

A Narrative Approach to Understanding the Experience of Becoming and Being a Nurse: Professional Identity Formation and Transition to Practice

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A global nursing shortage was declared decades before the COVID-19 pandemic but has since been exacerbated, with little relief in sight (Turale & Nantsupawat, 2021). The World Health Organization (2022) estimates a shortage of 9 million nurses by the year 2030, while the International Council of Nurses (2021) projects this number could be as high as 13 million. Registered nurses (RNs) ages 26 to 35 have indicated a desire to leave the profession at a rate four times that reported pre-pandemic (Hooper, 2023; Registered Nurses' Association of Ontario, 2021). Understanding the experiences of new nurses poses relevant implications for both practice and educational settings, specifically pertaining to the critical need to recruit, prepare, and retain new nurses. As nursing students transition into the roles of new graduate nurses, they undergo a period of personal and professional transformation as they form a professional identity. Supporting the formation of professional identity in new nurses is essential in maintaining job satisfaction, which in turn impacts retention within their role and the workforce at large (Fitzgerald, 2020). Insight into the new graduate experience can have transformative benefits for individual nurses establishing their professional identities, along with the institutions that educate and prepare them, and those aspiring to recruit and retain them in an increasingly competitive workforce. The objective of this study was to clarify the understanding of professional identity formation in new graduate nurses and its implications for recruitment and retention.

Background

Professional identity is defined as the internalization of values and ideas integral to nursing (National League for Nursing, 2012). It is a sense of self that is derived and perceived from the role nurses take on in the work that they do, becoming a component of their overall identity, augmented by their "position in society," "interactions with others," and "interpretations of experiences" (Johnson et al., 2012). Professional identity as a concept has been explored in various disciplines including, but not limited to, psychology (Erikson, 1968; Kroger & Marcia, 2011; Marcia, 1966), education (Beijaard et al., 2004; Connelly & Clandinin, 1999), and medicine (Cruess et al., 2014; Jarvis-Selinger et al., 2012). The need to better understand professional identity remains a significant reality for nursing and has been identified as having implications for nurse retention and job satisfaction (Duchscher, 2012; Hensel, 2014; Johnson et al., 2012).

The concept of professional identity remains poorly defined within the nursing context, often encompassing constructs that may also be applied to the general notion of self-concept. The idea itself has been referred to as "professional self-concept" or "professional socialization" (Fitzgerald, 2020). Professional identity is thought to develop directly from professional actions, such as provision of care or development of collegial and patient relationships (Fitzgerald, 2020). A concept analysis by Halverson et al. (2022) sought to clarify the current understanding of professional identity in nursing, as its conceptualization in nursing literature is limited.

Professional identity begins to develop when someone enters the educational stage of the role, becoming fully actualized once integration has been completed (Fitzgerald, 2020; Rasmussen et al., 2018). Interactions with patients, preceptors, and nursing faculty are impactful as the student progresses to the goal of becoming a registered nurse, practising without supervision (Mbalinda et al., 2024; Nordstrom et al., 2018). Once nurses are practising, previously idealized nursing values are challenged as new graduate nurses are exposed to moral distress and realize the limited time and human resources with which they must provide care (Rudberg et al., 2022). The experiences of nursing students can provide insight into the learner's perception of becoming a nurse; however, the new graduate nurse's understanding of professional identity remains underrepresented in current literature.

While partially created from underlying self-concept, professional identity develops with an extension of the nurse's role and the context in which they work (Rasmussen et al., 2018). As self-concept and professional identity merge, tensions are reported, with nurses wanting to preserve their individuality, separate from the caregiving profession that dominates much of their lives (Halverson, 2020; Halverson et al., 2022). Stronger professional identity has been associated with greater job satisfaction, thus positively influencing retention of staff (Fitzgerald, 2020). Despite its great value and potential to inform strategies to recruit and retain nurses, professional identity development in new nurses remains an under-studied phenomenon.

Study

Purpose and Research Questions

The purpose of this study was to explore the narrative accounts of new graduate nurses reflecting upon their transition to practice and professional identity formation (Halverson, 2020). The following research questions guided this study:

- What do the stories shared by new graduate nurses indicate about the transition to practice and development of professional identity?
- How does professional identity evolve as new nurses transition to practice?
- What or who is influential in professional identity formation?

