thereafter.  
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#### 41 *Naïve reading*

42 A source of pride in newly educated nurses seems to be the relationship between patient and  
43 relative and their recognition of them as nurses. They recount that the practice community's  
44 support and recognition and their common efforts to provide high quality care strengthen their  
45 pride in being nurses.  
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50 In the narratives they show concern about the various actions being carried out properly and  
51 in a credible way, and they see other people making mistakes and are afraid of making  
52 mistakes themselves. They need advice and confirmation that they have understood a situation  
53 correctly. They also tell about being challenged in situations in which they are the only nurses  
54 having to lead the work of persons with more experience. Situations arise which are  
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3 experienced as being painful rather like “first cut” - in that they feel devalued as professional  
4 persons.  
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9 *Themes and subthemes*

10 A structural analysis was conducted resulting in three themes and 10 subthemes.  
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16 *Doing the good thing and doing what is right*

17 The theme has four subthemes named doing things the right way, making an effort in  
18 relationships, taking advice and seeing and making mistakes.  
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21 *Doing things in the right way.* The narratives show that the recently educated nurses are  
22 concerned with doing a proper job and that they seek high professional standards. They make  
23 efforts to act correctly for and with patients as well as making important observations and  
24 good assessments. Sara says:  
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29 Having the knowledge to help them and having the knowledge which they do not  
30 have. So this is a pride in taking care of someone who needs help.  
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33 Pride is associated with doing the good thing and doing what is right, and experiencing that  
34 they are capable as nurses, despite their lack of experience. In cases where they do not  
35 understand what the situation demands of them or they are unable to do things in the right  
36 way, they experience lack of pride.  
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40 *Making an effort in relationships.* The narratives show that the recently educated nurses meet  
41 many persons suffering from dementia in nursing homes and in home care. These  
42 relationships can be challenging.  
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46 When they succeed in relationships with patients and relatives, they seem to connect with  
47 their professional pride. The narratives also show that they are willing to give priority to  
48 relationships to patients during their busy day. Ella says:  
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52 Whenever I can, I seize the opportunity, I simply sit down; make myself at home for a  
53 minute and engage in small talk. In this way the patient has the opportunity to talk and  
54 this can be rewarding for both parties. I actually think that such a reward is part of  
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3 professional pride, because you manage to make room for social contact during a busy  
4 schedule.  
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7 The concept of caring is fundamental in the tradition of nursing and the meaning of  
8 compassion is lived out in practical actions directed towards the patient and relatives in the  
9 nurses' stories. The nurses show commitment to nursing care by focusing on their relationship  
10 to patients and their families.  
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14 *Taking advice.* Situations can be complex and they need advice about how they should handle  
15 such situations. The narratives show that auxiliary nurses often share their experience with  
16 recently educated nurses and give them advice about how they can best meet patients that  
17 suffer with dementia in daily situations. The recently educated nurse often mingles with  
18 auxiliary nurses and untrained staff in their daily work.  
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23 The pieces of advice take account of the relational and the situation specific aspects and they  
24 are not therefore characterized by recipes, rather more suggesting direction for the choices  
25 and helping the nurse to navigate. They talk about their role models with admiration and  
26 recognize other employees' practical knowledge.  
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31 *Seeing mistakes and making mistakes*  
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33 Participants tell about meeting complex situations in which they make mistakes both  
34 associated to interpersonal situations, but also in relation to tasks needing to be solved. Here  
35 they often get help and support from the practice community. Nurses tell stories showing their  
36 ambitions to do their job properly using high professional standards when dealing with  
37 patients and their relatives, handling procedures and medicaments.  
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42 In the narratives it also emerges that they observe other staff in the practice community  
43 making mistakes. Anna says:  
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46 This patient has a spastic foot. When I came to work, I observed that a veneflon had been  
47 put into this foot, but I did not have medicines that day. But another nurse had been in and  
48 hung up intravenous antibiotics. The resident was lying down, shouting and was  
49 completely out of his wits, because it was so painful. I said to the nurse that the veneflon  
50 was not such a good idea to use and that she should put in a new one and I received the  
51 answer that the veneflon functioned excellently.  
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3 In some stories the participants say that they defend professional standards in the care of  
4 patients and their families and express their disagreement with the community of practice.  
5 There are other stories where the nurses seem to be overpowered and then choose more  
6 pragmatic ways of dealing with situations involving inadequate patient care. Their  
7 professional pride is at stake if they know what is the right thing to do in this situations, but  
8 do not defend what they stand for.  
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16 *Being recognized and confirmed*

