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The lived experience of the Western Australian graduate registered nurse who is male

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Chapter 4. The Participants

*“What am I if I am not a participant? In order to be, I
must participate”*

Antoine de Saint-Exupery

The purpose of this research study was to investigate the lived experience of the nine purposefully selected Western Australian GRNMs, from their decision to enter nursing, their journey to registration and through their first year as a RN. A large volume of data was derived from each participant; therefore each participant's lived experiences of their graduate journey was documented as an individual longitudinal case study to ensure that the uniqueness of each journey was captured. The first order inductive analysis for each case preceded the second order across cases analysis to enable participants' common themes to emerge (Smith et al., 2009). A brief introduction on each of the participants from their entry into nursing and an overview of each of their journeys was provided before the findings of the longitudinal phases were revealed.

A GRNM participant profile, using pseudonyms to protect the participants' identities, was provided to enable individual participant's nuances and their related journey to be described. Moreover, this provided the reader with the opportunity to gain an understanding behind the individual participant's perception of his own journey, which was the core to the study's chosen methodology, interpretative phenomenological analysis. Refer to Table 1: GRNM participant profile, for details on their status that included first career or second career, age on entry to nursing studies, previous employment, and whether they undertook a graduate registered nurse (GRN) program. The definition of career used for this study was “the evolving sequence of a person's work experience over time” (Arthur, Hall, & Lawrence, 1989, p. 8).

Table 1 GRNM participant profile

Participant (Number & pseudonym)	On entry to nursing		Previous employment status	Graduate program Yes/No
	Age	Career		
P1 Wes	20	2nd	Enrolled nurse	yes
P2 Connor	26	2nd	Patient care assistant	yes
P3 Jacob	27	2nd	Hospitality, Social justice	yes
P4 Oliver	23	2nd	Community support worker / Computer programmer	no
P5 Ben	23	2nd	Youth worker	yes
P6 Dean	29	2nd	Patient care assistant	yes
P7 Ryan	30	2nd	Financial analyst, Army reservist	yes
P8 James	28	2nd	Defence force	yes
P9 Wade	21	1st	Secondary school student, Part-time tennis coach	yes

Table 1 displayed the diversity within the GRNMs' backgrounds before they entered nursing. The majority of the participants had previous careers; some within the health sector such as a patient care assistant (PCA), an enrolled nurse (EN), and a community support and youth worker. While others had worked within the financial setting and the defence force; with the exception of one participant who had come straight from finishing secondary school, although he worked part-time as a tennis coach out of school hours. Their experiences outside health varied and were inclusive of but not exclusive to hospitality, marketing, retail and sales, computing and technical advisory, seafood processing and sports coaching.

Furthermore, three of the GRNM participants had already obtained previous higher degrees. These degrees included environmental science, international relations and politics, and agriculture. Another participant was part way through his music degree.

4.1 Individual participant multiple contacts

The qualitative longitudinal research approach of an IPA study permitted the gathering of dynamic richness of data from the same participant thereby enabled the changes that influenced the participant's lived experience over time to be noted (Snelgrove & Lioffi, 2013). These contacts, the face-to-face interviews and diary

entries, also provided the opportunity to probe and clarify the data from the previous contacts. Further, when unanticipated interesting issues emerged at one of the GRNM's contact, the following multiple contacts provided the opportunity to discuss the issues with the other participants. These multiple contacts with each of the GRNM's also allowed the member checking and feedback, being essential for the internal reliability to support the study's credibility (Creswell, 2013).

Caution in the use of multiple contacts with the same participant was warranted due to the possibility of ongoing emotional engagement that may potentially change the researcher-participant relationship (Snelgrove, 2014). This matter was at the forefront when conducting the interviews, and in providing the summation for each of the participants that follows where direct quotes were used to support the interpretation stance.

Participant #1: WES

Wes grew up in a mining town with ample mining job opportunities, however he proclaimed "I have always been interested in a health career for as long as I can remember, there is really nothing else I really want to do". Wes commenced the EN diploma whilst in his last year of secondary schooling knowing that this diploma would enable his transition into the RN degree. He worked as an EN full-time for eight months then went part-time for the duration of his undergraduate studies. Wes opted for a collaborative 18-month GRN program that included six months in mental health, although he was keen to remain in the acute general hospital setting. The journey to RN graduation for Wes was mostly positive. He did however at times feel that being a male in nursing had some setbacks.