Methods

Design

We used a narrative inquiry approach to understand individuals' experiences (Clandinin, 2013). We selected this design for its positionality in understanding that the evolution of the self is an intricate web of contextual knowledge and identities (Clandinin, 2013). Consistent with Clandinin's (2013) depiction of identity, we used a multidimensional and relational lens in the interpretation of the stories the new nurses shared in this study. The intersection of temporality and narrative inquiry denotes how individuals attribute meaning to their actions, as the act of narration leads to interpretation (Polkinghorne, 1988). Sequential interviews were completed with each participant, with an emphasis on gathering narrative accounts that indicated the development of professional identity (Halverson, 2020).

Ethical Considerations

Ethics clearance was provided by the Queen's University Health Sciences and Affiliated Teaching Hospitals Research Ethics Board (#6025635). Participants completed a written informed consent at the time of the initial interview and were provided with an overview of the study for consideration. Participants were advised of their ability to end the discussion at their discretion, with counselling resources provided if desired. Confidentiality and privacy protocols with relation to data storage were shared with each participant. All participants chose pseudonyms. Data were anonymized, with any references to identifying information removed to preserve confidentiality.

Philosophical Positionality and Theoretical Framework

The research approach was situated within social constructivism, recognizing individual realities as being uniquely subjective. This framework establishes that the perspective of each individual is defined by the lived experiences and social interactions in participants' lives, with reality defined as objective and multiple in nature, rather than an objective absolute (Denzin &

Lincoln, 2013). This approach positions a researcher to interpret the narratives of the participants in the co-creation of understandings. The use of an interpretive narrative approach to inquiry, aligning with the assumption of a subjectivist epistemology, inherently supports co-creation of understandings and will seek to empower participants rather than the researcher in shaping the findings of the study (Denzin & Lincoln, 2013; Holloway & Freshwater, 2007). The interpretive and narrative epistemological position of this inquiry sought to provide an understanding of professional identity formation as told and interpreted in the stories shared by the participants.

The notion of temporal position and its relation to identity, as it is described by Ricoeur (1984), underpinned the data collection and analysis of stories shared by the new nurses. Temporal positioning addresses the evolution of experience over time, thus informing the interpretation and development of professional identity in the participants' narratives through their transition to practice (Ricoeur, 1984).

Study Setting and Recruitment

A combination of purposive and snowball sampling was used to recruit participants. A dedicated Facebook page advertised details of the study and was shared by a nurse who volunteered to promote the study within her social network. Interested participants contacted the researcher via email to volunteer. Particular attention was given to facilitate the nurses' schedules and accommodate convenience through the use of a Doodle poll. The informal nature of the setting was chosen to facilitate sharing of personal experiences in a comfortable environment, as the relational perspective of narrative inquiry allows the researcher to engage with the narrative shared by the participant, thus cocreating knowledge (Clandinin, 2013; Haydon & van der Riet, 2017).

Participants

A review of the narrative research literature conducted by Lal et al. (2012) revealed a wide range of sample sizes, from two (Birmingham, 2010) to 14 (Smith & Sparkes, 2005). For this study, the desire to ensure each nurse's story was represented and included in the thesis required a smaller sample size. The five nurses represented a well-rounded sample with two male nurses and three female nurses. The sample included nurses employed in intensive care, emergency, acute medical, community nursing, and harm reduction. Participants were considered eligible and included if they had completed a bachelor of science in nursing in Ontario. Sample participants had approximately 20 months of experience working as RNs licensed with the College of Nurses of Ontario.

Data Collection

Interviews were completed in-person in the private room of a local coffee shop between February and April 2019. Data were collected through a combination of two sequential interviews with each participant, documentation of field notes, and reflective journals for both the participants and the primary author. Participants were encouraged to document their thoughts and ideas in the time between interviews in a journal, as diaries or journals can be used to complement oral tales (Holloway & Freshwater, 2007). Clandinin and Connelly (2000) stated that journals, a method of creating field text, are a powerful way for participants to provide personal accounts because of their intimately reflective quality, and they provide "a way to puzzle out experience." Documented entries were discussed at the subsequent interview, scheduled approximately 4 weeks following the initial meeting. One example of a journal entry is as follows: "Story: I was caring for a patient who had been on the unit for three months or longer with no real progress. We had a meeting with

