DEAKIN UNIVERSITY LIBRARY

TO: ALL USERS OF THIS THESIS

Please sign this form to indicate that you have used this thesis in accordance with the disposition signed by the author of this thesis.

Thank you.

SUE McKNIGHT
University Librarian

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer Pilgrim</td>
<td></td>
<td>30-03-2005</td>
</tr>
<tr>
<td>Cassandra McCarthy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Story of Fable:
A Narrative Analysis of the Experience of Four Registered Nurses in Their First Year of Practice

A thesis submitted in
partial fulfilment for the degree of
Master of Nursing Studies.

Wendy Penney RN BN

Supervisor Professor Helen Cox

Deakin University

December 1999
Acknowledgments

I cannot manage without another; I cannot become myself without another; I must find myself in another by finding another in myself (Bakhtin in Bowers and Moore 1987, p.77).

There are some very special people who have traveled on this journey with me, contributing to the completion of this research thesis and influencing my new beginnings. I would therefore like to thank the following people most sincerely.

My friend and supervisor Helen (Professor Helen Cox) who remained connected, believed in me and taught me so much.

My friends and colleagues in the School of Nursing Geelong (past and present), who helped provide a space where I can be myself (both nurse and academic). In particular, Claire for more than transcribing and Phil for his unfailing humour and literary support.

My children, Will, Tom and Emily, who never cease to amaze me and who provide me with another life when I need it most.

My Mum who sticks by me even when she does not understand what I am doing and who always provides much needed practical help.

My Dad who told me many years ago you can be anything you want to be if you put your mind to it.

My friend, partner, husband and critic John, whose analogy of 'Lego Land' has enabled me to stay firmly grounded in reality and whose ability to be all things to all people created the space for me to finish.

I love you all.
Abstract

This research explores the transition from student to registered nurse from the perspective of the new graduate. This interpretive study uses narrative analysis as the methodology. Individual stories were collected and processed using the method of core story creation and employment (Emden 1998). Four newly registered nurses were invited to share stories related to how they were experiencing their role. Participants were encouraged to tell their stories in response to the open question ‘what is it like to be a registered nurse?’ In the final step of the analysis one honest and critical story has been crafted (Barone 1992) using a process termed employment thus disclosing the themes that allow the stories to be grasped together as a single story (Polkinghorne 1988, Emden 1998). The final story of ‘Fable’ gives insight into the ways in which newly registered nurses experience their role. Becoming a registered nurse is not easy however, Fable finds that nursing is more than just a job and describes many rewarding experiences. It is hoped that the outcomes of this research will be valuable to students, graduates, nurse academics and the profession of nursing generally by enhancing understandings of the relationship between the graduate and the actual employment experience.
# Table of Contents

**Chapter 1: Introduction and Overview**  
1

**Chapter 2: The Literature Review - What others have to say**  
7  
Reality Shock  
8  
Stress Coping  
9  
Preceptorship  
12  
The Research Problem  
15

**Chapter 3: Methodology - Situating the Research**  
16  
Interpretivism  
16  
Choosing a Methodology  
20  
Narrative Analysis as a Methodology  
21  
Narrative Knowing  
21  
Story and Narrative  
23  
Rigour in Interpretive Research  
24  
The Research Method  
26  
The Participants  
27  
Ethical Considerations  
28  
The Interview Process  
30

**Chapter 4: The Core Stories - Meridian, Celeste, Lucinda and Simoom**  
33  
Core Story Creation  
33  
Meridian  
36  
Celeste  
39  
Lucinda  
42  
Simoom  
45

**Chapter 5: Employment - The story of Fable the Graduate Nurse**  
49  
The process of Employment  
50  
The Story of Fable  
51

**Chapter 6: Reflection - The Transparent Journey**  
56

**Chapter 7: Revisiting the Literature - Comparisons, Contrasts, Conclusions**  
66  
Comparisons  
66  
Contrasts  
68  
Conclusions  
69

**References**  
74

**Appendices**  
81  
Appendix 1 - Invitation Letter  
82  
Appendix 2 - Plain Language Statement  
83  
Appendix 3 - Consent Form  
85
Chapter 1: Introduction and Overview

New Zealand: Sitting on a Mountain Looking Down

*It is so peaceful up here there is nobody but me. I am meant to be writing my introduction. I am sitting on this mountain and down below me two parts of the lake flows into one* (Penney 1999).

"I write to teach myself what it is I need to learn about myself and to express what I need to express" Watson (1999, p.xx). Watson continues with a question I have often asked myself but have been unable to articulate quite so clearly. "I wonder what it is I need to learn and express about changing self, and changing nursing as part of the process of writing". When I reflect on the New Zealand experience, I realise the lake becomes a metaphor for my research journey as there have been two paths both flowing, merging together to become one. I asked myself what is it I need to learn, before embarking on this journey of writing and research. I didn't really know what I needed to learn but there was and still is an inner drive to make a difference. Teaching in an undergraduate program, preparing nurses to practice nursing I wanted to know whether the curriculum was right. This question was driven by the practice reality of knowing the world of nursing we send our new graduates into is not easy. Many nursing scholars supported this reality as I began to look at the available literature.

This research journey has directed my learning along two often-interrelated paths. The first becomes the focus of this thesis where the purpose is to tell the story of Fable the graduate nurse. The second becomes my story as I struggle with my inner self and the question of who do I want to be. I am a nurse and a teacher, do I want to be an academic? What does that mean, will I be different from who I am now? As the research
develops the roles of the nurse and the teacher merge together and both begin to flow as one.

It is difficult to express all that I have learnt and all that I want to write related to this research as my understanding of myself has grown and been extended far beyond the scope of this thesis. However, the purpose of this research is to share some of what I have learnt relational to narrative analysis and the graduate nurse. I write with the anticipation that the sharing of the participants stories, the research process and part of myself will add to nursing’s knowledge base by informing others in some way.

This research project will explore the storied experiences of four new graduates as they make the challenging transition from student to registered nurse (the reader will note the term graduate refers to a registered nurse in their first year of practice and the colloquialism ‘grad’ is used interchangeably with the notion of graduate). The roles of nurse and teacher have enabled me to be familiar with both the academic and practise worlds. This dual role precipitated concerns related to the effectiveness of the curriculum in preparing graduates to practice, as I observe first hand the difficulties that nurses face in the current clinical setting.

The research methodology of narrative analysis is clearly located in the interpretive paradigm. The four participants Meridian, Celeste, Lucinda and Simoom were new graduates and tell stories of their experiences in response to the following question, “what is it like to be a registered nurse”? The participants were interviewed and their stories were audiotaped, transcribed and analysed using a method of core story creation
and employment (Emden, 1998, Polkinghorne, 1988). The open-ended question enabled the participants to become the narrators of their own experiences (Sandelowski 1991).

The thesis is presented in seven distinct but connected chapters. The literature review supports the identification of the research question and explores and suggests that the transition from student to registered nurse is certainly not easy and is often considered to be stressful. The literature highlights some alarming trends describing the real world experience of new graduate’s as traumatic (Kelly 1996) with job satisfaction being affected by confidence levels and the graduates relationship with others. Positive feedback from both patients and other nurses is very important to graduates in their early weeks of transition (NSW Nurses Registration Board 1997). Several key issues associated with being new are articulated in chapter two and are revisited in chapter seven as the story of Fable is compared and contrasted in relation to the literature.

Chapter three explores the research methodology and situates narrative analysis within the interpretive paradigm. This chapter underpins the research, highlighting in the process the principles of interpretivism, narrative analysis and the nature of narrative knowledge. Included in this chapter are details of the method of in-depth interviews, ethical issues relational to the selection of participants, confidentiality, privacy and consent.

The transition from student to registered nurse has been explored extensively, however, there are limited studies existing which research the experience from the graduates own perspective (Kelly, 1996; Oermann and Motiff-Wolf, 1997). Emden (1998) argues that
narrative analysis is a growing method of inquiry in the area of nursing. Emden's (1998) perspectives on narrative inquiry and follow up work on narrative analysis influenced my decision to use this research approach. Emden (1998, p.30) stated she had a 'deep interest in hearing what scholars had to say about their lives as scholars'. In the context of this inquiry my interest was to hear what new graduates had to say about their lives as nurses.

The analysis of the participants' stories is articulated in two sequential chapters (four and five). Chapter four discusses the practical details involved in the method of creating core stories and follows the work of Emden (1998) Polkinghorne (1988) and Mishler (1986; 1995). This chapter includes the participants' individual stories (Meridian, Celeste, Lucinda and Simoom) which have been shortened considerably to enable their inclusion in the thesis. The voices of the participants are written in italics to differentiate their narratives from the body of the text.

The fifth chapter tells the story of Fable which is the final step of the analysis and is the result of theming the four core stories to become one. This chapter begins by explaining the method of emplotment and it is acknowledged that this process according to Polkinghorne (1988) and Emden (1998) is not rule governed. Furthermore, Polkinghorne and Emden suggest that the course of action (how to), can be left up to the individual researcher. With this understanding in mind I have developed a final story that included, complemented and valued all of the four participants' experiences. The emplotment process takes place within and across the four core stories and the work of Barone (1992) is used for functional clarity. Emden (1998) argues that narrative
analysis should not lead to constraint, rather it nurtures an appreciation of being different. The story of Fable tells a rather different but honest and critical story of a graduate nurse using the process of employmnt that shape the events of individual experiences (stories) to produce knowledge that deepens our understanding of nursing.

The sixth chapter is a reflective one and includes extracts from my personal professional journal as I reflect back on my own experiences starting at the beginning of the year. This chapter has enabled me to discover new understandings about myself as I began to revisit past experiences that were written with the emotion of the initial moment (Street 1991; Cox, Hickson, Taylor 1991). The extracts are written in italics and dated to clearly identify the journey. Within this chapter I examine the roles of being a nurse, an academic and a student and map some of the struggles that are experienced with making a journey into the unknown world of research.

The journal extracts demonstrate my role as researcher and the subsequent issues raised relational to the method of interviewing, confidentiality and consent. This chapter supports the notion that the research process is a reflective one (Koch 1998) and as such the method should be clearly visible. Furthermore, Koch argues that the signposting of the research process in a reflective account allows for the reader to travel the world of the writer and the participant allowing the story to be a legitimate research account. The journalling included in this chapter allows the transparency and honesty described by Sandelowski (1991) to flow.
Chapter seven concludes the research by comparing and contrasting the issues detailed in the thesis, thus facilitating a closure or a new beginning depending on which way one chooses to look. The major themes that were highlighted in the literature review are compared with the issues that faced Fable in her first six months of being a registered nurse. Fable's story supports the suggestion that the relationship the participants had with their patient's may have in some way sustained them in their role of being a nurse. Therefore the experiences of the four participants are compared and contrasted. As researcher, nurse and teacher I am continually searching for new understandings. This chapter reflects on how and in what ways these understandings may inform and influence the world of nursing in order to make a difference in some way.
Chapter 2: The Literature Review- what others have to say

A search of the literature has revealed an overwhelming amount of information surrounding the transition of the newly registered nurse. The use of key words graduate nurse and transition revealed a wealth of articles on preceptorship, associated programs and experiences. Reality shock featured prominently with much discussion surrounding the adequacy of clinical skills, expectations and the relationship between service provision, theory and practice. The inclusion of other key words such as phenomenology, lived experience and narrative analysis widened the search to include the method of collecting information with regard to new graduates. These additions to the search produced a variety of research studies focusing on the transition of new graduates (Horsburgh, 1989; Moorhouse, 1992; Dailey, 1994; Mozingo, Thomas and Brooks, 1995; Clare, Longson, Glover, Schubert and Hofmeyer, 1996; White, 1996; Kelly, 1996; Macleod Clark, Maben and Jones, 1997; Oermann and Moffitt-Wolf; 1997; Walker 1998). These studies in collaboration with the work of Kramer (1974) provided a plethora of information to support the need for more research into the area of the graduate’s own experience. This area has been supported to some extent by a study undertaken by the New South Wales Nurses board. This study researched 493 new nurses, with data being generated from surveys, focus group interviews and ten beginning nurses who were invited to keep a personal professional journal of their experiences (1997, p. 1).

This examination of the literature highlighted the absence from nursing’s body of knowledge any recent studies, which focus on the human experience of the new graduate
from the respondent’s perspective using narrative analysis as a method. For the purpose of this review the literature will be examined using three key themes which were dominant in the search. These themes: reality shock, stress/coping and preceptorship could be research topics in themselves but the intention of this chapter is to draw out the areas relative to the new graduates experiences and narrative analysis.

**Reality Shock**

Reality shock is described as the problem new graduates experience in their first position of employment and is well documented by Kramer (1974) with many, (Horsburgh, 1989; Weber, 1993; Patton and Cook, 1994) adding to this early work on transition. The term reality shock covers a broad range of emotions and these concepts flow into the other themes. Nurses who face the transition from the ideal world and safety of the classroom to one less than ideal often face reality shock, this can result in the nurse feeling burnt out and in danger of leaving the profession (Weber, 1993; White 1996). In this literature review, it is apparent that there is an acceptance of the reality that while education programs adequately equip graduates with knowledge, there is a lack of practical clinical skills. This may lead the new practitioner to experience stress and anxiety (Bjork, 1995; Mozingo, and Thomas, 1995; Clare, et al 1996; Kelly, 1996; Clark, et al 1997). However, according to Schumacher and Melcis (1994) and Macleod, Clark et al (1997) the initial skill deficit experienced by new graduates is soon made up.