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18 The theme being recognized and gaining confirmation included being recognized by the  
19 patient and the next-of-kin and through intra- and inter-professional collaboration. When  
20 cooperation functions well, the nurses experience that care for the patient holds high quality.  
21 It offers pride and this is strengthened when their assessments are taken seriously in this inter-  
22 professional cooperation.  
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27 *Being recognized by the patient and next-of-kin* Getting a positive response from the patients  
28 and their relatives seems to be a source of pride for the nurses. The nurses seem to receive  
29 confirmation and recognition for their character qualities and virtues, but also in relation to  
30 having skills and knowledge. They also meet displeasure and unsatisfied expectations where  
31 they must explain why they cannot meet needs.  
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36 *Being recognized and gaining confirmation in the community of practice and in*  
37 *interprofessional cooperation.* The nurses seem to experience being included, confirmed, and  
38 recognized in the community fellowship. Clara says:  
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41 I feel integrated and proud when colleagues ask me for my opinion about patients who  
42 I know well. It is great that my opinion may count even if I am young and  
43 inexperienced.  
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47 They also experience the opposite when their assessments of situations arising are rejected  
48 and not taken seriously. Angela says;

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50 I felt patronized and silly.... And upset and disappointed, not taken seriously you  
51 know. I became doubtful and uncertain about my own judgments; maybe I was fussy  
52 and should not have said anything.  
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3 The recently graduated nurse finds herself or himself in a vulnerable situation due to her or  
4 his lack of experience. They may have read themselves up about a condition, but need  
5 confirmation that they have understood the situation correctly. Peter says:  
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9 Patients in the final phase of terminal illnesses need more drugs. On Sundays when the  
10 supervising physician is not available we contact emergency and the physicians on  
11 duty steps in. I communicate with the physician what kinds of the needs the patient in  
12 question has and this might lead to a change of treatment. The collaboration with the  
13 doctor gives me a sense of confidence and pride: the nurses' assessment clearly  
14 matters and helps ensure that the right treatment is given at the right time.  
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19 A disempowering work environment makes it difficult to use their professional education in  
20 order to provide high quality care. The stories show that recently graduated nurses experience  
21 lack of authority when auxiliary nurses are reluctant to follow instructions given by them.  
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### 26 *Thriving in a community of practice*

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28 The theme being in the community involved three subthemes: Becoming a competent nurse,  
29 belonging to the community of practice and becoming a workleader.  
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32 *Becoming a competent nurse.* The nurses seem to be proud of the effort they put into  
33 education and the knowledge and skills they have derived. The knowledge and skills give  
34 them responsibility, and the opportunities to affect and also the authority to take decisions.  
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38 Rachel says:

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40 This is where the professional pride comes in. The person who has the most  
41 competence can take decisions.  
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44 *Belonging to a community of practice.* In the nurses' narratives it also arises that pride  
45 associated to a practice community achieves more than individual persons achieve. The pride  
46 then becomes apparent as more collective than the individual phenomenon. Selma says:  
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50 Professional pride is to my mind a collective phenomenon and not just an individual  
51 one because it consists of professional attitudes and knowledge.  
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53 They also experience practice fellowships not characterized by team spirit and common  
54 solutions, but rather by more individually directed needs. The recently graduated nurses are  
55 expected to lead the work in the departments, despite their limited experience.  
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3 *Becoming a work leader.* The respondents tell that they balance with their limited experience  
4 and need for support between taking the lead and being humble and listening to other people's  
5 experience. Sometimes they have been in the same practice fellowship as untrained staff or as  
6 students, and have therefore come back with new competence and higher status. They  
7 experience the challenge of taking decisions and leading those who they were previously  
8 subordinate to. Fiona says:  
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13       One cannot come back and be the complete boss? It is a question of communication  
14 with colleagues. It was related to one as a nurse being the one who has the  
15 responsibility for the department both for nursing tasks and medication tasks, but also  
16 that everybody at work follows up their work tasks.  
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23 Table about here  
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## 29 **Discussion**