Wes was excited about commencing his graduate year and felt that his EN experience would be advantageous especially with medication administration and wound management. Wes's expectation as he commenced his RN journey was to be able to fully function autonomously in a RN position by the end of his first six months. Ultimately, Wes wanted to gain RN skills first in the general wards before heading into the emergency department (ED) with his dream to eventually find permanent work in ED or work for the Royal Flying Doctor Service.

As Wes' journey unfolded he found his first three months overwhelming, especially the first three weeks. The hardest part was learning his RN role, staff members'

names and hospital policies. Wes spent the majority of this time focusing on his performance in areas related to time management and prioritising his allocated patient care as the care provision constantly required adjustments. Although he had been an EN, shift work continued to be a challenge for him, especially the late to early shifts; however he admitted this shift combination promotes patient continuity. At times he agreed to work double shifts due to staff shortages on the condition he continued to care for the same patients from his previous shift. Although he expressed that going the extra mile for patients can be joyous nonetheless, it could at times be disappointing when the patients do not acknowledge it.

Wes' preference was afternoon shift on the weekend as there was more time to enhance his therapeutic relationship with his patients. He found he could also get through his nursing tasks more efficiently thus enabling him to help other nursing staff, which in turn helped him build rapport with them. Wes also opted to relieve in other wards to gain experiences in the various fields of nursing, which he found rewarding.

From a career point of view, Wes's expectations of consolidating his knowledge and skills in his first six months as an RN were exceeded. He felt more confident working in the modified team environment with patient allocation, and in negotiating work assistance when needed. However, Wes had real issues concerning his professional identity and being taken advantage of due to his gender throughout his journey. He stated:

I really dislike being called a male nurse or even the grad as I am a RN in my own right and so should be recognised as a RN. . . Another thing that irritates me is when I keep getting asked to lift other nurses' heavy patients. . . I have my own workload to get through plus most of the other nurses are a lot bigger than me and have more muscles than I do.

Wes' rotation into mental health, even though a different field of nursing, was less stressful for Wes due to his RN experience he had gained in his first rotation, and his previous health employment as an EN. He does not regret choosing a collaborative graduate program believing the mental health experience would be beneficial for whatever nursing field he enters.

The final third rotation found Wes in the medical assessment unit where he was able to experience the urgency and critical thinking nursing care required of an emergency nurse with the benefit of being in a more controlled environment. Wes admitted it has taken him the full twelve months to be able to articulate what his RN role is and how he fits within this profession. Throughout his journey Wes did not lose sight of why he started nursing, caring for people and helping them live the best life they can and being empathic with the issues they face. He still looks forward to going to work. The future for him is to do some traveling through his nursing career and eventually work in the Royal Flying Doctor Service or a similar service.

Participant #2: CONNOR

Connor was undecided on a career path after finishing his schooling so took a PCA job. Here he gained an insight into the various health sector careers, which eventuated in him entering nursing. His journey through the undergraduate RN degree was as he put it “as good as all students would have had”, and coming from a hospital environment he was comfortable on his clinical practicums, stating “I sort of knew where to be when things happened and what I was looking for”. However, he did highlight a negative experience during this time of a comment from an RN “make the student do it . . . oh the student can do it”, where he recalls thinking, “I’m here to learn, I’m happy to do it but I’m not missing out on something more clinically I may not see again”.

Connor’s expectations as a new GRN was that he was going to be on a steep learning curve and he was excited about this prospect, as well as holding a firm belief that emergency nursing was for him. He stated, “I think that I’m very logical that’s why I’m keen to do emergency as I’m good at prioritising”. Connor recapped that he brought five years full-time experience of working in the hospital where he had the knowledge of a hospital’s general layout and the roles within the health system. He acknowledged the importance from the whole team aspect with each person having a specific role. Moreover, he stated “the hospitals can function without some people sometimes but to make it really effective you need everybody working as a team”. Further, Connor finds hospitals exciting, commenting “a place of disease it’s not, it’s where people get better, get a new start on life, its special, there’s no place like it”.

Connor found being a GRN a positive experience, with supportive colleagues and reassuring senior nurses when he made judgment errors in the early days of his graduate year, although he felt that the formal support was lacking. As time went on Connor felt more confident most of the time but realised he was still new in the scheme of things. The second half of his graduate year Connor was happy to orientate agency staff and take on a lead role with ENs and students. Further, he felt more able to escalate concerns with confidence and initiate early interventions in the best interest of his patient. By the end of his first year Connor felt competent and confident of this own decision-making, contributing to workload adjustments and promoting patient care improvement strategies. Connor concluded:

I love nursing, my last twelve months has been great, I've loved every minute of it . . . when I'm at work I'm in my element and nursing is the best fit for me even more so now that I am have a permanent RN position in emergency.