The study by Alavi, Cook and Crowe (1997) outlines the devastation of the transition process and demonstrates how a problem based curriculum design was introduced to
assist the transition into the work place. In this study the graduate's experiences of transition were described as being dependent on the quality of preceptorship. The interview process concentrated on reflections of the course and curriculum design with the research focusing on the reflection of the undergraduate program as preparation rather than the individual human experience of being a new nurse. The graduate experience of transition while providing useful feedback focused on specific interview questions that were analysed quantitatively. A quantitative/qualitative study by Barrett, Ardile, and Smillie (1996) produced similar results with the quality of the course and academic preparation rating highly with the "blind spot" (Wagner, 1993 p.2) being the student's experience of transition.

**Stress/Coping**

Unlike Mozingo et al (1995) and Barrett et al (1996) Moorhouse (1992) does not recommend the introduction of more clinical practice but rather programs that enhance the confidence to apply existing skills. Using descriptions of the graduates experience Moorhouse demonstrated that the new graduates ability to cope is a very individual one and part of his study was to understand why some people cannot cope and to implement strategies to enable them to feel they can. Mozingo et al (1995) suggest that several factors affect competency levels, including self-esteem, anxiety and stress. This work compliments the work of Moorhouse (1992) who felt anxiety could be lessened if graduates felt more confident when they enter the work force. Crowe (1994) and Alavi et al (1997) suggest that a problem based learning program prepares students for the role of registered nurse because their exposure to actual situations from the clinical setting
improves confidence by enhancing time management skills and facilitating team work. In addition they argue that the process of clinical reasoning improves the new graduate’s ability to problem solve thus enhancing the planning, implementation and evaluation of patient care. Furthermore, Crowe (1994) suggests that a problem-based curriculum improves students confidence as this type of learning allows graduates to explore other ways of being in their world through self reflection and critical inquiry.

A well-documented source of stress in new graduates is the conflict of values with nurses often caught between what they have learnt and the expectations of the institution they are working in (Clare et al 1996). Conflict can arise when there is a need to learn to be a nurse while being expected to perform as a nurse. This can be exacerbated by shorter hospital stays, intense technology and the conflict between nursing service and education (Crowe, 1994; Bjork, 1995; Jasper, 1995; King and Cohen, 1997). Academics want theoretically prepared nurses who know and can also practice nursing however, from a service perspective nurses are expected to move into the role of registered nurse quickly (Pattton and Cook 1994). The reality of nursing in the real world often differs from the ideals portrayed in education, with a shift from patient centered care to the management of tasks in a time frame. This often involves a compromise of values between the education system and the place of employment (Horsburgh, 1989; Murdoch 1993).

Further examination of the literature produced some quite alarming results as Crowe (1994) Kelly (1996) and Walker (1998) describe the new graduate’s experience as
producing severe stress and personal conflict with decreased confidence due to unrealistic expectations by clinical staff. The real world experience can be traumatic, as the graduate's own values have been shaped by the ideals taught and can be in conflict with the hospital (Kelly 1996). This may be further exacerbated by fear of failure, a fear of making mistakes and a fear of responsibility. White's (1996) study which related to graduate nurse feelings discussed the graduate's need to be accepted by the establishment and of the pressure and frustration due to lack of time. The graduate's dissatisfaction with the system was articulated clearly as nursing was described as a 'constant battle'. This devastation was described as almost inevitable with evidence suggesting that "it is simply not possible to make the transition easy and undemanding" (NSW Nurses Board (1997, p.79).

Schumacher and Meleis (1994) focus on new graduates and transition suggesting that there are a wide range of emotional and physical symptoms that impact on wellbeing. This is supported by the Nurses Board of New South Wales (1997) who point out that beginning nurses find the transition into practice demanding both physically and emotionally. The report suggests that the stress is related to learning how to function in the workplace as well as the adjustments nurses make to their personal lives. It is difficult to accept the suggestion that it is not possible to ease the transition process. As the evidence from the research point out that new nurses are treated insensitively by some practitioners who are more intent on asserting their own power rather than being supportive. The report suggests that a supportive collegial environment makes a difference to the transition process and support from nurses who are willing to help, who
role model, demonstrate and who provide supervised learning opportunities and give positive feedback make a substantial difference. Schumacher and Meleis (1994) suggest that when successful transition occurs the feelings of distress give way to a sense of wellbeing. This adjustment has been described as 'turning the corner' (NSW Nurses Board 1997, p.79) as confidence improves and a sense of achievement is felt.

Preceptorship

Preceptorship has become a popular way of overcoming reality shock with Kramer (1993), Patton and Cook (1994), Myrick and Barrett (1994) supporting this method. There is the suggestion that preceptorship addresses the need to socialise the nurse into the ever-changing hospital environment. The term mentor and preceptor often appear to be used interchangeably (Madison, Watson and Knight 1994). Beattie (1998) points out that a preceptor is a person who is involved more formally in the transition of the new graduate into the organisation where as a mentor focuses on developing a personal or protege relationship. This is supported by Madison et al (1994) who suggest that the preceptor role is one of education and skill acquisition while the mentor relationship is one of duration and intensity. Adding to the confusion of terminology is the fact that the preceptor role varies as the educational preparation of nurses involved differs from one organisation to another (Bain 1996). Furthermore, Bain (1996) argues that evidence pertaining to the success of the preceptor experience is contradictory and inconsistent and suggests that preceptorship programs don’t always reflect the needs of the graduate. Without this preparation programs are at risk of becoming crash courses of survival in nursing.
An extensive study by Alavi et al (1997) indicated that the success of graduate nurse programs was dependant on the quality preceptorship and in turn this was influenced by high staff turnovers, understaffing and the graduate's ability to be able to work the same shift as the preceptor. The report from the NSW Nurses Board (1997) suggests that a system of organised orientation is important because the critical role of mentor or preceptor is not recognised formally in job descriptions. The report suggests that new graduates gravitate towards nurses who have the skills to appreciate their learning needs and who are available even though they may have not been assigned the formal role of preceptor. Similarly, the report highlights the need to educate and formalise the role of the experienced nurse in graduate support, as it is crucial to the transition process.

The report of Nursing Education in Australian Universities (1994) states that budget cuts have decreased staffing resources. Hospitals are unable to offer graduates a lighter patient allocation to help them with their introduction to the work force. Many smaller hospitals are reluctant to take new graduates as they do not have the staff to precept or supervise. Due to difficult economic times problems exist with the introduction of preceptorship programs with issues such as adequate orientation, support and acknowledgment of preceptors (Yonge, Harvey, Krahn, Trojan and Wilson, (1995); Greatish and Carroll, (1998). Kelly (1996) suggests that preceptors provide minimal support and that students are often placed under pressure to conform to the demands of the institution. For example Crowe (1994) points out that the provision of holistic care valued by the graduate may conflict with the institutions demand for technical performance and efficiency. Preceptors may experience time management problems and receive little personal reward if
management pushes the role on them (Yonge et al 1995).

Despite the clinical expertise of the preceptor new graduates report the experience as disappointing and the impact is often negative for both the graduate and the preceptor which in turn effects client care (Myrick and Barrett 1994). I would agree with the position taken by Yoder (1995), the NSW Nurse Board (1997) and Beattie (1998) who suggest that while much of the literature endorses preceptorship as a way of assisting the transition process, there needs to be more research into the effectiveness, selection, preparation and effects on the life of the registered nurse.

Murdoch (1993), Commonwealth of Australia (1994), Clare et al (1996), Glover, Clare, Longson, and De Bellis (1998) report that graduate places are limited. Arnold (1993) and Glover et al (1998) add that the stress of finding a position impacts on the final year of education as students focus on job searching rather than the consolidation of nursing knowledge. They suggest that the number of graduate program places needs to be increased mainly because a selection process based on academic results means that some students who would benefit from a transition program miss out. This lack of sufficient places may result in the acceptance of positions, which do not have a supportive program in place and therefore have the potential to add to the transition dilemma. This includes those graduates whose only choice is to join a nursing agency.
The research problem

A review of the literature indicates that the present education system may not prepare new graduates for the reality of nursing in the clinical setting. Furthermore, the education framework aimed at assisting graduates entering the workforce may not provide sufficient support to facilitate a smooth transition. There are conflicting views and expectations between the education system and places of employment. The preceptorship method is questioned as to whether it meets the needs of new graduates who need support in their transition. Learning to cope and fitting in seems to be the accepted method rather than increasing the level of competence and confidence of the new graduate to a level that supports a smooth transition. Stress, anxiety and conflict are written about with an air of inevitability raising the question of whether nursing has accepted reality shock as a social norm. While there is much written in the literature relational to the transition of the new graduate there is arguably a gap when it comes to the stories that may be told about the graduates' lives as new nurses. The purpose of this research is to explore the experiences of the new graduate as they begin their lives in their new role. The themes identified in the process of story creation and employment will be compared and contrasted with many of the factors highlighted in this chapter used as suggestions for future action.
Chapter 3: Methodology Situating the Research

This chapter will situate narrative analysis in a research paradigm and discuss the methodology and methods that underpin this study. Roberts and Taylor (1998) suggest a paradigm is recognised as providing a broad perspective or world view and is a way of categorising certain kinds of research for the purpose of classifying approaches and understanding the processes involved in knowledge generation. This chapter will demonstrate that narrative analysis as a methodology is situated in the paradigm view of interpretivism. Therefore the central principles of interpretivism will be discussed before moving to the description of narrative analysis. Within this interpretive study the interview becomes the research method therefore the data collection process will be described in detail.

Interpretivism

According to Roberts and Taylor (1998) interpretive research is concerned with creating meaning through the understanding of human consciousness and subjectivity, and in the process, human experience is valued. Neuman (1997) traces the beginnings of interpretive social science back to German sociologist Max Weber and philosopher Wilhem Dilthey. Neuman (1997 p.68) claims that the work of Dilthey explains two fundamental points; “abstract” and “empathetic” understanding with the latter equating to the everyday lived experience of people. Furthermore, Neuman (1997 p. 68) points out that Weber argued for the need to study “meaningful social action” suggesting an embracing of the notion of understanding the everyday experiences and inner feelings in peoples lives. It seems that Weber believed this relationship was paramount to understanding the interpretive ideology.
Smith and Hunt (1997) suggest that the interpretive paradigm has emerged due to perceived limitations of positivism, pointing out that the positivist view of valuing rigour at the expense of meaning meant that the holistic and caring base of nursing was unable to be reflected clearly. Of importance to nursing were research methodologies that would embrace understandings of experience and intuition. Parahoo (1997) argues that interpretivism is often used as a blanket term for a collection of qualitative approaches. Lindolf (1995) qualifies this position suggesting that the interpretive paradigm governs the use of qualitative methods taking understanding as its principal topic and methodology. Furthermore, Lindolf argues that understanding interpretive inquiry is a clear way of gaining insight into the understandings of others.

Carr and Kemmis (1986) argue that the subjective meanings of interpretive research challenge the objective reality of positivism. A positivist understanding assumes there are incontestable facts that all people agree to (Neuman, 1997) while objectivist science relies on measurable meanings of events. The interpretive approach rejects the “duelist doctrine” of social facts being objects and with this rejection has turned the emphasis to subjective understanding (Neuman, 1997 p.78). Lindolf (1995) claims that subjective experience is formed in a dialogical relationship with others. Furthermore, he describes action, as meaningful behaviour suggesting action is subject bound and that we gain insight into people’s motives for action when we engage with them through their acts and this is often done through speaking. During this study I engaged in dialogue with the participants about their experiences of being a nurse. These narrations contain rich description of human action and have provided understandings of their world.
The interpretive paradigm has been influenced by many intellectual traditions resulting in a rather diverse range of methodologies (Lowenberg, 1993; Atkinson, 1995; Smith and Hunt 1997). Within this paradigm particular attention is given to ontological understandings: that is questions derived from being in the world and the ways in which meaning is created, shaped and understood. These meanings underpin the ontology of interpretation. What this means in epistemological terms is the grappling with the meaning of knowledge, how and what one knows in the context of everyday experience. Experience then underpins ones knowledge of everyday reality. Lowenberg (1993), Parahoo (1997) and Roberts and Taylor (1997) indicate that the interpretive paradigm underpins such methodological approaches such as: phenomenology, ethnography and grounded theory. However Lowenberg (1993) argues that other interpretive research is appearing in the literature that does not fit within those methodologies and cites narrative as one that is becoming increasingly incorporated within this broad approach.

Carr and Kemmis (1986) point out that this paradigm has traditionally aimed to enlighten the reader, raising awareness by providing deep insight into the lives of individuals. Furthermore they suggest that the interpretive inquiry is based on the notion that subjective meaning is embedded in human agency and as such requires interpretation to make matters intelligible. The task of interpretive research is to discover meaning and make action understandable by interpreting the intentions of individuals. Interpretive research focuses on explaining, describing and interpreting in order to promote understanding (Smith and Hunt, 1997; Parahoo, 1997). Accordingly Smith and
Hunt (1997) and Roberts and Taylor (1998) point out that it is the people, the participants in interpretive research who are the rich source of information.

From the researcher’s point of view the participants provide reflections of what it is to experience the world in which they live. These reflections offer new insights that contribute to the understanding of the social reality by describing and communicating action. The participants know their worlds because of their experiences, what they have seen and how they have responded (acted) within a particular situation. Thus, actions have meaning in relation to the participants understanding, purpose, intent and context of experience. It is the role of the interpretive research to uncover these significant meanings (Carr and Kemmis, 1986).