the interdisciplinary team, and I spoke up for this family and patient (inner struggle).” The second interview was guided by the nurses’ reflections, with prompts based upon the initial data collected, focused on generating specific narrative accounts. This is one example of a follow-up question from a second interview: “In your first interview, you talked about how sometimes listening to patients allows you to learn more about yourself. Can you remember anything about a particular patient whose story or experience illuminated something inside of you and caused you to learn something about yourself?” Consecutive interviews may prompt reflection and interpretative insight to elucidate underlying deeper themes and experiences, with particular utility for issues that are poorly defined (Read, 2018; van Manen, 1997). Interviews were recorded with a smartphone voice recording application, as well as an MP3 device. Transcripts were documented verbatim. Field notes were used to provide context to the nurses’ responses, such as nonverbal cues and environmental factors (e.g., interruptions) and to denote researcher biases emerging during the review of transcripts.

Initial interviews focused on a single question, which was printed on a sheet of paper and placed on the table: “Can you tell me your story, the events and experiences related to becoming and being a nurse that are important to you? Begin wherever you like and take all the time you need.” Participants were redirected to the central question following periods of silence and reflection. Interviews lasted 50 to 80 minutes. Questions explored in the second interviews were designed to elicit narrative accounts, for example: “Can you give me an example of a time you felt [feeling mentioned in initial interview]?”; “You mentioned [event mentioned in initial interview]. Can you tell me more about how that all happened?”

Data Analysis

Based on Clandinin’s (2007) analytic principles, we analyzed the data in the following phases: (a) temporal reorganization of narrative accounts, (b) three-dimensional in-depth thematic analysis, and (c) generation of plotlines and emergence of narrative threads. Interviews were professionally transcribed verbatim, followed by a line-by-line review and editing of each transcript by the primary author with the addition of supportive context based on field notes. The second interviews were also transcribed verbatim and supplemented with the primary author’s notes. Narrative accounts were organized into experiences of beginning, becoming, and being a nurse based on their temporal positions in relation to transition to practice (Halverson, 2020). Each participant’s transcript was analyzed according to the narrative dimensions of time, sociality, and place, described as a “three-dimensional narrative inquiry space” with categorization into narrative threads (Clandinin & Connelly, 2000; Halverson, 2020). The primary author created an analytic frame as a template of the three dimensions, which included language supporting the interpretation of the dimension and justification for rearrangement of data (Halverson, 2020). The dimension of time included temporal position, becoming, reflections on past events, future projections, turning points, transformation, and evolution over time (Clandinin, 2007; Clandinin & Connelly, 2000; Halverson, 2020). The social and personal narrative dimension included perception of self, inward reflections on personal feelings, interactions of self and other, socialization, and relational practice (Clandinin & Connelly, 2000; Halverson, 2020). The dimension of place included context and situation beyond people, including stories specific to practice settings, and sequences of places (Clandinin, 2007; Clandinin & Connelly, 2000; Halverson, 2020). The primary author considered each dimension in relation to the research question and phenomenon of interest, in this case, related to professional identity formation in nursing.

Each nurse shared narrative accounts across the interviews that demonstrated fluidity and movement with respect to their positions in time and transition to practice. For example, if a story was told in the second interview about their inspiration to become a nurse, that narrative account was moved up to their “beginning.” If a follow-up question in the second interview elicited an elaboration to a story shared in the initial interview, that narrative account was moved to accompany its initial reference. Chronological markers related to “becoming” included reference to periods or events such as consolidation placements, preceptorship, graduation, licensing, and starting their first nursing job. If a story about “being” a nurse (a current feeling) was shared, this was moved to later in the timeline. Narrative accounts were rearranged to appear in chronological order instead of the order in which they were originally shared to illuminate the transition-to-practice experience and invited interpretation of evolution over time.

While preliminary analysis was completed after the initial interviews in order to determine lines of inquiry for subsequent interviews (e.g., “Can you tell me more about the time you felt bad that you were not able to advocate for your patient who you felt did not need a thoracentesis?”), organizing plotlines and in-depth structural, holistic, and thematic analysis occurred after all interviews had been completed. The primary author did not use software or coding to analyze the narrative data. Detailed tables and logs were maintained in the process journal to track information within and across the stories of each nurse. This process was used within the stories to understand each nurse’s “beginning,” “becoming,” and “being,” organized in plotlines (Halverson, 2020). The process of organizing data across stories contributed to the narrative threads presented in the results section.