Participant #3: JACOB

Jacob with his interest in how global community members' care for each other had a degree in international politics and relations prior to commencing nursing. Initially he had thought about becoming a paramedic, however, nursing to him was a better avenue to connect with more people in need and assist them with their mental health. He stated "only had generalised idea of nursing so thought I would pick it up along the way . . . loved the undergraduate mental health practice, really did think that's what scored it for me". Hence his decision to undertake a mental health GRN program.

In his journey Jacob was not expecting to be so identifiable as a NM although he acknowledged that domination of certain professions by gender still exist today. Jacob did not have any pre-established expectations as a new GRN. From his previous experience Jacob noted that when he had tried to imagine things it never turned out that way, furthermore he expressed that he does not particularly stress out about the unknown.

The experience that he brought into nursing was the expansive interactions he has with diverse people through his community social activism where people have various ways of looking at things and different ways expressing them. Therefore,

Jacob would look for the common ground to figure out how to take on their ideas and his own in a way that is not seen as antagonistic, which he believed is a skill suited to nursing. Shift work and dealing with people as Jacob puts it “perhaps not at their full functioning level” was also not uncommon to him due to his hospitality experience.

At the beginning as a new RN Jacob would have just asked the nurse on shift coordinating what to do? However from midway through his GRN program Jacob would put forward the action he believed to be the best fit to seek confirmation on this being the way to go. Jacob believed this change was due to his ability to reflect and critically look at what's going on based on the experience he gained in the first six months of his GRN program.

Jacob’s journey through his graduate year was generally positive although excessive workloads and administrative duties caused him frustration at times when patients’ needs were not being met and his energy levels were depleted. He also found that communication pathways could be ad hoc with a lack of detail provided when changes occur. He had his challenges with other staff members with their lack of insight into the benefits of the education and in-service provided, however he took these in his stride. As Jacob progressed as a RN he developed more awareness of other people's roles with the health team and the recognised the importance of being able to connect to them.

At the end of his graduate year Jacob has found working full-time and being able to have work life balance a struggle due to his community and social justice commitments. He is planning to continue with his nursing career in mental health, be it on a part-time basis, as he takes up more community-based responsibilities when he stands as a local parliamentary candidate for his government electorate. Jacob has no regrets about choosing nursing as a career when considering his age, the time considerations and his interests, and still believes that nursing is the best fit for him. Jacob concluded:

I didn't really set many expectations when starting as a new RN, however, I did not realise that there would be so much admin work that lessens the time with the patients . . . being with the patients and building a rapport can help the patients to reshape the behaviours causing issues this is what I’m here . . . help them get the best out of their lives.

Participant #4: OLIVER

Oliver had a Certificate 111 in Aged Care and was employed as a community support worker prior to becoming a RN. Expectations as Oliver started his journey, as an RN was to gain proficiency in his new role. Oliver believed that there were a lot of job opportunities in aged care, an area of interest for him. He did not initially apply for a GRN program, as he could not find a program that was specific to aged care. However as time went on the reality of both RN jobs and places within GRN programs being very limited in the current Australian nursing workforce occurred to him after numerous applications for nursing positions proved unsuccessful for him. Oliver's graduate year journey was unique to the other GRNMs in this study, as they had successfully obtained graduate programs, although James was delayed in the commencement of his GRN program by six months. Oliver's detailed account of his personal journey to his GRN program attainment has been published in Nursing Review, an Australian newspaper dedicated to reporting important issues to nurses, refer to Appendix G.

After his relentless persistence, Oliver successfully obtained a mental health GRN program eleven months after graduating as a RN. He stated, "I am excited and happy about this opportunity but a bit disappointed it will nearly be a full year before I gain entry into this program". He went on to voice his disappointment at the lack of opportunities for GRNs who are unable to obtain entry into GRN programs or find RN positions, a career for which they have been trained. He further reiterated that there is a very unrealistic view of what new GRNs should be able to do as they enter their new career environment.