In the context of this study the participants are the new graduates who share accounts of their social world by narrating their experiences or telling their stories. They told stories that described relationships with others and the institutions in which they have worked. They described their experiences and reflected back on the feelings that were profound for them at the beginning of their new role. The participants informed the researcher, using dialogue formed through reflection on their actions in their worlds. These reflections constitute their understandings of their histories, who they are, and where they have come from. Thus knowledge is embedded in the reflections of everyday experience. Carr and Kemmis (1986) suggest that each new situation contributes to the participant’s practical understanding or stored wisdom therefore continually informing theory through action. As the researcher it is my role to work with these understandings and interpret them in ways that perhaps go beyond the interpretation of the participants.
These reflections of the everyday experiences in the participants' lives can then be communicated to others still in a language that can be understood.

Choosing a Methodology

While narrative analysis is a growing method of inquiry in nursing an extensive search of the literature resulted in an absence of research using this particular approach therefore Emden's (1998) work became the basis for my choice of methodology. Having evolved from Emden's work, my understanding of this methodology developed with further insights from Mishler (1986), Polkinghorne (1988), and Sandelowski (1991,1993). The choice to use this approach was based on the desire to inform my understanding of what it is like to be a newly registered nurse from the participants perspective and add light to other viewpoints in the literature. This is directly related to my concerns as an academic teaching in an undergraduate program in nursing.

Understanding that methodologies in the interpretive paradigm decrease the distance between the researcher and the participant (LoBiondo-Wood and Haber 1998; Bcanland, Schneider, LoBiondo-Wood and Haber 1999) further influenced my decision. Furthermore knowing that within an interpretive methodology it is essential that the findings of the research are reported from the perspective of those who have lived them (Streubert and Carpenter 1995; Neuman, 1997) it was clear that my need to respect and keep at the forefront the voices of the participants would be ensured. Bcanland et al (1999) suggest that interpretive methodologies focus on the human experience permitting greater understanding and deeper insight into the agency of individuals. The participants' views in this sense have the potential to become part of the worldview their
individual stories becoming part of a larger story (Biallas 1989). In the context of this research the participants stories may contribute to the broader understandings of what it is like when one becomes a registered nurse. With these understandings in mind narrative analysis was chosen as the methodology.

Narrative Analysis as a Methodology

Having stated earlier (p.18 this chapter) that the common methodologies arising from interpretivism are phenomenology, grounded theory and ethnography. Hill Bailey (1997) suggests that changes have occurred over time and that paradigm extensions now embrace new methods. I am clearly situating narrative analysis within this increasing range of interpretive approaches. My stance is supported by Sandelowski (1993) who suggests that scholars are re-discovering the narrative nature of human beings and that narrative provides a framework for understanding the person as a subject of nursing. Furthermore, Sandelowski challenges nurses to think of themselves (researchers and readers of research) and research subjects as narrators in an interpretive circle of understanding and inquiry.

Narrative knowing

Narrative can assume many forms, whether told, performed, painted sculptured or written, narrative is always present, people have never existed without narrative (Barthes 1977). Furthermore Barthes argues that narrative has no boundaries, good or bad, it is international and transcultural “it is simply there like life itself” (Barthes 1977, p.79). Polkinghorne (1988) points out that the term narrative means more than just a single story. Narrative is able to place human events and actions into an organised form which
is expressed as a story. Therefore the term narrative embraces the collective stored wisdom and experiences of people's individual lives (Polkinghorne, 1988). Barthes (1977) suggests that through narrative people are able to construct their lives: who they are, and where they are going. Narrative allows for cohesion and the sharing of cultural beliefs and values.

While we may not consciously think about it our lives are intertwined with narrative, we tell stories of our own lives: stories that we narrate to ourselves (Berger 1997). Biallas (1986) challenges us to think of the inner self as being connected to the larger story of the universe. In this context individuals are then able to situate themselves within the world by telling and reflecting on their own storied lives. Narrative researchers listen to and describe lives, collect and tell stories and write narrative relating to the experience (Baker and Diekelmann 1994).

It is important to further define the understanding of story and narrative and the way in which these terms are used in this thesis. Narrative is often used interchangeably with story and seemingly shares the same meaning. Polkinghorne (1988) however, describes narrative as an organised set of events that mean more than a single story. For this research I have followed the views of Polkinghorne, (1988) and Emden (1998) who clarify the term story to mean a single account or tale of any length and narrative to mean the collected wisdom of individual stories. In this thesis these terms will appear throughout the study as the narrators tell their stories that will provide the narrative for analysis that will become the final story.
Story and Narrative

Story is described by Livo and Reitz (1986, p. 108) as “a way of knowing and remembering information”. This explanation achieves a basic purpose as it suggests experience is restructured in order to be saved. Furthermore Livo and Reitz describe story as content and detailed circumstances that are reconfigured to fit into a conceptual requirement. Livo and Reitz (1986) suggest story becomes a frame of reference for our lives and storytelling gives meaning to our existence. Story can be considered a method of organising, recreating and communicating situations in order to share with others (Boykin and Schoenhofer (1991).

Labov (1977) describes narrative as recreating real world experiences. Or as Gergen and Gergen (1986) suggest the construction of narrative guides our ability to describe human action. This can be achieved informally as we communicate with each other or in a more scientific way in research where there is an attempt to reflect on human behaviour and make sense of it more formally. While narrative can be viewed as an ability to describe human action, Bruner (1987) argues that when applied to self-narrative, stories are constructed in people's heads and that like life narrative is a construction of the imagination. His understanding is that narrative is an interpretive feat relying on memory and recall. Phillips (1993) supports this understanding, pointing out that when we listen to people the words do not express all that has been experienced. Bruner (1987) however concedes that there is no other way to describe time that has been lived and indicates that stories are inseparable from the lives of the narrators. Stories according to Roof (1993) have the ability to bring events together and allow us to see things differently maintaining that stories are not just single accounts but
connect to larger stories as narratives that shape shared meanings. Stories have the potential to reconstruct the lived experience with captured emotions, details and meanings (Geanellos 1995).

Narrative analysis can be likened to the opening of a window on the mind, as narratives are manifestations of thought and action (Cortazzi 1993). Moreover, when analysing the narratives of a specific group, in this case the new graduates, it can be argued that the window is opening on their world. MacIntyre (1981) argues that stories are lived before they are told (except for fiction). Thus, the stories narrated by the participants in the research are real recollections of their lives and have not been made up to provide fictional entertainment. The people (participants) in the study are regarded as unique individuals and as such will bring their own experiences to the situation (Taylor 1993).

**Rigour in Interpretive Research**

Interpretive research lays no claim to data that is statistically significant from an empirico-analytical view and makes no effort to generate knowledge that can be confirmed as absolute (Roberts and Taylor 1998). Scientific knowledge in a traditional sense is situated in the positivist tradition and uses a hypothetical deductive model which uses universal laws to deduce results based upon observation and experiment (Carr and Kommis 1986). The results then can be used as truth claims having previously demonstrated the existence of facts. Biallas (1989) argues that reducing beliefs to empirical certainties or proofs is to reduce human life to a journey without a goal, limiting truth in this way reduces the ability to describe meaningful life experiences such as grief, happiness and love.
Interpretive approaches are based on a worldview of people as individuals with experiences that are different and change over time. In other words there is no belief in an absolute reality or truth from this perspective (Burns and Grove 1999). The data collected from interpretive research are subjective and include the beliefs and perceptions of both the researcher and participant (Burns and Grove 1999). Neuman (1997) suggests that most experiences have several meanings and as such cannot be divorced from the social situation nor from the meaning that one assigns to it. Neuman cites Weber (1978) who describes accuracy as being empathetic or appreciative and obtainable when the emotional context in which the action took place can be grasped. Moreover these context-specific facts are actions that depend on interpretation of people in a given setting, these social situations often contain many differences and these must be taken into account (Neuman 1997).

In these interpretive methodologies rigour is often addressed by asking the participants to confirm that the interpretations of data clearly reflects what the experience was like for them (Roberts and Taylor, 1997; Neuman 1997). Emden and Sandelowski (1999) discuss the complexities of moving the concept of rigour to an understanding of criteria. They argue that this does not solve the problem of what is considered right in these methodologies. Furthermore the concept of goodness in interpretive research is still evolving, this uncertainty can be considered a challenge to nursing researchers who should consider the alternative of declaring the uncertainties in the methodology rather than apologising for them (Emden and Sandelowski 1999).
The call to supply clear and concise documentation of the research trail is supported by Koch (1998) who suggests that researchers keep a reflective journal. My research journey is clearly documented with the inclusion of excerpts from my personal professional journal. Sandelowski (1993) discusses the dilemma of researchers getting caught up in technique and forfeiting the perfection of their goal by yielding to the pressure of those who demand a method that focuses on truth and validity. She suggests that truth is becoming arguably more disputed and that the focus should be one of trustworthiness in recognising moral obligations.

Emden and Sandelowski (1999) support that there is no one set of criteria that can be imposed on the diversity of approaches within this research tradition. They suggest that nurses should not give up their humanity to conform to rules of rigour driven by traditional patriarchal power relations. In choosing narrative inquiry as a methodology the advice given by Sandelowski (1993) is that softening the notion of rigour and including the art of inquiry is acceptable. In order to achieve trustworthiness the study will rely on detailed explanation of the procedure or method (Polkinghorne, 1988, Koch 1998). Thus exposing the decision trail for the reader and subsequent researchers. This inquiry does not submit to methodological constraint but rather supports the notion of goodness and nurtures an appreciation for being different (Emden, 1998; Emed and Sandelowski, 1999).

The Research Method
At this point narrative analysis as the methodology for this research has been discussed relational to the interpretive paradigm and as the theory underpinning the study. The
method in the context of this research is concerned with the technique and the procedure or way of gathering information (Campbell and Bunting 1991). Thus the purpose of the remainder of this chapter is to clearly outline the research processes including the use of the in-depth interviews as the method of this research. Cormack (1984) describes the interview as being the major method of collecting information in the area of human learning, the purpose being to communicate and exchange information. Integral to the interview process is the selection of participants and the ethical considerations of consent, privacy, confidentiality and coercion.

The Participants

The participants of this study were originally third year students in an undergraduate nursing program. The relationship I had with all of the students in this cohort impacted on my choice of methodology, as with interpretive research the focus is to reduce the distance between the researcher and the participants. Interviews involving narrative are dependent on a long term trusting relationship with the researcher and participant, as the goal is to gather rich accounts of perceptions and action as they tell their stories (Lindolf 1995). I had taught these students throughout their three years at university and had built a significant relationship during this time.

Conducting the narrative analysis necessitated the collection of individual stories, which were processed using a method of core story creation and emplotment (Emden 1998). Four graduates were invited to share stories related to how they were experiencing their role. Four interviews were conducted with each participant. The first was to clarify the project and to gain informed consent. The second and third were conducted three and six
months after the participants commenced their graduate positions. In these two interviews the participants were encouraged to tell their stories in response to the open question ‘what is it like to be a registered nurse?’ The interviews were conducted within this time interval so as to enable the participants to tell stories that might relate to changes that occur as the new graduate settles more into the role. The interviews were audiotaped with permission, lasted 1 ½ hours and were conducted in the privacy of the participant’s own home.

In the analysis the individual stories were shortened using a process called core story creation. Following the creation of the core stories the fourth interview was used to return each individual core story to the participant for their reaction and comment. The final step of the analysis was to create one single story from all of the core stories using a process termed emplotment thus disclosing themes that allow the stories to be grasped together as a single story (Polkinghorne 1988, Emden 1998). This final single story was not returned to the participants since it is no longer an individual story. The thesis is available to each of the participants at their request.

**Ethical Considerations**

The main ethical concerns of this study involved the issues of confidentiality, privacy, coercion and stress (refer to the appendices). Strict anonymity and confidentiality was assured and pseudonyms (Meridian, Celestic, Lucinda and Simeon) have been used. The participants will not be identifiable in any written papers or conference presentations arising from this study. The issue of coercion was managed by distancing myself in the formal (assessment) sense from the potential participants in their final semester and all
correspondence was sent out after they had secured employment. I have every confidence that the participants in the study did not feel obligated to participate.

The issue of privacy was important and maintained at all times and at no time were the participants pressured into revealing information that they did not want to. It was clearly demonstrated that the interviews could be terminated at the request of the participants, and that they could withdraw from the study at anytime. Documentation supporting this issue is detailed in the reflective chapter. At one point I offered Celeste the opportunity to withdraw from the research following the return of her core story. Furthermore the method of core story creation and employment (Emden 1998) allows any of the participants to remove any material they do not feel is correct or relevant.

The literature indicates that the stories told may be distressing as Labov (1977) suggests that the participants may partially relive their experience when they tell of stressful events in their lives. In the reflective chapter this issue is discussed as I reflect on the interview with Simoom who could not seem to relax while the tape was on and who stated her stress had been relieved with the opportunity to talk to someone. This feeling of relief is supported by the suggestion that the telling of stories may be healing (Sandelowski 1994). As a teacher I value my relationship with students. The personal and professional (moral and ethical) role makes me aware of the issue of confidentiality, stress and coercion relational to the research.
The Interview Process

Following ethics approval 20 invitations letters (appendix 1) were sent out with a plain language statement (appendix 2) to students who were about to undertake their graduate year. The replies were numbered unopened in the presence of a colleague in order of arrival. The first four respondents were contacted and invited to participate, all four accepted and arrangements were made to meet individually for the signing of the consent form (appendix 3). Other respondents were notified that numbers had been achieved and thanked for their interest. Following the signing of consent arrangements were made to conduct the first interview, all participants chose their own homes, a choice that was particularly significant as I wanted the participants to feel at ease and able to tell their stories in a comfortable environment.