Quality and Rigour

The principle of credibility was contemplated throughout analysis of the data to establish trustworthiness of findings (Lincoln & Guba, 1985). Interpreted findings were reviewed by the new nurses interviewed for their approval in accordance with member checks to test data (Lincoln & Guba, 1985). Sampling strategies and specific inclusion criteria allowed for selection of participants who fit within study aims to establish appropriateness of data. Direct quotations were used to demonstrate consistency between stories shared and the primary author’s analysis. Integration of multiple data collection methods supported credibility, including secondary interviews, participant journals, and the primary author’s reflections. Biases were mitigated with peer debriefing during the analysis phase (Lincoln & Guba, 1985). Peer debriefing was conducted after each interview and throughout analysis with the primary author’s supervisor, and at a lesser frequency with two committee members, all experienced in qualitative methodology. Transferability was acknowledged through the inclusion of extensive descriptions and quotations, encouraging readers to consider the application of findings to other similar contexts (Lincoln & Guba, 1985).

An audit trail was established through completion of concurrent field notes, a researcher journal, a process journal, and the creation of narrative threads, to enhance transparency during data analysis (Lincoln & Guba, 1985). During data collection and analysis, a reflexivity stance remained central to mitigate researcher biases.

Results

Resonances across the nurses’ accounts were discovered and organized in four narrative threads that support our understanding of professional identity formation: entering into the world

of nursing, the journey to become a nurse, learning alongside others, and embodying nursing (Halverson, 2020).

Entering Into the World of Nursing

The narratives shared by the five nurses in this study demonstrated inciting events or individuals that marked the beginning of their professional journeys. The new nurses shared admiration for individuals in both their personal and professional lives that influenced their decision to begin or continue along their path as nurses. Several of the nurses experienced instances of belonging, which served to validate or confirm that they wanted to remain in the nursing profession. In contrast, the participants were also able to identify instances in which they experienced personal failure, doubting whether they could experience fulfillment as nurses and individuals. Tensions emerged in the nurses' reflections when entering into the world of nursing failed to meet expectations. The nurses' stories expand our understanding of their unique experiences in relation to their expectations and highlight at what points alignment or dissonance may have contributed to construction or deconstruction of their professional identity. Reflecting upon the perseverance required at these junctures, the nurses demonstrated appreciation of their beginnings and the early evolution of their professional identities. The following are samples of narrative illustrations of entering into the world of nursing:

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

My first day [in ICU], I felt like my jaw hit the ground . . . that truly to me was the point in my nursing school career that I was like, okay, I'm in the right field. That was the eye opener that I needed, and I think I really needed that push before I entered that last year of school. (Participant "Kelly")

Helping that dad wash his baby for the first time [was the time I felt I was doing what I love]. I think that just made me, "Wow, I love this job. This is what I want to do for the rest of my life." That was probably the time that most connected me to nursing. (Participant "Magda")

The Journey to Become a Nurse

The nurses reflected upon the complex emotions they experienced as their journeys continued. Feelings of doubt, guilt, and anxiety remained prevalent in the vulnerability and insecurity of their transition period as newly licensed professionals. The nurses reported experiencing intense pressure and responsibility and remained cognizant of what they may have done differently with the experience they have since gained. Evolution of skills-based practice into holistic care emerged, as the nurses grew more comfortable in their therapeutic relationships with colleagues and patients.

Growing proficiency contributed to a strengthened sense of self, as participants reported congruence between personal and professional values of caring, mutual respect, and confidence. Empathy was regarded as an inherently positive trait among the participants. However, some of

the nurses noted they have had to maintain a degree of emotional distance as a method of self-preservation, while others saw moments of vulnerability with patients as a professional strength. The nurses recalled appreciation from patients and co-workers as particularly impactful in validating that they were serving as the nurses they intended to be. The following are samples of narrative illustrations of the journey to become a nurse:

I think I definitely have a better appreciation for the art of nursing now . . . whereas before I looked at it more superficially, I didn't really dive in that how much the art side of nursing and the science side of nursing are intertwined, and how without one you wouldn't get the other. (Participant "Kelly")