At the final interview Oliver reported that the exposure to the GRN program was rewarding and a really good experience. It has provided the interaction with patients while looking after their mental health, and hoped to combine mental health with aged care nursing in the future. Oliver felt more confident in himself but reinforced that this confidence was not about being in the GRN program that it was more about having full time nursing job with a regular income and continuous experience rather than his previous inconsistent work and ad hoc nursing exposure. Although on reflection he did admit, "the grad program has been really good, I don't know how I would have done without it . . . to be honest I would have left and gone into another

job, not nursing”. However, he no longer has thoughts about leaving nursing due to an opportunity for permanency in the aged care mental health setting.

Participant #5: BEN

Ben was a year out of secondary school not knowing what to do so volunteered for a one year stint at a Christian charity camp for school aged children. From his exposure to the Department of Child Protection (DCP) children from disadvantaged families at the camp Ben developed a keen interest in mental health; hence his decision to enter nursing and why he applied for a mental health GRN program.

The experience as a student nurse overall for Ben was good, with everybody being supportive and there had never been a huge problem, although he was surprised that the NMs to NFs ratio was so vast in the general nursing setting. Moreover, he commented at times he has been mistaken for the doctor and even asked about his gender preference where his reply was that he was a nurse and happily married.

Ben brought experience of teamwork and his interactions with the disadvantaged children from his exposure to and working with DCP children at the camp to his nursing role. Furthermore, this experience included his development in personal boundaries and privacy settings when dealing with children, and being responsible for their care within his scope.

He found the transition from youth work to general nursing different to mental health nursing. Ben stated, “I really like nursing, I like the team work aspect with a team responsibility base and I’m more comfortable in taking on responsibility through a team environment with the support of others when I need it”. Over the first six months into his RN career Ben did have some self-perceived challenging episodes due to being a male in the female dominant nursing profession. Although he continued to reiterate that he remained committed to nursing and when reflecting on his twelve months graduate year at the last interview Ben stated:

There was a period about not being sure about nursing as a good fit during the early stages with the stress of it all, but I think I made the right decision I think it has been a good thing for me, I don't know about general nursing but mental health especially have been good . . . when I think about changing I'm not thinking about changing careers I'm thinking about changing paths within mental health nursing.

Post Ben's GRN program he obtained a three-month contract extension and then was successful in obtaining a permanent RN position in mental health. On the subject of his career pathway Ben commented that he will remain in mental health as he does not believe that general nursing would suit him, although initially he had thought about nursing in the intensive care unit and emergency department had he not got into mental health.

Participant #6: DEAN

Dean worked as a patient care assistant and held a Certificate 111 in Aged Care. After which he commenced a Bachelor of Music, however with job security limited in music and working in the health industry at the time, he transferred his music degree over to nursing. This was due to the opportunities a nursing career could provide. He commented "at the end of the day I'm happy with the decision as nursing can provide a lot of variety and you can travel with it, even do postgraduate studies as well".

According to Dean, his journey had been good although at times he felt a bit on the periphery in the female dominant work environment. However, he admits that having been in this environment long enough for this dominance it not to be a real issue for him. Dean brought his experience in dealing with people, particularly the elderly from working in aged care. He felt capable in dealing with a wide range of people and able to tailor approaches to the uniqueness' of each patient. He revealed that to him "hospitals predominantly have people aged over 65 so it wasn't difficult to make the transition in terms of caring with patients as opposed to aged residents". However, he acknowledged "there is a wider variety of medical and more acute patients and its more interesting working as a nurse in this environment". Moreover Dean remarked:

Being nurse as opposed to a patient care assistant provided more enjoyment in terms of being able to interact with allied health and doctors and feel a lot more integral to the team as opposed to the limited scope as a carer.

Prior to commencing nursing Dean had thought about working with the more 'mentally challenging' patients with psychological histories but had not ruled out working in emergency. Initially, Dean just wanted a job but as he progressed

through his graduate year his thoughts changed. According to Dean, “this change was the interacting with people on a daily basis and seeing a tangible difference, what people present with to when they’re discharged became more of the focus”.

Dean, although having worked in the aged care health setting previously, initially found his transition into the new RN role challenging at times in getting to know the environment, the people, and the routines. Dean entered his new RN role with reasonable confidence in his nursing abilities from his nursing home experience, and caring for confused residents with dementia. He became more comfortable in knowing what was expected of a RN with the confidence of being able to do the shift properly and safely a third of the way into his graduate year. Midway through his first year, Dean’s confidence in working with both higher acuity patients and increased number of patients allocated to him, using a team-nursing format, and delegating tasks amongst each other according to scope of practice was consolidated. Towards the end of his first year, Dean became more focused on where to with his career and felt he had to prepare for the future. So Dean applied for and was successful in obtaining a second year GRN program in country health that included rural and remote nursing experience. He was thrilled about being able to travel and at the same time gain more RN experiences, moreover hoping that this second GRN with WA Country Health will help define the postgraduate degree he will eventually undertake.