Mishler (1986) discusses the importance of unstructured interviews that balance power relationships and build rapport. The researcher and participants should enter a relationship of collaboration with the issues of confidentiality being given a high priority, which encourages the participant to speak in their own voice. The focus on confidentiality in this research comes from ethical accountability and it was considered a key element in encouraging the graduates tell their stories honestly. I created an atmosphere where the participant could tell their stories about being a nurse without being distracted by the researcher. My concern about my influential role of interviewer is explored through notes in my personal professional journal, which have been written to enable reflection on the interview process.
The interview process plays an integral role in the collection of storied accounts of experience. The importance of not interrupting cannot be overstressed, as the participant (narrator) must be allowed to hold the floor and speak for an extended period of time. Mishler's (1986) work challenged me to consider an alternative way of approaching the interview process as he suggests that getting responses from interviewees is not a problem as often interviewers receive long stories in response to short questions. Building a rapport and asking open-ended questions creates an environment where the interviewee is more likely to tell in-depth and meaningful stories and less likely to limit to what they perceive as acceptable.

The question "what is it like to be a registered nurse" was asked with the focus on the action of the interviewer as an attentive listener. The participants were left to talk, as they wanted to until they indicated that they had finished (Mishler 1986). Mishler places great importance on the role of the interviewer suggesting that if the interviewer appears not to listen or interrupts, then stories are unlikely to be told. Moreover, the participant must be allowed to narrate their stories beyond what is normally acceptable. My role as the interviewer was to create a mutually comfortable environment and to dispel any sense of control of or influence over what should be told. This notion of control being given to the participant was very important to me in this study; my aim was to get the participants to tell me their stories rather than what they may have perceived I wanted to hear. This led me to being extremely careful not to prompt or question while the participants were speaking. This was achieved by using longer than normal silences, using silent body language and gestures of encouragement or repeating back to the participant a line they may have said that seemed important.
Following the data collection the text was shortened using the method of core story creation (Emden 1998). This method is the first stage of the analysis process (see chapter 4) and precedes the core stories of the participant’s Meridian, Celeste, Lucinda and Simoom. This process is assisted by the work of Mishler (1995) who suggests ways of reconstructing the told from the telling using a process called temporal ordering. This final step of the analysis is the emplotment process (see chapter 5) and is detailed prior to the telling of the final story of Fable the graduate nurse.
Chapter Four: The Core Stories- Meridian, Lucinda, Celeste and Simoom

Core Story Creation

Core story creation is a method of reducing full-length stories to shorter ones to assist in the analysis process (Emden 1998). This method aids the narrative analysis process and provides a way of presenting lengthy interview data to the participants in a story form that they can then comment on. Reducing the amount of interview data allows for the inclusion of the participant’s stories into the research thesis thus allowing their individual voices to be heard.

The method of core story creation I adopted follows the process described by Emden (1998, p.35). Emden discusses the work of Mishler (1986) and Polkinghome (1988) and found that they provided limited guidance on how to create a core story. Emden’s (1998) method however, gives a clear framework and retains the feeling of the whole story as the focus is on retaining the dialogue of the participants. To help with the ordering of the narrative I returned to the work of Mishler (1986; 1995). A combination of these processes assisted in the creation of one core story for each of the four participants.

The first step was to listen to each of the participants dialogue in full and read each transcript several times. When I had a feel for the narrative I deleted all of the dialogue that was spoken by myself, noting carefully whether I had changed the path of the conversation in any way. Secondly, I deleted the words and sentences that detracted from the main ideas or stories, this included unassociated dialogue that did not relate to being a nurse as well as names, places and incidences that would threaten confidentiality. I then re-read the text and repeated the process over again several times.
The next step was to group the narratives using Mishler's (1995) method of temporal ordering. This rather complex process assisted in sequencing the stories or as Emden (1998) describes, moving the fragments of themes to form a plot or subplot in order to create a core story. Mishler's work (1986) highlighted the issue of the participants recapitulating (repeating) sentences related to important experiences. Therefore, the method of moving the fragments together helped recognize this repetition within the themes or plot thus helping reflect the importance of the story for the participant as well as the shortening process.

Mishler (1995) explains how in open ended interviews, the participant moves back and forth in time. The challenge for the researcher is to construct the narrative from the resulting text. Using Mishler's (1995) method of temporal ordering, the individual stories were put into chronological order therefore restructuring the order that the stories were told. Mishler (1986) suggests that the key to the reordering of dialogue is the understanding of the narrative clause. This understanding prevents the movement of a story or narrative if there is a risk that the meaning will be changed in the process. Mishler (1995) expands this notion by explaining that reconstructing the told from the telling assists researchers with large amounts of interview material as participants, unless guided do not tell their stories in any sort of ordered way. The reordered text becomes the narrative for further analysis and the core stories retain the voice (words) of the participants (Emden 1998). An analysis of the participants stories does not happen at this stage, rather the researcher represents a temporal order of the real events (Mishler 1995).
The process of core story creation proved to be complex and time consuming as most of the interviews were 24,000 words in length. Emden (1998) suggests that the core stories can be reduced to approximately a quarter of the original data. I reduced each core story to 4,000-5,000 words and returned them to the participants for their clarification. The stories were then reduced again in order to situate them within this research thesis. I chose not to reduce the core stories further prior to returning them to the participants, as I wanted to value the richness of their stories and ask the questions, "Does it ring true" (Emden, 1998 p.35). Is this your story?

The method I adopted to reduce the stories further was to retain the plot and subplots and reduce the text to one or two key examples within each theme. My aim was to reflect in each core story what it is like to be a registered nurse from the participant's perspective. While the volume of the text has been dramatically reduced the individual voice of the person remains intact. Each of the core stories is presented separately, the participants' experiences are themed (plotted) under five broad headings, Being a Grad, Being a Nurse, Shift Work, Turning the Corner and The Future. Within these broad themes are the stories of sad times, happy times, struggles and relationship issues. While the participants' stories are different each have connected themes and understandings of what it is like to be a registered nurse.
Meridian

Meridian's goal to become a nurse started when she returned to school to do adult VCE. Meridian has had a variety of different jobs that she considers to be a lot harder than nursing. She loves nursing and has a strong, positive outlook that infiltrates everything she does. Meridian feels her life experience has helped her in nursing. To Meridian nursing is both a love and a challenge. When asked 'what is it like to be a registered nurse?' Meridian told the following story.

I had another patient die, this was the first as an RN that was my patient. And it was just something different from being a student and I couldn't put my finger on it... I went to the cupboard and I got out his bowl and there in the cupboard were his slippers and his dressing gown. His wife had ironed his hankies and it was all just sitting there and all of that just hit me ... the tears just started running I don't know why... it never happened before. I'm thinking, you're an RN now, you're not supposed to get like this, you should have been emotional when you were a student, not now! I looked back and the wife is holding her husband's hand and tears are in her eyes and she's stroking his hand. It was just so intense and I'm trying not to cry, just the love that these two people had, she was saying her good-byes and it really hit me. I looked after this family and it was so different because as a student they tend to go to the RN but this time it was me they were asking. And I had to deal with this situation, it was me as the RN and it really affected me. It was the love of this fifty-year relationship, and this is the end of the line in that relationship. I knew it was the folded hankies, something she'd been doing for him probably since they were married and she did it in the love and hope that he would come home.

Being a Grad.

I was so run off my feet and none of the nurses said, you did well, but they picked on me with my nursing care plans. It was just a real mad night and I cried when I came home. I was just flustered. I felt I didn't achieve anything.

We're so good at helping everybody else but we should be helping each other and so often that's not the case. They want to upset the grad... some of them, not all of them go out of their way to upset us because we're young and new.

Next year, every time I see a grad do something good I'm going to tell them. You think, I'm so out of my depth here and then someone says, you're doing well and that just boosts you 100%.
Nurses sometimes have unreasonable expectations of the grads, not in that they expect us to be better than we are... They treat you like you're going to be really useless. You have to prove that you can do the job and then they'll trust your judgement. ...I just want to be a good nurse and enjoy what I'm doing and put everything that I've learnt into practice. It would be so nice if everyone else could see that and just help us.

The preceptors have been really supportive and it's good because they do come and tell you if something is not right, without being really awful about it. We wish all the preceptors were like that because she's always there...and appreciates that we've got a knowledge base and gives new information but doesn't do it in a way that makes us feel like we're still in first year...Some nurses are so great to grads they just go beyond the call.

Shift work

It's hard the whole late/early thing. Everyone feels that... We've noticed the grads and the younger members of staff get the dodgiest shifts. We get all the weekends. We get so many lates... shocking rosters, like 9 days on, no weekends off. My last roster I only had one weekend off for the month.

Being a nurse

It's just different to what I expected, I didn't expect to have the kind of impact on people's lives that we do... I didn't realise it would be such a great impact... sometimes in your grad year you think oh what have I done? This is so stressful... But I'm having a really good time establishing relationships with the families.

This Greek man that I love, he was just gorgeous and his wife... I spent a lot of time with that family and on their last day she'd gone picking all these tomatoes in their garden for me. She bought me this basket of tomatoes and they were hugging me and kissing me... one of the other nurses said, oh you shouldn't let patients kiss you.

It's about not dwelling on the bad bits. A lot of people still think that they shouldn't debrief and that's probably sad. I think that's probably why you get lots of nurses that seem angry and fed up... It's hard to explain what I'm trying to say.

It's very demanding. You don't lose your humanity just because you're a nurse. You see it often in nurse's faces when terrible things happen, you see it in their eyes, like it's really hitting them. They don't know how to get in there and work through it with that person...

Everybody dies, that's the bottom line and nobody knows what each death is going to be like, but it's something that happens, so you can either, feel the tragedy of every death or you can see it as something that is sad for the people who are left behind...

Patch Adams that's the perfect way to describe it. He held on to the humanity of just being human and dealing with really intense human experiences and he never tried to
shut that part of it out. He was confronted with a room full of dying children so he
dressed up as a clown and danced around with a bedpan on his head. He got into the
humanity of what was their reality and he used that to help heal them. And healing
doesn't mean making them better because some people you can't make better but you
can still heal them. Do you know what I'm trying to say? That's how I nurse. That's my
philosophy on nursing and what nursing is about. That's me.

We were telling him jokes all the time he thought that was great. We were treating him
like a normal person. Just because he was lying there and totally dependent and
needing his pad changed every four hours, it didn't mean he was a baby he was still a
grown man.

If they trust you they'll tell you anything and as a nurse that helps you with their
treatment... I like the stuff that re-empowers the patient... the things that work with the
patients and you can make a difference.

I love nursing and I've never regretted doing it. I always liked the look of what nurses
did... rather than others in the health field. I love people. I love the challenge I always
know that I wanted to do nursing.

I don't think you can really put words to what it's really like. I don't think anyone can
describe what it's like to be a nurse. And I think over the years people can start to forget
what it was like when you first started nursing.

Turning the Corner

Now I don't feel like the grad. I don't feel any different from everybody else. You just feel
more part of the team, you tend to know a bit more, everything is falling into place...they
listen to you, they don't go oh you're the grad what would you know? They totally trust
you.

It must have happened gradually without realising it... little things happen that earn you
the respect of the staff and once those things happen the staff change their view.

The future

Study is perfect next year and then just part-time work... I love nursing but I love my son
many times more, he's precious. Last Sunday I'm lying exactly here on the couch like
this and I feel these little hands on my face, I love you mummy like this, it's so nice.

"Meridian is the fairy of the sunflowers, these happy yellow flowers stand tall and
bright. Flying into the dim lit sky she sends the magic of the day down through the haze
of dawn and across the land to touch every tiny blossom" (Young 1994, p.7).
Celeste

Celeste had been nursing for many years before becoming a registered nurse. Completing a university degree with school age children was a challenge and an achievement. For Celeste becoming a registered nurse is the fulfilment of a dream. Celeste shared with me some very special reflections when asked ‘what is it like to be a registered nurse?’

It’s like a dream come true. It really is just something that I’ve wanted for so long and I never ever thought that I’d make it. Even though I’m there I just can’t believe that this is actually me and it just sounds ridiculous but I put on my uniform and I just feel so proud. It’s just, yes, just a dream.

I had a quivering heart, my heart must have been beating at 100, I was trying to take deep breaths, and I thought this is it. This is my first day, I went into ward they had those touch lamps... I went to move something and knocked the lamp off the locker and one of the glass panels broke I was just so flustered... I thought oh God, how am I going to do this? This is my first day and I’ve already broken a lamp...they’ll think this girl’s got no hope.

Being a Grad

Some days I think, what am I doing, I’m too old for this, too old to start learning new tricks... I am really self-conscious about my age. Sometimes I think people expect more because I’m older. They forget that I’m just a grad.

...I’m sure I look different. I looked behind me and they are all looking at me, I’m quite positive they were saying, she’s a grad, look how old she is! I know that’s what they were saying, otherwise they wouldn’t all be looking.

I’ve been on such a high... because I was living out my dream. The girls were friendly and nice to me which is a big thing for me, I find it just such a big thing if people are nice to you.

It does worry me about the medications... getting them right, I know I’m slow I’ve got to be slow because I’ve got to double check.