It's not a skill-oriented job, whereas I know a lot of new nurses are very set on, "Okay I need to learn my skills." The way I take this is, these are skills. They're just different skills. They're not necessarily your catheter skill, or an IV. But it's communication and building relationships, which is to me, the core of nursing and caring. (Participant "Henry")

I don't want to be a nurse robot like some people on our floor are. I never want to be that person that just, death is a regular thing . . . I want to always just feel emotion. That's something that for the rest of my career, I'll always look back on and just remember that this is what I kind of promised myself. (Participant "Magda")

I started hearing from clinical instructors that "you know, you're doing a good job, you're in the right field. You'll be an excellent nurse." Hearing that kind of praise was nice, because I didn't feel that way myself. (Participant "Kelly")

Learning Alongside Others

As the nurses progressed in their journeys to define their professional identity, interactions with others emerged as a substantial factor in shaping the nurses they wanted to become. For many of the nurses interviewed, learning alongside others was demonstrated before they had even committed to nursing as a career, with personal role models as key characters in their stories. The nurses were able to identify friends, family, colleagues, and instructors they admired who practised nursing in a manner that was authentic to their personal values or self-concept. Good nurses were described as those who fostered therapeutic connections with patients. Similarly, anecdotes shared revealed the modelling of behaviours that the nurses did not want to exhibit, such as impatience and self-neglect. The majority of the participants disclosed episodes of incivility in which they felt disrespected and uncomfortable, prompting them to consider leaving the profession entirely.

Professional identity does not appear spontaneously. It evolves through the course of countless interactions from mentors and those receiving care. The stories shared by the nurses substantiated the weight of such interactions in shaping their understanding of what it means to be a nurse. The following are samples of narrative illustrations of learning alongside others:

Yeah, the interactions I've had with [some] nurses is really what drove me out of [the rural hospital], unfortunately. I'd go back in a heartbeat, if it was more supportive. (Participant "Henry")

My mother was a nurse, both my grandmothers were nurses. At that time, I had no interest in nursing whatsoever because I've seen the toll it can have on people personally and on

families. But also, there were great rewards that I witnessed as well too. (Participant “Jay”)

Some nurses are more jaded, because they just don’t have the patience for it anymore, almost . . . I see them specifically and I’m like, “I don’t want to become you.” And then, there are other nurses who have been there for a long time who are phenomenal and have the most patience in the world, and I’m like, “That’s who I want to be.” (Participant “Lily”)

I’ve got two friends [who are nurses], and they are so good at balance. I think they’ve found themselves jobs that accommodate that because they knew that’s what they needed to have a good balance. And they’re always happy, always just spreading joy. (Participant “Jay”)

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

Embodying Nursing

As the nurses started to feel more comfortable in their roles, they reported tensions in separating professional identity from self-concept and personhood, as well as in maintaining balance within their lives. Demanding workloads and challenging patient populations have led to patterns of poor self-care, increasing the level of perceived burnout. The nurses reported striving to achieve balance in their lives, torn by wanting to support their short-staffed teams while recognizing the importance of recuperation to support resiliency in their roles. The participants spoke of activities they enjoyed outside nursing, recognizing the vital roles played by their families and friends in enhancing coping.

Nurses described the new graduate period as a challenging time that must be survived rather than a supportive period where a nascent professional is given the opportunity to thrive. As professional identity forms with greater clarity, so does the individual’s self-identity. The majority of the new nurses in this study stated that they had considered alternative professions or pursuing higher education in search of new roles within the profession. Understanding this stage of professional identity development offers powerful insight into supporting retention of new graduate nurses. The following are samples of narrative illustrations of embodying nursing:

So, now that I’ve endured it a bit more, I think I have a bit thicker skin, where if it would’ve affected me when I was a kid I would’ve been like, “Oh. That hurt my feelings.” Where I really don’t care anymore. (Participant “Lily”)

I do think I struggle to be someone who is Lily, not a nurse, a lot of the time. And I also feel like the constant need, and I think this was something that I don’t [think was necessarily] created by nursing, because I think my family is a lot like it too, but I think it was perpetuated by nursing, is the constant need to fix things. (Participant “Lily”)

It’s a choice you made in your life that you want to help people, but yourself always comes first. (Participant “Magda”)

This is my second year. I can already see bad habits where I'm not, like you're not eating as well as you used to, you don't exercise as often as you used to . . . there's a nursing shortage so you're working overtime pretty much every day. (Participant "Jay")