Of note, Dean revealed that being involved in this study was interesting in so much as it promoted self-reflection as he rarely gave himself time to really think about what was happening. From this he realised that a lot of nursing skills are very transferrable in life. For example, caring included challenging self to be better in self and those he comes into contact with. Self-reflection is something that Dean admits that he will continue to do as part of his nursing improvement.

Participant #7: RYAN

Ryan’s previous career was in finance and corporate business before he started a nursing career. Initially he had thought about becoming a paramedic but after further investigation Ryan came to the conclusion that nursing seemed the ‘natural fit’. Although he alluded to nursing being ‘a woman’s job’, this did not deter him from

entering the profession. Ryan wishes to undertake a PhD at a later stage of his nursing career. In the meantime, he sees nursing providing him with the challenges and experiential learning that he enjoys.

Ryan's biggest challenge throughout his journey to RN registration was not relating to younger females so he found himself gravitating more towards the more mature aged males with common backgrounds to him. He acknowledged his natural progression was towards nurses of similar gender and life experiences but denied it was about safety and security, it is more that he enjoyed their company. Other challenges initially were nursing patients at the end stage of life as he had never been exposed to the dying patient before; being mistaken for a medical student or doctor; and being an older male student where he felt there were different expectations from health staff, which was incongruent to the learning objectives for the same level student. He recognised the challenges he faced as being part of his journey from feeling incompetent initially while he transitioned from student status to fully competent and confident general RN by the end of his GRN program. Ryan felt that nursing has been a good career transition for him.

Ryan believed that his previous experience in the army reserve was conducive to nursing as both are factual with requirements to attention to detail, discipline of self and the need for a sense of urgency for ultimate outcomes. Furthermore, during his undergraduate nursing degree he became a carer in aged care so his experience of shift work and being a carer brought realistic expectations in regards to his role in basic nursing provision and also in the prioritising of patient care. His attentive listening skills have been established through his communication with dementia residents from different backgrounds that he believed aided his ability to develop rapport and build therapeutic nurse patient relationships. Ryan also believed that being older brings learnt differences that helped with interpersonal skills and interactions with people in general. Moreover, Ryan's previous carer's experience had increased his carer empowerment knowledge in relation to the advocacy role and responsibility for patient safety. This empowerment was about the authorisation that the designated job brings. He admitted he was still working on this empowerment element in his new RN role, however as a GRN he felt that he was heading in the right direction. He remained mindful of patient safety as he progressed with learning

new skills during his graduate year. He also felt comfortable asking for help when needed.

Ryan reflected on episodes of doubting and questioning his own performance in the early stages of his GRN journey with time management remaining a never-ending challenge. He felt overwhelmed and out of his depth initially, however with supportive staff members Ryan became more confident in his performance as a RN and he began to feel part of the nursing team. There were times when dealing with challenging patients, being short-staffed and doing shift work with depleted energy he started to doubt whether this was the career for him. He found himself in a specialist area in the second half of his GRN program that opened up a technical role in a controlled cardiac catheter laboratory ‘Cath lab’ where he learnt new skills and gained new knowledge not taught at university.

Although overall Ryan’s preference is for ward nursing from the team aspect and the autonomy, but with his dislike of shift work and feeling fatigued. Ryan commented:

I feel I fit in more in the Cath lab due to the downtime where I have time to get to know the staff, and unlike the ward on my previous rotation in the Cath lab I am more able to discuss cases and have more informal education I find it exciting being in the lab seeing some of the more acute cases and being able to reflect on self and health preventable events.

Ryan is now doing further studies part-time, a diploma of science, hoping that it will lead onto a higher degree in research in the future. So the Cath lab hours works well for him while he is studying but he acknowledged that ward nursing is better for developing nursing skills. Ryan has no regrets about becoming a nurse and sees the value in having males in nursing. He also believes that increased public awareness of the roles, responsibilities and diversity within nursing would promote nursing to more men.

Participant #8: JAMES

James entered nursing after being the in defence force. He started the GRN program in orthopaedics and spinal where he learnt a lot and gained really good nursing experience. James found the staff really approachable and he believed this area was the best place to start his RN journey.

On reflection, James first started with a lack of confidence. He found getting to know the environment as well as working in a team a real challenge that took at least three to four months to overcome. The challenge was more about time management and being able handle the workload then still be able to help colleagues and thus be part of the team. He sees the value of a staff gender mix in the team that enhance staff safety when dealing with inappropriate patient behaviour and it also allows patient carer gender preferences to be accommodated.

James found with each rotation that it took nearly three months to become comfortable within the professional practice environment especially as he transitioned from a ward to a specialist area. He commented “in ED [emergency department] there was a lot of staff coming and going so it’s not the same kind of culture as a smaller ward . . . ED was fast paced”. James admitted that half way into his GRN program he definitely enjoyed ED more than the general ward and he revealed that “it is real challenging type of nursing however it can be really rewarding and the helping in that environment is a great learning experience”. Six months into his graduate year James was still enjoying nursing with no regrets, although he has found that the nursing culture to be totally different from the defence force.

However, at the final interview twelve months post commencement as a GRN, James was having negative experiences in ED. He had been put into situations that he believed was beyond that of a GRN and perceived within a culture of blame and minimal to no support nor nursing leadership had him questioning his nursing career pathway. James still enjoys the actual job helping people and stated, “I want a role where I can be respected and be allowed to do the best I can do”. Currently he is critiquing where best to use his skills for caring and helping people, in knowing and accepting that the tertiary hospital environment is not for him at this point of time. He concluded with “once I find that area in nursing I will be fine and I will be in there for the long haul”.

Participant #9: WADE

Wade was not sure what he wanted to do on completion of secondary school. It was suggested that nursing was a starting point to find his feet, to get a good job in a field

that he will have no problems finding work. Wade's interests are travelling and languages so he thought nursing would possibly be a good career for him, although he admitted he was not that passionate about nursing initially. Wade did a year of the nursing degree then deferred to travel and to rethink what he was doing, however he decided to come back and finish the other two years of his degree. Wade found it frustrating coming back into the nursing initially but admitted that from second year onwards was definitely more enjoyable than the first year. He had positive support and encouragement throughout his career. The majority of Wade's nursing journey has been good. Although, Wade revealed it was difficult at times being a male nursing student in relation to making good friendships because of nursing being a female-dominant degree. On the positive side he had a lot of encouragement from the ward nurses and really enjoyed working with other male students.

Wade had considered what he might want to do in a few years. He thought about getting into nursing management or staff development, as he believed males are encouraged to do so. He also noted that some doctors began as nurses and then moved on to medicine and thought that could be another option for him. He noticed when he was on practicum that the doctors who were nurses had a difference in their bedside manner and spent a lot of time with their patients.

Wade's previous experience was dealing with large groups of people with age variety and mix as he coached tennis outside school hours. He believed he knows how to talk and engage people and that he is able to take on different challenges as he has learnt how to engage and work around each person's barriers or obstacles concluding that he has a lot of patience too.

Wade was both excited and nervous about starting as a GRNM. He revealed, "I'm nervous as it's a new part of my life, it's the real deal, it's a full time job however at the same time I'm looking forward to it all". He considered time management to be his biggest challenge. Although Wade prefers speciality areas where he has the responsibility of one or two patients, such as intensive care or theatre recovery, he was not bothered about having a multiple patient load in challenging situations. He had experienced a busy surgical ward in his final student practicum where staff deliberately stepped back and let him handle challenging situations, then feedback that he performed well giving him a real sense what it would be like as a RN.

Wade's fourth month diary entries and his second interview midway through his GRN journey indicated that Wade had grown in confidence and was really fitting into the professional practice environment. He provided examples of challenges that he faced and how he managed his workload with proficiency and in a professional RN manner. He acknowledged that socialisation in a female dominated work environment had caused some frustration especially when he was advocating for his patients in regards to their caregiver preference.

Wade's time management and his confidence in his own ability improved towards the second half of his GRN year. He commented "there is no such thing as the perfect shift you just have to be accept things as they are and do the best you can". He was accepted as a valued team member and really enjoyed working in the team environment. Communication with other health professionals such as doctors took more time to get used to, "it just took time and just sort of me getting into the ward and my role and my confidence in challenging why things were being done or not done with my patients". Demanding and difficult patient personalities and their expectation of nursing care was a constant challenge, however one that Wade felt he handled well.

Wade revealed that he finally got comfortable in his RN role around the sixth month mark and then he was put into the second rotation and thrown into something new again, which he found was quite difficult. Moreover he commented, "it was another really sharp learning curve but I settled in much quicker than I did the first six months". Wade's second rotation was in a more technical area of theatre recovery that he preferred, although Wade stated:

It was a big change, having to talk directly to the consultants and the anaesthetist rather than going up through the interns and then the residents . . . and although it is in a more controlled area it is a critical environment that I really enjoy.

Wade admitted that when he started nursing, even on his first GRN rotation, he still was not really sure that nursing was for him or if in fact it was what he wanted to do. However, at six months in the post anaesthetic care unit, he genuinely enjoyed nursing in this area and felt that it suited him. He concluded, "I learnt how diverse nursing is and now feel more comfortable and happy about what I'm doing, can see myself travelling and nursing as my job and I know that I would quiet happily build

on my nursing”. No further contact after numerous attempts with Wade occurred. He had alluded at the last contact, the six months face-to-face interview, that his desire to travel was making him unsettled and so he was looking for opportunities to travel and use his RN qualifications at the same time, even if it meant not finishing his GRN program.

4.2 Summation

In keeping with the IPA process of focusing on the particular (specifically in this study being the individual GRNM’s lived experience), a case file was developed for each of the GRNM’s inclusive of transcribed interviews, diary entries and summation of data collected at the specified times along the GRN year. I selected a single interview transcript to critique one at a time ensuring it was read in its entirety, often having to re-read several times before moving on to interpreting how the GRNM experienced nursing, being mindful to relay his story from his perspective. At times this process was challenging as my assumptions and the urge to relate certain facets with other transcripts came to the forefront. Therefore I did a report of the overall experience, and added as much detail as I could before I made a list of themes related to the individual GRNM’s experience. In relation to the experiences, the use of narratives within this chapter ensured that the individualism of GRNM participants is not lost when considering the commonalities within this cohort.

In the multiple contacts with each participant I remained vigilant to any emotional engagement that may potentially change our researcher-participant relationship. There were occasions when a GRNM would ask my opinion on certain nursing issues where I would remind him that this study was about him and his experiences and it was his voice I wanted to capture that would then bring the discussion back on track. There were no instances where I ever felt uncomfortable within the researcher-participant relationship, or that the participant was unsafe in his practice nor in person as I have extensively experience during my career working with newly graduated and novice nurses and in research projects where I know my limitations, professional boundaries and my responsibilities. I relied heavily on the use of reflexivity after each contact and would seek discussion and guidance from my supervisors should any concerns arise.

However, as I progressed through my contacts with the participants, I gave each of the GRNM's a generalised title as they each portrayed their own unique characteristics, which at times assisted me with understanding where they were coming from in what they were or were not saying. I found Connor to be the **'logistics'** person who wanted to be challenged and to coordinate the distribution of resources such as how and where to place staff and patients for the best usage possible. Wes as the **'giver'** wanting to meet the needs of and help others where he seeks identity as he looks for acceptance, to fit in and be seen for his identity as an RN. Jacob came across as the **'humanitarian'** from all aspects of his life including his previous degree in human relations, his current social justice work in the community and his attraction to mental health. Ben as the **'nurturer'** trying to bring out the best in others with his previous youth work and now in mental health also wanting to assist persons to be the best they can. Oliver was the **'persistent'** one who never gave up in order to reach his goal of gaining full time employment at an RN as he kept knocking on doors until he finally got into a GRN program. Dean was the **'opportunist'** who was going to experience whatever came his way, to go with the flow and he was open to anything that would advance his career. James portrayed himself as the **'protector'** wanting to protect his country in his past career and now wanting to protect those whom he is responsible for from adverse health effects. Wade as the **'adventurer'** who wanted to travel and use nursing as an avenue to assist his adventures until he finally works out what he really wants to do. Ryan was the **'deep thinker'** of the GRNMs who is the knowledge seeker interested in how science can improve health so he is analytical, objective and observant and is highly intelligent wanting higher knowledge.

The GRNM participant profile and the synopsis for each of the GRNM was supplied in this chapter in order to provide a general snapshot of the individual GRNM. This snapshot maybe used in association with the experiences provided in the following results and discussions as the reader steps through this thesis to provide the complete picture for each GRNM. .