...I made one mistake and I was really, really down.

One day I was admitting a lady and she needed to have antibiotics and the drug nurse said can you give these, I’m running behind? I said yes... we checked them together and I gave them but I forgot to sign them...I was admitting...I was doing too much at once. It
was just terrible. Especially gentamicin of all things...I just collapsed...I just cried saying I’m so sorry, I’m so sorry, oh, what am I going to do?

I know other people make mistakes as well but it just seems worse when I do it... I’m just really worried that if I make so many mistakes I’ll suddenly realise that I can’t do the job.

There was one person that treated me really badly...one of the girls on nights, most people I have found pretty good but she was a bit unfair... I finally sat down at the desk to finish writing up my care plan she said are you nearly finished... I was so cross and frazzled that I couldn’t think of an answer. I thought about it the rest of the week... Monday night I said to her... I can’t be doing that and have my care plans finished at the same time. She just said, you spend too long on the care plans... you need to prioritise your work better. And I thought I was doing a good job...

Anyway, I got that off my chest and I had a really good night with her Monday, she picked on the others so that was a nice change.

Being a Nurse

But even with all that I just love it. People don’t understand what it’s like to have a dream and just suddenly have achieved it... it’s not suddenly but it seems like one minute I’m an enrolled nurse and then the next minute I’ve lived my dream, I’ve actually become a registered nurse.

A lot of my frustration before was lack of knowledge... I’d get people say, but you’d know about that you’re a nurse. I’d feel like saying but I’m not a real nurse, because I was only geriatric trained, I love working with elderly people but it was that frustration of being a nurse but not really a nurse. Not a nurse who knew everything.

Shifts

I don’t know that I could handle full-time work any longer than this twelve months. I find the shifts really wear me out. I’ll get through this year first... it’s harder than I realised.

...what sort of a mother am I... the whole thing working full time, shift work. I missed parent teacher interviews, I just forgot about them. We were driving past the school and I said oh there’s a lot of cars at the school and it turned out it was parent teacher interviews which I’d been given a time and I just forgot.

Turning the corner

I was high as a kite last time I spoke to you. I was just so rapt with being a registered nurse... so proud to have done it and got through it... I’ve gotten over that now and this is the reality of it... It’s just really settled, which is good... I feel sort of normal instead of off the planet.
I'm just taking things more in my stride. I've got things a bit more in perspective. Rather than being in the depths of depression if I do something wrong and really beating myself up about it. Maybe it's the fact that after six months I feel more confident in the routine of what's going on.

When I started as a registered nurse it really was insane... just the difference with suddenly having six people of your own and being solely responsible for those... I found it really confusing probably the first six weeks I just didn't know where I was. And then all of a sudden things started falling into place.

... I was just so proud to work at this hospital, it was like a castle that I could never get to and suddenly I was there... My friends would say how is it? I'd say, this is where I'm meant to be... It's just fantastic... but that's just how I felt at the time... I feel now I've got things in perspective.

The Future

It's exciting now... I don't know what's ahead... it's a bit of a worry... that fear of not knowing... You think where am I going to end up? I don't know that I could handle full-time work any longer than this twelve months.

Next year I won't be a grad. At least I'm not a student and next year I'll just be a registered nurse... I'll be just looking like everybody else... I'm feeling more confident now... I know it doesn't take much for me to lose confidence I've got to stick with people that will be kind and gentle with me.

"Celeste is the fairy of forgotten places, giving magic to the simple things around us we can so easily miss" (Young 1994, p.12).
Lucinda

Lucinda has wanted to be a nurse since work experience in year 11 and 12. She loves nursing and her enthusiasm for what she does is empowering, she never seems to stop smiling. When asked ‘what is it like to be a registered nurse?’ she replied.

*I’m loving it and I just couldn’t imagine doing anything else. I’m so happy with what I’ve chosen to do and it just feels so good. There’s nothing I would want to do other than nursing. It’s just perfect. I don’t know how you could do it if you didn’t love it.*

Being a Grad

*At first it was hard just starting out. You have to pull your weight in the team... You feel like you’ve grown up all of a sudden... you’ve got all this responsibility on you.*

*I remember waking up every hour and I thought oh no, how do I do IV antibiotics so I got my book out at three in the morning reading how to do it.*

*I remember the first drug chart it’s like... I don’t need to check this with anyone... my first panadol was so exciting to give by myself.*

*This lady left for the day... I thought... where is this woman? We had to notify all the doctors. We voice paged. I had to fill out an incident form about it. I just felt sick in my stomach. I said... I feel terrible... this patient was my responsibility. I just didn’t want to leave till I knew she was back on the ward. I just thought... if she’d died or something, that would be on my conscience forever. I thought I’d had a good day but that just wiped it. That one bad thing just wiped it.*

*You have your bad days and you make mistakes... I got a needle stick injury and I thought it was the end of my life. At first I denied it, I thought no it didn’t happen. I just felt sick and thought don’t be stupid it did happen, it was a mistake. I felt so stupid and felt like I wasn’t careful enough. It was shocking. It’s a lesson I’ve learnt that will stay with me forever... At the time I just felt like everything was over. Fortunately everything was OK... now I wear gloves.*

*We had a preceptor for three days. We asked her questions heaps a day because we didn’t know the ward. The preceptor was good... good to have that person there. You weren’t concerned because you knew you had someone there to ask... the first day without the preceptor, I was terrified. I felt so alone.*

*They give you feedback... it’s really nice to get especially more so, it’s important to get feedback from the nurses because you feel like you are pulling your weight and you’re doing your job well.*
Being a Nurse

You just feel special...you just feel like you're someone who these patients depend on... It's not just caring... it's all the decisions and everything that has to be done.

When the patients say you're doing such a good job... you nurses are all wonderful...It's really nice to get that kind of feedback. It really makes you feel like you've done your job well and that you're doing the right thing.

I've wrapped a few bodies...I'm getting really good with that now... At first I used to hate popping the plastic on their head. I'd think oh they're suffocating but I know they're not but I just feel that they can't breath. You know what it's like. You pull it over the head and I'm so careful not to squash their noses and things. It's horrible.

It's been sad... Like a few things have really got to me... On Saturday I thought I've had enough with this team approach, I'm not doing it any more. I'd done the drug round and admitted this patient from intensive care, everything was happening and I walked into this one room, and here was the daughter, her dad's in there and I don't think he had very long to go. You know how they go that motley colour? He wasn't looking really well and here was the daughter in absolute tears...I said what's wrong? ...Here was her dad lying in a wet bed and I just said that's it. I'd done the drug round and people wanted me to check things I said forget it I said I'm not, I'm busy... So I just shut the door, closed all the whole ward away from me. He hadn't been shaved for days and days so I just said just you wait outside the curtain, the bed was soaked. I sponged him from head to toe, shaved him...He hadn't had any mouth care for days and I got a big pack of swabs...Scrubbed his mouth. You should have seen all the stuff I got out. I thought oh bugger this I've had enough. This was just my priority at the moment. To see her like this and her dad lying in a wet bed who has only got hours or days to live, it's just disgusting, I thought why wasn't this done? What's going on?

...I know how I'd feel if I went in there and my dad was lying in a wet bed...his last days, she's just going to remember him lying in a wet bed, unshaven I thought no way, that's sick... I felt that was my biggest thing of the day and I felt so good that I'd done that. That he was comfortable...she was crying then because she was so happy that he looked good.

I've got a couple of face washers and hankies as presents. I've just got them in my drawer and the little notes, I keep them...when you've had a shocking day I just sit down and read and think well you know, I'm not the worst grad there has ever been I have done some good things.

Shifts

Every day at work is different. Nursing isn't 9 to 5...I just thought God, here I am, day eight. You really feel on day eight you feel like you've worked eight days.
...by night five I had to really make sure I was awake because I ended up doing the whole drug round and I thought there's no way I want to make a mistake.

Turning the Corner

...I'm just a bit more confident with things. I know a lot more and things just come a lot easier, little things...It's just all coordinated now a bit more.

Things that I used to have to write down to remind myself I just do automatically now which is nice because you always thought how am I ever going to remember to do all this.

I'm more independent... I don't need to ask, I figure it out myself... it just feels like I'm getting better. And I'm starting to feel more like a nurse than a grad now. It's really good. Like you're the grad but I feel I now a lot of the nurses; they're not treating me like a grad as such now.

I feel more confident. I know a lot more...I still write down my learning needs every shift. I've still got heaps of them...I come home and I look it up so I know... there's still so much to learn. I reckon it will take me fifty years.

The Future

Things are going good. I'd like to stay...I'm not ready to move yet. I'm just loving it and still coming out every day with something different that I didn't know. I'm feeling more confident and so much more independent from last time.

Lucinda is your special pseudonym given to you by a very proud Mum. Your family has every reason to be proud.
Simoom

Simoom has set herself challenges since moving from the country to study nursing at university she has great courage and determination and this is reflected in the way she deals with many difficult situations. Nursing was not easy for Simoom initially, as the year progressed she began to see things differently. Simoom was determined to finish her graduate year and travel. 'When asked what is it like to be a registered nurse?' Simoom replied.

It's a big adjustment for me because I've had to move. I've got to generate my new life going into a hospital that you don't know and working with people in a place that's unfamiliar. You think... I'm going to be a nurse now... for the first few days I thought what have I done? I've made the biggest mistake of my life I have no idea what I'm doing here.

I was so nervous... it was my first early... I worried myself to the point where I was sick and I had to go home. I think I was sick but I also worked myself up because I was so concerned about what I was supposed to be doing.

As a student everything is so sheltered. You're really looked after... Even though, you're encouraged over the three years to become more independent.

I've got goals and I've got to do it. The first one was to get out of my hometown, the second one was to go to Uni and third one was to live in the city for a while so I'm doing that now.

Being a Grad

I have my good days... One day I might really enjoy it but I'm not saying I love it at the moment because I don't. Sometimes I really hate getting out of bed and going but it usually works out that I have a good day because everything runs to plan. Even if things don't run to plan you can still have a good day. I think it's really satisfying when things aren't going to plan but you sort it out that's satisfying.

...it's the responsibility and it's also the enormity of tasks I'm still not sure what my job is really... what's my responsibility and what's not?

You feel stupid, you've got the pills there in your hand and you're not sure whether to give one or two. It's really nerve racking in the sense of responsibility is overwhelming.

I was caring for a man who had come in with what they call acopia... And I'm thinking what's acopia? Inability to cope... he couldn't walk properly... Wasn't looking after
himself. And the night before he was going to the hostel I was looking after him. He decided he wanted to get into bed and I wasn't there I was with another patient and he was sitting on the side of the bed, put his legs up and slipped off... He was found by a student doctor who lifted him off the ground and put him into bed and it turned out he'd broke his neck of femur (NOF). At the end of the night I went home knowing that he'd broken his NOF...I came back the next day to find him in a semi conscious state having aspirated his breakfast and yes, he died two days later from pneumonia. Pretty bad story. You feel so responsible even though...I've been through the whole thing...It could have happened to anyone.

You've got a preceptor where I am but you're not on with them every shift. It's hard when everybody else is busy...you're not there to be molly coddled or anything...you're there to work and if you ask somebody for help you're hindering their work.

We've got a preceptor but she's not that good. She's nice but she's sort of not there...every associate nurse unit manager has a grad so that's just part of their job description...it's their job to be your point of communication. They're your support if you need it.

Being a Nurse

Being a nurse.... You can't go home and switch off when your patient has fallen out of bed and broken his hip. It's really hard stuff to deal with.

It's a really heavy ward too so it's physically demanding as well...we've supposedly got a no lift policy...it's so much easier just to pick them up and get them out of bed rather than get out the lift or the slide shift or whatever.

...I was having a shocking day. They had to re-site an IV and they had a shocking time finding a vein and they put it in and I thought right I'd better pull the other one out and what did I do...Pulled the new one out ... I thought I'd just had enough...

Well there you go what it's like to be a registered nurse? It's not easy for me.

You've got to realise people die. It's really stressful in a way that I don't think many other jobs are like that. It's a job where you're dealing so intimately with people...it's the relationship you build up with people in a much different way. As a nurse you deal with people when they are at their most vulnerable and you do become attached and that's the hardest part about being a nurse I've found, breaking the attachment and I guess I'm going to have to learn how to, it's the closure.

...I rang up the registrar and I said listen this lady has no idea what's going on and neither does he...he's dying isn't he? She said yes he's terminal and there's nothing more we can do... they came down and told them and then walked out...it was my responsibility to go in there and try and just be there for them.
And I didn't even know if that was the right thing to do. I had a moment of panic and I thought God, have I done the right thing? But I thought about it and I think yes, I've done the right thing.

I actually feel sad...that's another illustration of nursing. You've got to do the really bad stuff. I felt I was the one who made her sad. She thought he was going to get better. So what's nursing? Stressful... in the process of managing your patient's stress their stress becomes yours as well... the stress cancels out your knowledge...I'm still thinking about the NOF guy and I shouldn't be doing that so that's something I've got to work on.

It's definitely hard and I sort of feel like maybe I'm not cut out for it... I've got to put the work in to finding out what I can do to maintain my sanity.

...You can't just switch off because they're people: somebody's mum or dad and you can't just stop thinking about them. I find myself planning who I'm going to shower first the next day when I get home at night.

I thought it was going to be hard in a different way... I thought it's going to be hard to shower five people every day. I thought the tasks were going to be hard but you learn tasks... it's the in between. It's very hard to learn from a book how to deal with people and how to be personable and approachable and that's the hardest part...I feel like there's a secret book somewhere and it's got everything in it and I haven't found it yet.