Discussion

Education

The stories shared by each of the participants revealed a commonality of an inciting experience or individual, rooted in caring, that influenced their entry into nursing. To increase recruitment of future nurses, understanding factors that impact career choice is valuable to inspire future generations of students to pursue a nursing career. Role models such as parents, guardians, and school counsellors can have a significant impact on a student's career selection through meaningful conversations and opportunities for exposure (Murcia et al., 2020). Secondary schools and nursing programs can integrate presentations, videos, or testimonials from alumni currently working as nurses to facilitate sharing of stories. The use of storytelling as a tool to disseminate nursing knowledge supports lasting impressions on students who have had limited exposure to nursing thus far (Fitzpatrick et al., 2019). This strategy may be particularly effective in encouraging members of underrepresented groups to consider a profession in nursing.

The new graduate nurses in this study report feelings of fear and anxiety at the growing responsibility they have inherited as RNs. Underpinning many of the nurses' experiences was a dissonance between expectations and experiences, threatening sustainability in the role and ultimately retention, which is consistent with the interpretation of professional identity and transition to practice on the professional identity pathway (Johnson et al., 2012). Participants in their final year of nursing in a study completed by Nordstrom et al. (2018) reported experiential learning as the most impactful factor in honing nursing skills. Nursing programs and employers can incorporate high-fidelity or virtual reality simulations to facilitate learning and promote professional identity development by minimizing dissonance between expectations and reality during courses or new hire orientations (Bumbach et al., 2022; Nordstrom et al., 2018).

The participants in this study reflected upon meaningful interactions with clinical instructors, preceptors, and peers as influential during the formation of their professional identity. Nursing students identify peers and faculty as vital in establishing support networks to cope with academic stress (Nordstrom et al., 2018). Nurse educators should consider opportunities for collaboration and mentorship that extend beyond students' time in their nursing program and into the transitory period of practice. Opportunities for new graduate nurses to provide valuable feedback as alumni can contribute to ongoing quality improvement of nursing programs and curricula, simultaneously easing socialization into the nursing profession (Allred & Sakowicz, 2019). As professional identity develops through engagement and reflection upon experiences, maximizing existing relationships between academic and practice settings may create opportunities for cross-sectoral collaboration to facilitate such interactions, specifically through the co-design of customized transition-to-practice programs (Mbalinda et al., 2024).

The nurses in this study disclosed experiences of hostility and incivility from other nurses in clinical placements. The infusion of subtle incivility in learning environments negatively impacts development of professional identity during the transition to practice and, consequently, retention and job satisfaction (Murray, 2018; Tecza et al., 2018). A lack of professional identity is considered a threat to retention, while contrastingly, a higher level of professional identity is protective against the pressures of the clinical environment (Xu et al., 2023). Nurses who are

subjected to lateral violence experience low self-esteem and shame, which impacts the positive associations and empowerment necessary to establish strong professional identity (Xu et al., 2023). Alarmingly, a study completed by Smallheer et al. (2021), found that nursing instructors were unaware of the incivility experienced by participants. While broader workplace reforms must be instituted to protect new nurses, educators must prepare students to recognize and navigate these circumstances. Programs can teach signs of incivility and provide opportunities through peer role-plays or simulations to practise assertive communication and de-escalation techniques. Faculty development initiatives should incorporate continual improvement courses to recognize these subtle, yet destructive behaviours (Smallheer et al., 2021).

Practice

Nurses in this study identified instances of learning alongside others as invaluable in developing their skills and confidence as new graduate nurses. Enhancing support for new nurses by providing meetings at regular intervals to share experiences and learning needs can facilitate successful integration (Spector, 2015). Meetings with nursing leadership in practice settings can provide opportunities for new nurses to share positive experiences and express gaps and learning needs, while supporting retention by ensuring the needs of new nurses are being met in their current setting (Song et al., 2024). Broader institutional changes include implementing and evaluating nurse residency programs. Residency programs or higher-acuity preceptor models provide consistent mentorship to new graduate nurses over a longer period of time (Tiew et al., 2017). Organizations that have implemented such mentorship programs report higher job satisfaction and lower nurse attrition (Tiew et al., 2017).