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

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

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

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14 Virtues are associated to doing the good thing and doing what is right. Recently graduated  
15 nurses emphasize the importance of being trustworthy in their relationship to patients and in  
16 dealing with their occupational responsibilities. They are also, however, aware of their  
17 fallibility due to lack of experience.  
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#### 21 22 23 24 *Dynamic dimensions*

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28 Dynamic capacities are needed in relations with patients and their relatives, but are also  
29 needed in combining scholastic and non-scholastic types of knowledge to cope with  
30 occupational responsibilities. Municipal care is characterized by increasing complexity with  
31 new groups of patients previously taken care of in hospitals, as well as frail and vulnerable  
32 patients in need of a balanced individual approach to medical, physical and psycho-social care  
33 (4).  
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38 Sørensen and Hall (16) relate professional pride to the concept of seeing the big picture. This  
39 form of knowledge is stimulated in an active and social process in a community of practice.  
40 The newly graduated nurse finds herself/himself at a stage in his or her competence  
41 development where he or she is fighting to get a grip on what is in “the big picture”. When  
42 they receive confirmation from the community of practice that they have been seen and  
43 understood correctly they often come into contact with their professional pride.  
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49 The recently graduated nurses’ pride seems to be stimulated and developed in relationships  
50 with other professional people and it is strengthened through other people recognizing the  
51 newly educated person as a professional person in dynamic knowledge-based processes and  
52 with communal and mutual respect in the working environment.  
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### *Collective dimensions*

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

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

### **Methodological considerations**

The first author collected and transcribed the data. In order to secure validity both authors read and developed the transcribed text and analyzed the text with critical reflection and discussion. Interview and diaries provided rich data and suited the phenomenological hermeneutical approach allowing participants to tell their stories in the context of being in the world.

## Conclusion

Colleagues and managers should boost and recognize recently graduated nurses' professional pride and this pride's vulnerability for first cuts by stimulating high quality care through loyalty to the nursing profession, recognizing competence, as well as sharing experience in a supportive care culture. Being a properly recently educated nurse means, however, bearing one's pride without being either arrogant or too humble, but showing respect for their own nursing knowledge and the non-scholastic knowledge possessed by more experienced staff.

## Implications

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

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8 Proud to be a nurse? Recently graduated nurses' experiences  
9 in municipal health care settings.  
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12 Background: Recently graduated nurses are the future of the nursing profession and the  
13 municipal health care that will need nursing competency for an increasing number of frail  
14 elderly persons. This study is part of a larger project on newly graduated nurses where  
15 previous research indicated that building professional pride at their workplace could be  
16 important for remaining in the profession and in municipal health care. However, the recently  
17 graduated nurse's first job assignment in municipal health care can also be a critical period  
18 with cuts in their pride as nurses that may have an impact on nursing care for their patients.  
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23 Aim: The aim of this study is to illuminate recently graduated nurses' experiences with  
24 professional pride in municipal health and care services.  
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27 Methods: A phenomenological hermeneutic approach was chosen to illuminate meaning. A  
28 purposive sample of 8 recently graduated nurses working in nursing homes or home health  
29 care was chosen for this study with narrative interviews and diaries.  
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32 Findings: Three themes were identified: doing the good thing and doing what is right, being  
33 recognized and confirmed and finally thriving in a community of practice. An important  
34 source of pride is the relation to patients. Recently graduated nurses build their professional  
35 pride in an active and social process in a community of practice. The first cut in their  
36 professional pride seems to take place when they were not recognized and confirmed as  
37 professional persons.  
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41 Conclusion: Recently graduated nurses in municipal health care describes their professional  
42 pride as a complex phenomenon with relational, dynamic and collective dimensions. The cuts  
43 in their pride may hurt their identity and nursing care.  
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46 **Keywords;** Recently graduated nurses, municipal health care, virtues, professional pride,  
47 phenomenological hermeneutics.  
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