Being a nurse is not about tasks... you've got to be there to be their confidante. You're there for them as well... It's sort of being genuine with your patient's as well. That's part of building up your relationship with your patient, you become involved...

... a really good day... when I fixed up that man... I walked out of there feeling good but when I go through a day and feel like I've fobbed off the family and just made it OK for the patient... I think that's not a very good day...

Shift Work

It's a complete change of life... you've got to get used to the shifts... seeing your friends and your family so much less to almost never...I hate shifts so much...

Turning the Corner

I like living in the city now... I hated it... Absolutely didn't want to be there...I've made some friends at work I'm getting out a bit more... I'm a lot happier...A real turning point.

...Nursing is good for me at this stage because I can go to work and I can come home I can switch off... I was having trouble switching off though last time... It seems like a long time ago... I've taken a step back and looked at it in a practical way rather than is this what you want to do with your life... I'm trying to take the attitude that I'm working to live not living to work...
...I was comfortable changing wards... I feel a bit tentative but I still feel comfortable knowing how to look after six patients whereas four months ago I was very stressed every day.

The Future

...Four months ago I was thinking I should have done real estate instead of nursing but now I think thank God I chose nursing because I can go anywhere. If I want to work in Sydney I can work in Sydney the opportunities are endless.

...You've got to be positive about it. I've got something now. I've got my nursing and I enjoy it to a point...

I think it's a confidence builder for me because I'm a shy person by nature and timid and haven't got a lot of gusto...I want to travel so hey it's great. So I'm going to go to London and work and travel around and live where I want to and nursing is good for that. It fits into my life plan... I've got to think for now...

“All the Fairies of the wind love the wild and unpredictable life of flying with the winds Simoom loves the wind that runs across the wide-open spaces with nothing in the way. Her violin makes them whistle as they blow with freedom.” (Young 1994, p.14).
Chapter 5: Emplotment - The Story of Fable the Graduate Nurse

The final step of the process is the analysis of the four core stories to create one single story using the method of emplotment. The process of emplotment can be described as working with one or more plots or themes in the stories until the significance of the narrative is disclosed, this gives sense to the story at different levels of complexity (Emden 1998). Mishler (1986) suggests the term plot refers to the articulation of the narrative and is an important component of sequencing in narrative dialogue, as the plot becomes the structure that connects narrative to life. Polkinghorne (1988) describes emplotment as a dialectic process between the events and the themes, which disclose their significance allowing for the formation of one story. Furthermore emplotment is not a ready-made structure that is imposed on a set of events. Emplotment (plotting) is the identification of more than one plot (theme or main point) point, this allows for unique configurations to occur within the story (Polkinghorne 1988).

The process of emplotment is not governed by uniform rules and a set procedure is not specified, it is left up to the researcher to clarify their own course of action (Polkinghorne, 1988; Emden 1998). Polkinghorne (1988) points out that it is important to take into account the historical and social context of events and that without plots events would appear fragmented and separate. Furthermore, plotting occurs when events are shaped into meaningful units that produce knowledge that deepens our understanding. This final story allows the reader to gain insight into the world of being a new registered nurse as the storied nature of experience creates the possibility for us to view the lives of others (Baker and Dickelmann 1994).
The process of emplotment

Emden (1998, p. 37) points out that it is the narrative researcher's role to "grasp together" the features of people's lives and "make sense" of those events as one story. Within this study the meaningful events in the lives of Meridian, Celeste, Lucinda and Simoom have been plotted together to create the story of Fable. The meaning and identity of an event is not an isolated phenomenon located in a single situation rather the meaning is discovered by understanding how an event and the plot interact Polkinghorne (1988). Furthermore, a configuration emerges after moving back and forth comparing the plot structure with the events and then by returning to revise the plot in a dialectical sense. Polkinghorne argues that because of the abstract nature of individual stories the creation of a definite plot typology should be avoided. Rather the researcher's perspective and experience with stories combined with the interest of the discipline influences the production of the plots.

With this understanding in mind I began the analysis of the core stories. Aided by a set of coloured highlighters I identified the common themes moving backwards and forwards in order to capture the main plots. Initially this process was quite difficult but once a pattern was established the plot and the subplots began to emerge. The emplotment process took place within and across the four stories as I identified the themes within the stories tracking back and forth to discover their important features, contrasting them to see if there were commonalties across the core stories (Emden 1998). My task then became the melding together of the plots into one story, which is the culmination of the emplotment process. The unique and individual details of the participants experiences are maintained in the four core stories (see chapter 4).
The most difficult point in the employment process was deciding how to narrate a final story that would reflect the stories that were significant in the lives of all the participants. I did not want to reduce the stories to a collection of thematic data and I was aware that in one of the stories (Simoom) the plot of loving nursing was not reflected. After much deliberation I turned to the work of Barone (1992) for some functional clarity. Barone (1992) describes how to craft a story that is both honest and critical. Using a fictitious character ‘Billy’ he tells the story of all of the disadvantaged schoolboys who were part of his research and generates to the reader the thoughts, beliefs and desires of their particular lives (Barone 1992). Barone’s (1992) work is a compelling description of the experience of creating one story from many. I revisited Barone’s work as I worked to articulate the story of the graduate nurse. Using Barone’s (1992) motivating work for guidance I created the honest and critical story of Fable.

**Fable**

Fable’s story unfolds as she tells me of how she feels about nursing, the overwhelming sense of responsibility, her fear of medications and the toughness of shift work. Fable’s story tells of rich human relationships with patients, stories about death and the sadness and happiness of caring for people. She describes interactions with other staff and the support of preceptors. Fable develops from being a grad to becoming a nurse who is confident and feels trusted. During the journey of becoming Fable has some tough times and some good times. In this final story Fable reflects on nursing and what it is like to be a registered nurse.

Fable has great courage as despite life’s many and varied difficulties she completes the Bachelor of Nursing program and secures a graduate year in an acute hospital. It is here
that now challenges begin, as Fable leaves the shelter of being a student where in many ways she has been protected from the harsher realities of being a registered nurse. She now faces being part of the work force and moves into the real world of nursing.

*It's a complete change, you're part of the team, you have to pull your weight. You're not there to be mollycoddled, you feel like you have grown up all of a sudden.*

Responsibility weighed heavily on Fable in the first weeks. There was stress associated with making decisions, worrying about being responsible if things went wrong and coping with making mistakes and with the impact when things did not go according to plan. Being a registered nurse is different to being a student.

*It's really nerve racking... the responsibility is overwhelming.*

While drugs and giving medications became a competent skill, which is eventually carried out with confidence, that was not always the case.

*It does worry me the medications, I got my book out at 3am reading how to do it. I know I am slow... I've got to double check and triple check. You have got the pills in your hand you don't know whether to give one or two you feel so stupid.*

Fable has had mixed experiences working with other nurses. Some (not many) picked on her for no apparent reason other than being a graduate. There were the times when a little encouragement would have gone a long way. Some nurses did not want to acknowledge that Fable was a capable nurse with knowledge to offer. Some nurses were cruel.

*I was run off my feet and none of the nurses said you did well, they picked on my nursing care-plans... I cried that night...I was told to prioritise...I thought I had done a good job...*
However, the role of most preceptors proved to be invaluable to Fable as she was supported and helped in the early weeks. Some nurses were described as being so good they went beyond the call, others were nice but not there enough. Having a good supportive preceptor made the transition easier.

_They are your support at the beginning... you don’t always work the same shift. I asked heaps of questions, they give you feedback, and they are really supportive and come and tell you if things are not right... It’s important to get feedback._

Getting used to shift work has been really hard for Fable, full time shift work is really exhausting especially the late-early rotation and working eight or nine days in a row. Fable believes that the grads often get difficult rosters, which entail lots of weekend work. Night shift and the tiredness associated with it is a challenge. It is a big adjustment getting used to spending less time with family and friends.

_I find the shifts really wear me out, we get all the weekends and so many lates. On day eight you really feel like you have worked eight days. It’s hard._

Fable discusses with me the experiences she has had with death, individual situations that are often very sad. The emotions surrounding these situations are mixed with the sadness sometimes proving to be very stressful. Fable suggests there are not many other jobs that deal with people in such an intimate way. She believes nurses have a great impact on people’s lives.

_It’s been sad, I actually feel sad... it’s different to what I expected, and you’re dealing so intimately with people, I didn’t realise it would be such a great impact. It’s very demanding._

Despite the shift work and the difficult and sad times Fable enjoys being a nurse. It is a mixture of personal and professional pride combined with the rewards that are
embedded in nursing. It's not just a job, it is about being able to provide people with more than care. It's about being human, developing relationships, making a difference, alleviating suffering, re-empowering people and doing a good job. Fable believes there are rewards and you do have many good times. Feedback from the patients and family is a strong motivating force.

*Is more than care... It's being genuine with your patients... re-empower them... you feel so special... you become involved... you can make a difference... it's more than tasks... some people you can't make better but you can still heal them...*

When I returned to interview Fable for the second time she had been in her graduate position for six months. She described feeling like she had turned the corner, felt more confident and settled, felt part of the team, more knowledgeable and independent.

*Now I don't feel like the grad... they're not treating me as the grad anymore... everything is falling into place, I'm taking things more in my stride.*

I was surprised that Fable had settled in so quickly. Much of the stress and extremes associated with being new had dissipated. Fable found it difficult to pinpoint exactly when she began to feel more comfortable in the role. Confidence had a lot to do with feeling comfortable and Fable describes how knowing the routine, being able to look after multiple patients and being able to manage more complex situations has contributed to earning the respect of other staff. Managing to change wards and settle into a new routine quickly reinforced the confidence in her knowledge and ability.

*Four months ago I was feeling very stressed everyday. When I started it was really insane... now I can care for six patients wherever I go. I surprise myself everyday with my ability to cope.*

Fable is looking forward to her future as a registered nurse.
Next year I won't be a grad... I'll just be a registered nurse... It fits into my life plan at the moment...

As for being a nurse.

_I don't think you can put into words what it's really like._

Fable is the fairy of tale, all of the stories that are told and retold for hundreds of years come from the land of tale, this is where your imagination comes from and all your imagination goes. Everybody's imagination is different, and there are zillions of daydreams and pictures, stories and wishes to have and enjoy. You can imagine forever and ever thanks to Fable and the stories of tale (Young 1994,p.1).
Chapter 6: Reflection - The transparent journey

The focus of this research thesis is the graduate nurse and I remind myself that the purpose is not to tell my own story. However, as part of the research method it is to share some of the reflections from my personal professional journal, significant insights related to my own journey are revealed in the process. This chapter supports earlier discussion related to methodology as data collected in interpretive research is subjective and should include the perceptions and beliefs of the participants and the researcher (Burns and Grovc 1999). Koch (1998) argues that the whole research process is a reflexive one and all steps in the research process need to be seriously monitored. In order to do this I decided to keep a personal professional journal, keeping a journal has helped locate me strongly within the research environment.

This year has been a journey of discovery as I have struggled with what Goffman (1961) might describe as multiple roles as I fluctuate between being a nurse, academic and student. Holly and Cash (1996) suggest that a reflective journal may assist us to play out our multiple selves. As I try to sort the many issues that have been connected to the research experience there is profound relief that I had the discipline to write in my journal in the earlier months of the year. Writing has allowed me to capture essential experiences in order to revisit them (Street 1991). Revisiting the situation has enabled me to understand my practice world, who I am and what I want to be (Cox et al 1991). Personal knowledge can be better understood by engaging in critical self-reflection. Engaging in a critical reflexive process in practice offers profound insight into the nature of our understandings in any practice setting (Cash, Brooker, Penney, Reinbold and Strangio 1997) and may provide the link between theory and practice (Penney and
The purpose of this chapter is to provide links between my practice world and some of the theoretical challenges that I faced. In addition to my personal professional journal extracts I have offered some reflections on and in action that provide space to gain new insights. The journal starts at the beginning of the year when I began this research.

21st March.

I feel very much the novice, hence the need to journal, as I do not want to miss anything. I have a real need for this story to be the graduates and not mine...I feel in a real position of privilege as they are prepared to tell me their stories.

I tried to stick to the format ...very aware that the consent needed to be informed. The meeting with Meridian was short and fairly formal but made me think carefully about the balance of power relationships.

I had a real sense of uncertainty about what the outcome of the research would be.

I worry from time to time about the method and ask myself what will happen if there is no connection between the four stories. Meridian at this stage loves what she is doing. What will happen if one of the other participants experience the complete opposite? Will I be left with four stories that cannot be written into one?

I worried about the participants and the issue of confidentiality.

I am indebted to them for their participation...and worry that they will not gain anything in return for their trouble. Celeste was quite clear however that she thought it would be good to talk to someone that would understand her situation. This came up as I was discussing the interview and the choice to cease the interview at any time.

The responsibility of being a researcher was worrying and I often felt this novice situation frustrating.

I do not have any idea what stories the participants will choose to tell at the interview. It reinforces for me the need to be a good listener and not influence the flow in any way. I reinforced how the method supported the notion of confidentiality, which is an utmost priority. I am very aware of confidentiality because the participants are so small in number.

Juggling my multiple roles was time consuming there were not enough hours in the day.
It was when I was on holidays in April that I attempted to find a starting point to my writing. This very personal extract situates me in the research.