Policy

Understanding professional identity formation for new nurses offers valuable insight into transition to practice and, accordingly, the recruitment and retention of nurses. The Royal Society of Canada (Tomblin Murphy et al., 2022) issued a call to action to inform investment in the Canadian nursing workforce post-pandemic. Recommendations of the RSC (Tomblin Murphy et al., 2022) call to action include developing a pan-Canadian nursing human resource strategy; addressing workload and staffing; implementing systematic processes that will result in valuation of the nursing workforce; strengthening the voices of nurses in policy and planning; enhancing intersectoral partnerships; addressing equity, diversity, inclusion, gender equity, and systemic racism; and implementing safe workplace wellness strategies. Since the COVID-19 pandemic, nurses have indicated a higher intent to leave the profession, citing critical mental health concerns as a driving force (Turale & Nantsupawat, 2021). Organizations must demonstrate a commitment to nursing staff to improve and maintain working environments, rather than arbitrary praise that offers no measurable support (Ménard et al., 2023; Pahlevan Sharif et al., 2023). Health Canada (2024) published a nursing retention toolkit endorsing initiatives such as transition programs, flexible work design and scheduling, clinical supports, and safe staffing frameworks that reflect nurse experience. Policies are needed to support and protect new nurses and address threats to retention. The stories the nurses share in this study shed light on the importance of recognizing a dissonance between expectations and reality as a threat to retention along the professional identity pathway (Johnson et al., 2012). The nurses interviewed in this study consistently reported strained work–life balance as a prominent concern and motivating factor to leave the profession. Policies and system-level changes are needed to create the conditions new nurses need to become the nurses they expect to be.

Strengths/Limitations

Acknowledging the limitations of this study can assist in identifying areas of focus for future knowledge development. The nurses interviewed perceived nursing and their professional identity as nurses in unique ways. Establishing narrative threads may limit the extent to which an individual experience can be honoured and represented in the context of each nurse's individual story. The narrative dimension of place was the least represented in the stories told in this study, suggesting a relative lack of relevance when compared to the dimensions of time and sociality in terms of professional identity formation, and it raises an opportunity for future lines of inquiry to isolate this dimension. Furthermore, the nurses were all located in the same geographic region, graduating from the same educational institution at the same point in time, thus limiting the depth and breadth of the findings in terms of new graduate expertise and development of professional identity. The nurses who shared their stories for this study all transitioned to practice as new graduates in a pre-pandemic health care context, thus limiting the opportunity to gain understanding of the professional identity formation experiences of nurses during or following the COVID-19 pandemic. To mitigate the limitation related to transferability, Lincoln and Guba (1985) recommended consumers of research assess for similarity and suitability when attempting to understand the applicability of findings for other contexts or groups.

This study sought to provide further information about an under-studied phenomenon—the professional identity of new graduate nurses. While current literature exists on the professional identity of nursing students, it can be argued that students have not yet had the opportunity to establish a professional identity as a nurse. This study provides a valuable glimpse into the challenges experienced by new graduate nurses within the Canadian context.

Recommendations for Further Research

Research is needed to assess the impact of dissonant expectations in new graduate nurses and, in particular, within underrepresented groups and practice realities. Internationally educated nurses; nurses identifying as male, transgender, and/or nonbinary; nurses working in remote and rural communities; and nurses working in practice areas beyond tertiary acute care settings are among those underrepresented in current literature. Future research may seek to replicate study aims with participants from these groups to diversify learnings and further inform understanding of the under-studied phenomena of professional identity in nursing. Additionally, research is required to quantify the benefits of retention strategies, such as high mentorship programs and supportive environments for new graduate nurses (Tyndall et al., 2018). Objective indicators of quality improvement can provide fiscal support for organizational transformation to adopt, adapt, and sustain mentorship models.

Conclusion

New nurses practising in a variety of acute and community care settings shared common aspects of their transition experience and the formation of their professional identities. Nurses entering into the world of nursing, navigating the journey to become nurses, learning alongside others, and embodying nursing have stories to tell should we have the desire to listen. Creating opportunities in academia and practice to hear the stories, the struggles, the tensions, and the threats to retention from our new nurses in particular is a timely call. Turning our attention towards the under-studied phenomena of the formation of professional identity may offer valuable insight as we look for knowledge and strategies to mitigate and remedy the nursing shortage through the successful and supportive preparation and integration of new nurses in this time of critical need.

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