April 9, 1999

When I reflect back and try and pin point the exact starting point of this research project the beginning is very much dependant on how far back one looks for the start. As a nurse with a passion for clinical practice coming into the world of academia presented me with the challenge of wanting to create theory out of practice. Working with an academic colleague who had a strong clinical base helped me hang onto that passion, we worked together telling our stories from practice to demonstrate the theory. While most of the time it was okay to be practice driven being surrounded by people with higher degrees reinforced the need for me to improve my own theory. This point came up again when I was asked are you a 'nurse academic'? This question has caused a great deal of reflection...perhaps I may feel like an academic when I have finished my Masters degree. Not that I am sure about how an academic should feel as having worked in the university for the last seven years it is not a title that I have readily given myself. If people ask me what I do, I say I am a nurse and I teach nursing.

What has this then got to do with situating the research as the project is not about me but rather the graduate nurse. There is a need to acknowledge...my interest has always been the relationship between curriculum and clinical practice. As the time approached for me to embark on a research project in order to complete my Masters degree the question of how well are we preparing our graduates for the rigours of practice arise. I had the desire to find out whether we were getting it right...

The process of reflective analysis allows for the experience to be revisited to find new understanding and meanings including the truth, values and assumptions about oneself (Cox et al 1991; Penney and Warlow 1999). In addition serving to highlight any questions that arise from it.

The following extract captures the early reality of how difficult I thought this year was going to be.

13th April

I have been writing the method chapter for over a week and do not appear to be getting very far... while I was running on the beach I made a firm plan of how to survive this thesis... I need to stay very organised and disciplined... stay physically and mentally fit. ... get up early and start the day organised and try and work in the evenings. I commit
this to paper to refer to, as I know this is not going to be easy but I see it as the only way to succeed. I feel in control and better than I have felt for a long time and intend to stay this way.

That extract became a useful reflection point later in the year. Although I did not get very far with the methodology chapter, I came home with a better understanding of the interview process.

I am beginning to feel very familiar with the literature. It is important to get the interview process firmly worked out as the first interview is next week and the interview method is crucial. This leaves me with a sense of anxiety, as I do not want to blow it. I continue to ponder about how to give the participants control of the interview.

I continued to worry about the employment process. However I was very determined to get the interviews right, a priority that proved to be invaluable.

I will not be able to decide whether I can create one story from the four core stories until an in depth analysis has been completed. If the graduate’s stories have no similarities the final story may have to be told as four lives with linking themes rather than the graduate nurse story. It is important to acknowledge this at this stage prior to the interviews as I am in no way going to influence the interviews or make the core stories fit together for my own purpose. I will continue to work hard on the interview method as I want to get that right.

The first interview took place in April. Thanks must go to the experienced researchers, who suggested I have a practice run, which I did with my daughter.

22nd April

Interviewing Meridian for the first time will always stay with me as my initiation into the world of research... I decided to practice... congratulating myself on keeping my mouth shut while Emily explained school life in some detail I looked down at the recorder and realised I had pressed play instead of record.

The second and subsequent practices proved to be worthwhile as all of my recording went without any problems. This following extract demonstrates the interview method, the absence of me directing the dialogue is also reflected later in the transcripts.

While Meridian was talking I had a sense of watching myself from a distance responding appropriately. The words flowed from Meridian and there was very little I
needed to say ... I smiled and nodded. If I did say something I repeated what Meridian said or something that would not change her flow and direction. It was an amazing experience the less I said the more Meridian did. In my mind I could mentally gauge where I would normally interrupt or ask a question and I felt quite pleased I did not.

Cox (1990) suggests that reflection in action is a powerful experience. Allowing the participants to hold the floor and tell their story was a crucial part of the research method. Furthermore, situations of reflection in action become a valuable resource when recorded for further analysis (Street 1991). This extract also reinforced the impact of good listening skills.

As I struggled with the enormity of the task, I drew strength from where I live, the space and location in the bush. Cox (1996) supports this by suggesting that beauty energises the spirit and nature is often aligned with the restoration of soul and spirit providing healing.

I feel very overwhelmed at the magnitude of work that now is more of a reality. But I am determined to stay on top, I said that to myself ... as I looked out on the horizon and drew strength from the view. To look out from the top of this hill is so empowering.

Monday 3rd May

Interviewing for the second time was somewhat easier, although I still felt very tense... I was aware of the stories that had been told by Meridian and could not help listen for similarities. This made me aware of not prompting Celeste.

Reflection in action may change what one does while it is being done (Cox 1990).

There were a couple of times that were quite emotional especially when Celeste spoke of living out her dream to be a registered nurse. She told me that the only person she had confided in about this was her husband and I felt incredibly privileged.

At this stage I have no idea how I am going to relate the participants stories together. At present I will concentrate on the core stories. I have a sense of this research being all very well in theory but practice is another matter.
Using critical reflection through journalling and story telling allows for the wisdom of practice to inform the theory (Penney and Warelow 1999). On reflection the practice of creating the core stories helped inform the employment process.

*I am going to try hard in the next interview to relax and experience the situation. I still have that feeling of watching myself from a distance... as if this is not really me doing the research. The same thing happened at lunchtime as I discussed the research method... Perhaps my reflection is correct and I am living out this person that is not really me.*

Is this part of my struggle to be an academic or is this one of my multiple roles (Goffman 1961) or a performance aligned with Shakespeare’s notion of the world being a stage and the people the performers (Burns 1972).

I work hard at completing the first round of interviews. Fortunately not all the participants started their graduate year at the same time.

**Thursday 13th May**

*I have left it too long to journal following the last two interviews. Both interviews had an incredible impact on me in different ways. Lucinda spoke of loving nursing with the intensity that I could identify with. Simoom was different from the start...*

...for Simoom nursing is not easy and it cannot be described in terms of even liking it. I could identify so clearly with much of what Simoom was saying. As she described the wards and the patients I could feel and connect to the situation. I was in there walking with her, visualising the situations as if they were mine. Simoom found the interview difficult I don’t think she relaxed until the tape was off and she apologised for not being able to paint a positive picture. Once the tape was off she spoke at length about uncaring staff and then asked about me. I found myself relaxing and telling my own stories without the restriction of the tape. As I left Simoom commented it had been a real debr Brief. She had asked my advice and I gave it once we had removed the encumbrance of the interview. I could not help regretting the tape was off as Simoom told me more. But I had a real sense those things would not have been discussed in the interview. I felt really sad for Simoom that she had hit reality so soon. I find myself waiting to see if the other participants find reality or if Simoom finds the pleasure in nursing.
On reflection it was the right thing to turn off the tape. Simoom was not placed at risk and she felt better having had the opportunity to talk to someone. Had the tape been on my input may have compromised the research method by influencing the dialogue. Reflection here has helped create the opportunity to look both inwards at oneself and outward to the situation and circumstances (Boud, Keough and Walker 1985).

Midway through the year the workload is high and I lose direction.

3rd July

It is frightening to think that my last entry was the 13th of May. Reading back over my good intentions in April I can realise I have lost my way and this restart has to be a turning point now.

Fortunately I recorded an entry prior to going to a conference in New Zealand which was timely as this experience impacted on the development of some inner dilemmas about myself. This entry captures my feelings of self-doubt and despondency.

September 10, 1999

Where am I? I am creating the core stories and preparing for NZ... I am not looking forward to going. I feel I am wasting money and time... writing for NZ has helped me situate the methodology which has been a struggle...I often do not feel very academic whatever that is meant to feel like... determination has set in and I will keep going.

The second interviews were uneventful... I have enough material to finish off well. All the participants are really keen for their stories so I must get to, and return them.

In New Zealand I was very aware I needed to re-energise, the conference was motivating and my snapshot report of the research was very well received. I had an overwhelming need to climb a mountain and experience some space.

September 25th New Zealand Sitting on a Mountain Looking Down

There is nobody around, I have climbed above the skyline and no one is here. I should have bought that yellow hat. It has been an amazing few days, talking and connecting with so many people. It is so peaceful up here there is nobody but me. I am meant to be
writing my introduction. I am sitting on this mountain and down below me two parts of the lake flow into one...

I had a sense that the lake reflected my divided role of nurse and academic.

Queenstown is a turning point because I know I can finish this work in order to start another journey. Or perhaps I have already started that journey as I have become one, nurse academic and academic nurse.

I sat and reflected on the year to date.

Reflecting on the journey... It has not been easy... I began the task of getting down to the detail of discovering the philosophical underpinnings of the interpretive paradigm. The struggle between methodology and method... I realised I had embarked on a journey—one that would lead me to begin to understand the world of research, while helping me understand myself.

I used the remainder of my mountain writing to form a basis of my introduction. I leave the final description here as it belongs with my reflections.

I acknowledge the sheer beauty of Queenstown, the snow-capped peaks and breathtaking views for giving me the strength to tell the story of “what it is like to be a graduate nurse”.

In New Zealand I discovered more about myself and returned with a useful view of humour, which supported new strength and determination.

October 20th

Since returning from New Zealand I have made good progress. In a sense I have been re-energised. I am determined to finish and do a good job. Whenever panic starts to rise I turn to exercise, humour or music.

November 3

I now have feedback from the core stories Meridian loved her story especially her pseudonym. Meridian said, “it is just me it made me go back and read all my journals”. Lucinda’s reaction was similar to Meridian’s she thought it was great and wanted nothing changed. She enjoyed seeing her progress reflected and shared the story with her Mum and Dad. Simoom’s reaction was different she commented that she felt like was “waffling” and “unsure” of herself. However Simoom confirmed that was how she was feeling at the time of the first interview, she also liked her pseudonym.

I have realised that sending the stories to the participants is like sending them their personal journal to reflect on and that may be painful. When I asked Simoom was she
still liking nursing she told me she is going part time next year as she feels "consumed, burnt out, frustrated and tired".

Celeste contacted me. I had been wondering why I had not heard from her, surprised I had to ring her to prompt a reply... she got to talking about the story she explained the dilemma she had been in. When she first received the story and started reading it she thought, “I can’t read this I am embarrassed, I wanted to sound more intelligent, I couldn’t believe I had gone on about my age”. Reading it again later Celeste felt different it and said “now I realise it is just me, it is an honest version of how I felt then, I did share with you things I would not confide in to anyone else”.

I have always felt in a very privileged space with Celeste and this confirmed it even further. Celeste explained she did not ring me because she didn’t want to tell me she did not like what was written. “I would have wanted to change everything but now I feel good, it is me, I am excited. I’ve proven that I have improved, I do want it included in the research, just take out how old I actually am if it is there as I don’t want people knowing it is me”.

I reassured Celeste that if she did not want to be part of the research I could withdraw her story and still complete the thesis by writing about the issue of feeling confronted. Celeste reassured me that she wanted to stay in the research and shared with me she was looking forward to going part time in December, she said she needed a rest and was exhausted and had asked for holidays.

Holly (1984) suggests that to return to a written journal extract is often difficult and painful. Reflection is a personal experience as the focus is on the self and exposes one to scrutiny, this may create a disconcerting situation as the responses to situations may be detailed differently to how one first thought (Johns 1998). Furthermore, Johns suggests that reflection is a tool that allows the person to penetrate deep within the self to uncover the subconscious. While I am aware I am uncovering my own self through reflection, I had not considered that returning the core stories to the participants would expose them to a similar experience.

My journal has provided an inside view of the journey to date capturing valuable insights at the time that they were recorded for future reflection (Holly 1984; Street
1991; Johns 1998). Opening my journal to expose the transparency of the journey has been a confronting process. This research project has been challenging and the impact of how much I have gained is beginning to become a reality.

There are some significant gains that will sustain me in my future role as an academic nurse. I have found a space that I can inhabit in the world of academia. I ask myself how has this come about. Working with the methodology of narrative analysis has helped me come to terms with the dual role of academic and nurse as the opportunity to listen to stories have blended with the theoretical understandings of the method. This journey has allowed me to create a new image of the academic. While my image may be different from others, I consider an academic to be a reflexive person, focused on thinking and embedded in practice. Through this new understanding I have come to terms with being both a nurse and an academic, as I am a practitioner living in an academic world. The extent of this journaling to become an informative tool depends on how one chooses to use it, in this chapter my writing and reflection becomes both a source of healing and a source of enlightenment (Cash et al 1997).
Chapter 7: Revisiting the literature – Comparisons, Contrasts, Conclusions.

This chapter will facilitate a closure to this research journey although some of the challenges in this process suggest some new beginnings. The similarities between the literature and Fable’s story adds strength to the argument that the transition from student to registered nurse is not easy. While the story of Fable supports many of the issues raised in the literature the love of nursing that is reflected in the stories of Meridian, Celeste and Lucinda cannot be ignored. Therefore the differences in the stories will be compared and contrasted reconfirming the purpose of this project, which was to research and understand the participants perspective of what it is like to be a registered nurse.

Comparisons

The literature review revealed many writers (Bjork, 1995; Mozingo and Thomas, 1995; Clare, et al 1996; Kelly, 1996; Macleod Clark, et al 1997; Weber, 1993; White 1996; Jasper 1996; Alavi et al 1997; NSW Nurses Board, 1997; Walker 1998) who discuss the stress and anxiety associated with the transition from student to registered nurse. They suggest that education programs may not adequately prepare the new graduate with the skills to practice in the clinical setting. Fable found that the responsibilities associated with being a registered nurse were overwhelming and the giving of medications was particularly stressful.

the success of this as a strategy for overcoming reality shock. Yonge et al (1995), Kelly (1996) NSW Nurses Board (1997) and Grealish and Carroll (1998) point out that there are difficulties with this concept and suggest that the programs do not always meet the needs of the graduate. The level of preceptor support in this study varied between the participants. Fable found most preceptors supportive and this support made the transition process easier, especially if they worked the same shift. However, Fable found that some nurses were unkind to new graduates during a time when positive encouragement was needed most. The report from the NSW Nurses board (1997) found graduates are often treated insensitively by other nurses.

Schumacher and Mcclis (1994) and White (1996) suggest that there are a range of physical and emotional symptoms that are experienced by new graduates in the early months which may interfere with their learning. The report from the Nursing Education in Australian Universities (1994) point out that due to economic restraints it is not possible to offer new graduates a lower nurse patient ratio in the initial period. Subsequently, Yonge et al (1995) and Grealish and Carroll (1998) acknowledge that tough budget decisions resulting in the reallocation of funds have impacted on the support given to new graduates. However there were other significant findings that impacted on the new graduate in the early months that were quite different from economic issues. Fable found that the physical impact of shift work was exhausting with rosters seemingly designed to give junior staff the majority of late and weekend shifts exacerbating this problem. In addition, the emotional experiences associated with being new as well as dealing with death and sadness proved to be quite stressful at times.
Despite these difficult times Fable found that nursing was more than just a job and describes many rewarding experiences with patients. Fable found the relationships with patients to be a strong motivating force and this feeling of satisfaction is also described in the report from the NSW Nurses Board (1997). Within this report the graduates describe a feeling of 'turning the corner'. This is how Fable described her feelings when she had been in the graduate position for six months. Turning the corner was associated with feeling more confident, belonging and trust. Schumacher and Moleis (1994) suggest that when successful settling in occurs feelings of distress are replaced by a feeling of well being.

Contrasts

The relationships that connected Fable with patients helped her feel valued and sustained in the role of being a nurse. While this notion is debated by some eminent scholars it was an area that was not particularly dominant focus in the literature. Benner (1984, p. 214) highlights the “affirmative power of caring” whereas Benner and Wrubel (1989) suggest caring enables one to give and receive help. Watson (1999) takes a slightly different focus writing that nurses receive energy from being connected. Perhaps as Taylor (1993) suggests, a nurse is connected by a humanity that is greater than may be estimated and the quality of human relationships serve as a reminder of the power generated within the nurse patient relationship. Furthermore the humanness of the nurse tends to be separated from their skills and responsibilities in some scholarly discussions (Taylor 1992). This view was reflected in the initial search of the literature where the findings highlighted an absence of storied experience about the lives of new graduates. This idea that the nurse patient relationship may re-energise the nurse is beyond the
scope of this research. However, this may be an area for further research as it was apparent in three of the participants stories that a love of nursing was a sustaining force during many of the tough times. While the other participant Simoom did not share the strong connection with nursing the human contact with patients made her feel good.

The differences between the participants stories has encouraged reflection throughout the research journey as the dialogue with Meridian, Celeste and Lucinda was contrasted with the experiences of Simoom. The passion for nursing that was generated from the first three participant interviews was palpable and significant from the beginning. In the context of this research these differences have provided valuable data for further ongoing exploration. Moreover, the exploration of these contribute to the broader understandings of being a registered nurse by opening a window in the mind of the participants (Cortazzi 1993) and by presenting the experiences from the perspective of those who have lived them (Stroubert and Carpenter, 1995; Neuman 1997).

Conclusion
Using narrative analysis as a methodology situated under the broad umbrella of the interpretive paradigm I set out to listen to what the participants had to say about their lives as newly registered nurses. The interview process was an important component of the methodology and in-depth interviews became the method of the research. Fable is the product of the research and becomes a story that reflects what it is like to be a graduate nurse. The reflective chapter supports the research method as the transparency of the journey is revealed.
One can reflect on the experiences of Meridian, Celeste, Lucinda, Simoom and the collective story of Fable and ask why do nurses not always care for other nurses? We can ask why do we find uncaring practices in a profession that espouses to hold caring as a central concept? Pitman and Warelow (in press) point out that some nurses withdraw from caring and come to work and exist gaining no pleasure from their work and giving no pleasure to those working with them. We need to care for and listen to our graduates, and not set them up for failure (Alex and MacFarlane 1992). Further exploration relational to the concept of caring is required if the following questions are to be considered. Should the transition from student to registered nurse be so traumatic even in the short term? What can be done to make it less stressful? Are there changes that can be made within the university system and the practice setting that would facilitate a smoother transition?

The NSW registration board (1997) recommends improvements need to be made to a system of transition that is recognised as being somewhat inadequate. This report suggests that the quality of undergraduate clinical placements and the teaching of clinical skills in laboratory settings should be reviewed. Ferguson (1996) argues for further research into the area of clinical education and the role of the clinical teacher, suggesting the challenge is to resource clinical education programs more effectively. Fable found that the initial skill deficits were soon made up. This is consistent with the findings of Schumacher and Meleis (1994) and Clark et al (1997) however, there is sufficient anecdotal evidence from the narratives to suggest that further investigation into the area of confidence especially surrounding the complexity of giving of medications is required.
The recommendations continue with an urgent call for the improvement of programs facilitating the transition of the new graduate including staff development and the extension of the role of the clinical teacher in this area (NSW registration board 1997). While the literature and the story of Fable support these recommendations there is an absence of significant evidence to suggest that this has been successful. There are studies that provide recommendations however there is limited discourse to suggest implementation and no evidence was found to suggest successful outcomes. This absence of evidence supporting successful outcomes leads one to question ruthless budget restraints and policy driven economic rationalism. How is the Government graduate nurse program funding spent? On wages perhaps? Or on a program that aims to assist with transition into clinical practice (Department Of Human Services 1998)?

As the researcher I have crafted an honest critical story (Barone 1992) that adds to the body of knowledge surrounding the challenging and stressful nature of the transition from student to registered nurse. I have collected many rich and empowering stories that may suggest that nurses are sustained by deep and meaningful relationships with their patients and that they have a level of humanity that connects, empowers and may alleviate suffering. This shared humanity between the nurse and patient is discussed by Taylor (1992) and was articulated by Meridian, who stated “you don’t lose your humanity just because you are a nurse”.

The participants individual and collective stories have sustained and motivated me as creating the story of Fable has opened many new doors and possibilities for me as a person and as a nurse. This research provides an inside view into the worlds of four new
graduates. A view when related to the writing of other nursing scholars perhaps tells us some of the things we need to know, already know, and need to do something about. Where does one start? Should we start by looking at the system of education? Should we allow practice to bring about changes to the curriculum (Penney and Warlow 1999)? Should we include the implementation of specific programs that include stress and conflict management that reduce reality shock (Yong 1996)? Do we continue to build a well-structured problem based learning curriculum that improves transition by developing independence and initiative (Crowe 1994; Alavi et al 1997)? Do we dare suggest that the institutions who employ new graduates spend more of the allotted funding on assisting with the transition process by providing supportive programs and by lowering nurse patient ratios in the initial period?

Within my practice areas I could initiate research that explores the quality of the present undergraduate clinical program. I could work in partnership with acute care institutions to review the current preceptorship program with a view to strengthen the quality of support given to new graduates. A starting point might be the implementation of workshops for preceptors dealing with the skills of debriefing. The stresses surrounding death and sadness may be alleviated if the graduates share their concerns, as many new situations taken for granted by experienced practitioners may not be routine to the new registered nurse. When one considers the exhausting nature of shift work the challenge might be to question (we have always done it this way) whether it is necessary to continue to have rosters that place nurses (new or not) in the position of working more than five days in a row.
I could start with my own teaching and reflect on the curriculum with a focus on improving the content including skill delivery in order to strengthen the confidence of the students as they prepare to make the transition from student to registered nurse. A priority here would be attention to the administration of medications, combining a sound theoretical knowledge with the facilitation of practical experience during undergraduate clinical placements.

Like many research journeys I have ended up with as many questions as I have answers and there are many challenging issues, which provide me with direction, as I begin the next stage of my journey. However, the first step is to share the story of Fable as this will allow others to hear the voices of the four participants thus getting an inside view of what it is like to be a newly registered graduate nurse. Perhaps Fable describes it best in saying, “I don’t think you can put into words what it’s really like”.
References


Goffman, E. (1961) Role Distance from Encounters, Aldine, Chicago.


NSW Nurses Registration Board (1997) *Expectations of New Graduates in the Workforce*: Nurses Registration Board of New South Wales.


Appendices
Appendix 1

Dear Graduate,

I am a Master of Nursing Studies Student at Deakin University and I am writing to you to invite you to participate in my research thesis involving the new graduate’s experience of being a registered nurse.

I would be very grateful if you would read the attached plain language statement, which outlines the details of the study.

If you then feel you would be interested in participating please return the reply slip in the paid envelope provided, I will be in touch with you in due course.

Should you have any questions related to this study you can contact me at my workplace on 03 52 272196 or on 0352272619.

Thank you for taking the time to consider this request and I look forward to hearing from you.

Yours Sincerely

Wendy Penney RN BN

Tear Here

I ..................................................................................... (name)

I am interested in participating in the research titled "The Graduate Nurse Experience: A Narrative Analysis". My postal address for any correspondence is:

........................................................................................................
........................................................................................................
........................................................................................................

And my telephone number is:

Work ............................................. Home .............................................
Appendix 2

DEAKIN UNIVERSITY ETHICS COMMITTEE

PLAIN LANGUAGE STATEMENT

Dear Graduate,

My name is Wendy Penney. I am a registered nurse and a lecturer in nursing presently enrolled in the Master of Nursing Studies course at Deakin University Geelong. As part of my degree I am undertaking a research project under the supervision of Dr Helen Cox a Senior Lecturer with the school of nursing.

I would like to invite you to be a voluntary participant in my research. My research is titled: “The Graduate Nurse experience: A narrative analysis.” Deakin University Ethics Committee has given approval for this study to be conducted. The purpose of this study is to understand the experience of becoming a registered nurse from the new graduate’s perspective. As a lecturer in nursing in the undergraduate program I feel it is important to gain more knowledge and understanding of the experience of transition and the relationship between the education of nurses and their clinical practice.

As a voluntary participant you will be asked to participate in the following

- A brief meeting to clarify the research and gain consent

- An interview 3 months after the commencement of your new graduate position where you will be asked: What is it like to be a registered nurse? and invited to tell subsequent stories related to your role.

- An interview 6 months after the commencement of your graduate position where you will again be asked: What is it like to be a registered nurse? And invited to tell further stories related to your role after having been in the role 6 months

- A final interview where you will be given the first stage of analysis of your stories called your ‘core story’. You will be asked to read this core story and remove any material you feel is not relevant. This validates the information as an account of your experiences.
Each of the three interviews will be audiotaped and take approximately 1 to 1 ½ hours and will be conducted at a mutually convenient place where privacy will be assured.

As a voluntary participant you are free to withdraw from the study at any time, you will not be asked to reveal any information you do not wish to reveal. Strict privacy, anonymity and confidentiality will be maintained at all times and you will not be identified in anything written about the study.

All information (tapes and transcripts) collected throughout the study are locked in a safe place and only my supervisor and I will have access to them.

This work will be supervised by Dr Helen Cox, who will know about the work we are doing but not your personal details. Helen can be contacted at Deakin University on 52 272619 during work hours if you have any questions.

A copy of the completed report will be made available to you. You will be asked to sign a consent form at the first brief meeting if you agree to participate. I hope you will consider becoming part of this study and I am more than happy to discuss any questions you may have. I can be contacted at the School of Nursing Deakin University Telephone 52272196 or 52272619.

Thank you for taking the time to read this information, should you wish to participate in the study please return the reply slip in the envelope provided.

Should you have any concern about the conduct of this research project, please contact the Chair, Dr Ross King, Deakin University Ethics Sub Committee-Health and Behavioral Sciences. Telephone 0354272781.

Yours Sincerely

Wendy Penney RN.BN
Appendix 3

DEAKIN UNIVERSITY ETHICS COMMITTEE

CONSENT FORM

I, .................................................................................. of

Hereby consent to be a subject of a human research study to be undertaken by Wendy Penney entitled "The Graduate Nurse Experience: A Narrative Analysis" as part of her Master of Nursing Studies at Deakin University, Victoria. I am aware that this research is being supervised by Dr Helen Cox, who can be contacted on 52272619.

I understand that the purpose of the research is to explore the experience of being a newly registered nurse. I also understand that if I participate I will be involved in 4 interviews with Wendy Penney at a mutually agreed time and place. These interviews are as follows: A brief initial meeting for clarification and consent; two audiotaped interviews one at 3 and another at 6 months after the commencement of my graduate employment. In these interviews I will tell stories of my experiences as a registered nurse. At a fourth interview I will receive my own 'core story' for discussion. The interviews will take approximately 1 to 1 1/2 hours. I am aware that my name will not be used in presenting the data in the form of a thesis, nursing publication or conference presentation.

A copy of the final report will be provided for me by Wendy Penney.

I acknowledge that:

1. That the aims, methods, and anticipated benefits, and possible hazards of the research study have been explained to me.

2. That I voluntarily and freely give my consent to my participation in such research study.

3. That I have read the Plain Language Statement and agree to what is outlined within the statement.

4. I understand that aggregated results will be used for research purposes and may be reported in scientific journals.

5. Individual results will not be released to any person.

6. That I am free to withdraw my Consent at any time during the study, in which event my participation in the research study will immediately cease and any information obtained from me will not be used.

Signature: ........................................................................ Dato: