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

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Chapter 5. Commencement of the Graduate Year

The longitudinal interpretative phenomenological first phase explored why the men in this study chose to enter nursing. Moreover, the study investigated their motivation for their decision to follow this career path and report on how their journey has been so far up to the attainment of their RN qualification. This was the first of three scheduled face-to-face interviews for each of the participating GRNM at the location selected by the participant at a time and date convenient to him. Refer to Figure 11.

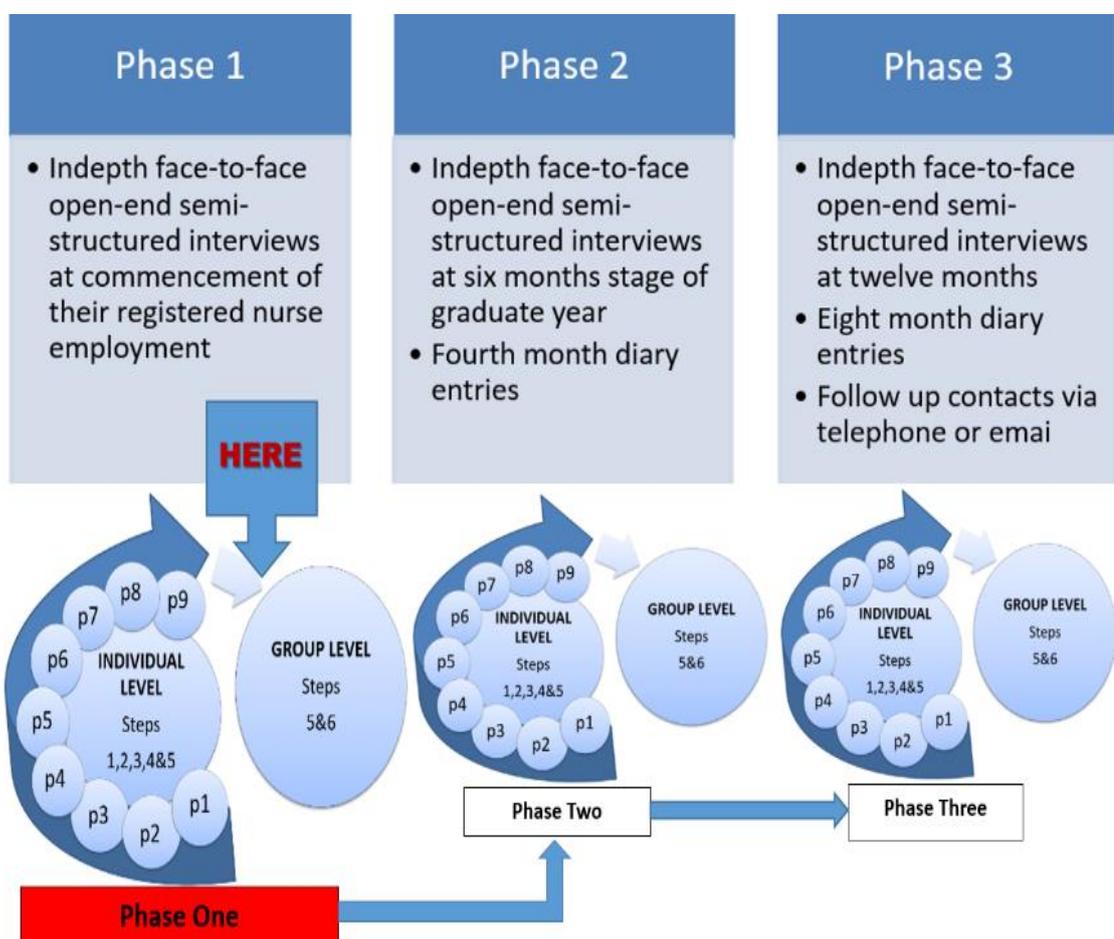


Figure 11 Flow chart Phase one

At this contact importance was placed on building a cohesive participant-researcher relationship with the emphasis on the participant as the expert of his lived experience. This initial participant contact also provided the avenue for the researcher to introduce self, outline where she is located within the study, and to clarify the research process. Further, it enabled each participant to be fully informed

of the study's requirements such as the interview schedules, diarising, and gaining consent especially highlighting his ability to withdraw at any time during the study. The research question for this particular phase was how do the GRNMs choose nursing as their career, in particular what motivates them to decide to enter the nursing profession? Being mindful that the IPA stance was for flexibility within the semi-structured interviews with open-ended questions used only as a guide and to avoid preconceived directional questions. The focus of the interviews was for the GRNMs to verbalise their experiences in detail with reiteration that this study was about their own journey. The flexible flow of the dialogue allowed for unanticipated information from the participants with probing enhancing the opportunity for the GRNMs to freely tell their own stories in their own way.

At the end of this chapter, in keeping with the idiographic style of IPA research, the summation in italics was inclusive of my reflexivity. The following findings through the use of individual narratives enabled a rich account of each GRNM's experience that then with cross case analysis assisted the common themes to evolve.

5.1 Phase one findings

The semi-structured interviews, which on average lasted about thirty-five minutes, were conducted at the GRNMs' place and time of choice. The iterative stages in the analysis process derived from the research guiding questions (Appendix B) asked at the first face-to-face interviews created the following themes.

The emergent superordinate themes were defined as 'motivators for entering nursing' and 'becoming a registered nurse (RN)' that evolved from the subordinates. Direct GRNMs quotes provided the labelling of the themes with similar retorts such as "becoming a registered nurse is the way to help people in terms of living their everyday lives" (Oliver) and "guess the motivation for entering nursing is seeing and knowing people who work in health" (Wade). Table 2 outlined the subordinate themes that eventuated from the initial categories.

Table 2 Phase 1 Master Theme: Desire to help
Superordinate and subordinate themes, categories, narrative exemplars and the overall meaning behind the GRNMs lived experiences

Superordinate	Subordinate	Categories	Narrative exemplars
Motivation to enter nursing	Significant others	<ul style="list-style-type: none"> • Influence • Support 	<p>Mum’s side they are all nurses so it seemed the way to go for me (Wes)</p> <p>My family are all health counsellors (Chris)</p> <p>Parents are both doctors, always helping others, mum was a nurse (Wade)</p> <p>My fiancé is a nurse so is a great support for me (Jacob)</p> <p>She [mother] big motivator saying ‘you can do it’, helped me financially (Wes)</p> <p>Good to have them [other RNMs] to bounce things off (Ben)</p>
Becoming a registered nurse (RN)	Career choice triggers	<ul style="list-style-type: none"> • Nurses ‘in action’ • Impressionable events 	<p>As a patient in emergency had a male nurse look after me (Chris)</p> <p>Visiting relatives in hospital you get to see what nurses do (Oliver)</p> <p>Working alongside trauma nurses and wanting to more (James)</p> <p>Assisting at accident and wanting to do more for the injured (Ryan)</p>
	Professional practice entry	<ul style="list-style-type: none"> • Expectations • Emotional stance • Initial experiences 	<p>Expect initially it will daunting until I find my feet (Ben)</p> <p>It’s going to be a huge learning curve, it’s all new (Jacob)</p> <p>I’m really excited but also really nervous at the same time (Connor)</p> <p>You feel like you haven’t done anything and know nothing (Oliver)</p> <p>It was a reality shock, realised how much I didn’t know (Wes)</p> <p>Full on, very hectic and just really intimidating (Ryan)</p>
	Gender nuances	<ul style="list-style-type: none"> • Gender stereotyping • Marginalisation 	<p>Society has a skewed view of how males fit into the nurse role (Ben)</p> <p>There’s sly remarks on the sexual orientation of men in nursing (Wes)</p> <p>Have been mistaken for the doctor as times (Dean)</p> <p>Lonely at times, you feel like you are an outsider within nursing (James)</p>
Desire to Help			overall meaning

5.1.1 Motivation to enter nursing

The superordinate theme of ‘motivation to enter nursing’ was derived from the GRNMs narratives with common retorts that informed the subordinate themes:

Bounced between different jobs...customer service jobs and sales,
nothing in health or science related, just want to help others (Oliver);
Just was not satisfied with what I was doing (Jacob);
Wanted to do something where I can make a difference (James);
Saw nurses caring for patients and thought nursing seemed like the
something I could do (Connor);
Watched my parents all my life, helping people and I knew that’s
what I wanted to do (Wade).

The two subordinate themes emerged as significant others with the categories of influence and support, and career choice triggers with the categories of nurses in actions and impressionable events brought nursing to the forefront for the GRNMs. The ordinance of the findings for these superordinate themes and the associated narratives were reported in the published research article Appendix H: The essence of helping: significant others and nurses in action draw men into nursing.

5.1.1.1 Significant others

The research article, Appendix H, emphasised significant others as the GRNMs family inclusive of immediate and extended family members. In the case for five of the GRNMs in this study the influence of significant others and support they provided was positive. Wes, Wade, Ben and Jacob had direct family links to health professionals such as nurses, doctors, allied health and psychologists, with Oliver having close family friends that are nurses. Wes stated “all my overseas aunts are nurses”, Wade added “my father is a doctor and so is mum although she was a nurse before that”, and Jacob contributed “my family are health counselling professionals”.

5.1.1.2 Male faculty influence

An unanticipated finding that emerged during these first face-to-face interviews with the GRNMs was the influence of their nurse lecturers who are male (male faculty) had on them as they journeyed towards RN registration. The GRNMs narratives were reported in a published article, Appendix I: The value of male faculty from the

perspective of newly GRNMs. Additional GRNMs comments and extension of their published narratives provided as exemplars:

I don't get embarrassed about things I ask as much when I have a male educator (Wes);

I tend to ask more questions as the male lectures know how us blokes [nurses who are male] think . . . they understand what we are asking (Dean);

They [the male lectures] don't misunderstand where us boys [male students] are coming from (Jacob);

I don't feel so alone I suppose I mean isolated and the feeling of uncertainty isn't there when the other guys [male student nurses and male faculty] are present (Ryan).

The GRNMs all agreed that having RNMs as faculty members provided them with role models to learn how to deliver empathetic nursing care was their foundation in forming their identities as men in nursing. The retort that resonated from the GRNMs was similar to the comment from James "it's good to hear how they [male faculty] see things as opposed to the female lecturers".

5.1.2 Career choice triggers

Whereas career choice triggers highlighted the impact of and the exposure to impressionable events and included nurses in action, all of which were given by the GRNMs as the reasons for entering nursing. Trigger for choosing nursing as a career for Ryan occurred whilst he provided assistance at a vehicle accident where he felt he wanted to do more for the accident victim. He commented:

I bounced over to see if I could help not quite knowing what I could really do . . . I remember thinking as I approached am I going to have to do CPR on the poor woman or do I go into the doctor's surgery nearby and get help . . . it turned out she was fine but it left me feeling I wanted to do and probably could have done more so I started thinking about becoming an ambulance driver and during the research I came across nursing which seemed to be the better choice for me.

For James, it was while he was on active defence force deployment after a request by American coalition combat support hospital to the Australian Defence Force base next door for assistance with incoming casualties. With his combat first aider experience and whilst looking after these casualties he observed the American

combat nurses in action that ignited the idea of nursing as an alternative way to help people. He recalled:

After the combat first aider course over two weeks we [the combat first aiders] are able to cannulate, give morphine, start IVs and do a lot more advanced things than civilian first aiders . . . that's what started my interest and then they [the American combat nurses] were really good . . . working hand in hand with the doctors and making lots of decisions . . . I realised just how much responsibility they had and I thought then of becoming an RN.

The other GRNMs from entry level health-related jobs had similar comments on observing nurses in action. Dean as a PCA stated "I saw what nurses did and thought I could do that". Connor as an orderly provided an example of one particular incident that had a significant impact on him:

I was an orderly and there was a patient about the same age as me . . . I remember taking him to theatre and he was freaking out and I couldn't do much for him as an orderly . . . then the nurses came in settled him down and reassured him I then thought you know I'd be good at that I really enjoy helping people.

Nurses in action also emerged from GRNMs who had been treated by nurses that fostered their interest in nursing as career. Jacob was treated by a male registered nurse in the ED when he had cut his hand on broken glass at his hospitality job and Oliver was hospitalised briefly as a child, both acknowledged observing nurses during their treatments that ignited their thoughts on becoming a RN.

5.1.3 Becoming a registered nurse

The superordinate theme of 'becoming a registered nurse' emerged from similar GRNMs narratives that also informed the subordinate themes:

Becoming an RN is my ultimate dream (Wes);
I want to become the best RN I can be (Connor);
Becoming an RN seemed like the natural progression for me (Dean);
Toyed with the idea of nursing for a long while as I am fully aware of the male stereotyping that happens (Jacob).

For this superordinate theme of becoming a RN, professional practice entry and gender nuances were the two subordinate themes that informed it. When the GRNMs were asked, "how has the journey as a male nurse been so far?" Both positive and negative experiences emerged with more positive experiences

outweighing the negatives. On the positive side all the GRNMs in this study had enjoyed studying nursing and learning the technical aspect of their skills acquisition with comments that mirrored Connor's comment of "loved the whole experience of nursing so far, loved the clinical practice and the whole identity of being a nurse". One negative retort came from Dean "it was quite frustrating for me at times, I knew a lot of the stuff having come from a health job so throughout the degree I was feeling that I should be qualified rather than as a student". Dean acknowledged that he had been an aged care PCA for nearly five years and some of what was being taught he already knew, which added to his frustration on his entry to professional practice.

5.1.3.1 Professional practice entry

Under the professional practice entry subordinate theme, the majority of the GRNMs, seven of the nine participants, were nearing the end of or commencing the second week of their GRN programs; hence narratives of the seven GRMNs on their initial experiences were elicited at their first fact-to-face interviews. For the other two GRNMs, Wade was to commence his GRN program the day after his first interview and Oliver had not managed to gain RN employment as yet, although he had an interview for an RN position two weeks post his interview. All the GRNMs spoke extensively of their expectations and how they are feeling as they embarked on their new careers.

5.1.3.1.1 Expectations

The GRNMs' expectations ranged from supportive team and welcoming environment, learning opportunities and huge learning curves to a tough year with challenges, and really not knowing what to expect as they entered the professional practice environment. Jacob revealed his expectation was for a supportive team environment with help at hand when needed and where learning is continuous. Dean commented "I anticipate that there would be additional educational in-services and self-directed learning packages to do for the GRN program and staff development RNs to guide me in my skills attainment". Wade expected that nurses will be very welcoming as he verbalised "I found the nurses during my application process and

interview to be quite welcoming and warm which I am looking forward to". Although Wade followed this comment up with:

I'm really not sure what to expect . . . I try not to think too specifically about what sort of patients I will have, I keep telling myself that each shift will be different but will probably have the same patients for subsequent days which will be good.

Ben strongly voiced with certainty that his new role of a RN was going to be challenging. Ben commented:

It's going to be a rough time finding my feet as I learn the skills in mental health such as de-escalation and directed conversations with someone having paranoid delusions . . . but by the end of the grad year I'll be as good as any other nurse I'll just be experienced completely and ready as I don't think I felt completely ready when I left uni [university].

Ryan's expectation mirrored Oliver's of gaining proficiency in the new RN role and acknowledged it would be thought-provoking and hectic. Oliver stated:

It will be pretty full on in those first few days, massive learning curve, jumping out from uni you feel like you haven't done anything and it's like jumping into the deep end . . . getting comfortable and proficient at doing the tasks, observing how things are done and knowing why their done that way and by asking questions . . . gets you to be able to critically think in terms of best practice and that's exciting but can be challenging and very emotional.

5.1.3.1.2 Emotional stance

The emotional stance captured feelings of excitement and fear with fear reported as apprehension and nervousness. Majority of the GRMNs had the combination of both fear and excitement at the same time similar to Connor's comment. Connor revealed this combination with:

I'm going to learn a lot, plus time management and joining the full-time work force is going to be a big shift . . . so apprehensive but also really excited as well, the learning curve is going to be amazing . . . can't wait to start.

This real sense of excitement about becoming an RN seeped through the other GRNMs. Excitement shown through such comments as:

I am really excited to actually be able to get going, be confident now that I've finished training and especially now that I am graduated as an official RN(Wade);

I'm so excited and happy to finally be starting as a RN (Wes);

It is a new phase it's a beginning and it's exciting, all these new opportunities all these new places to go . . . it's great having that theory and actually seeing it and doing it in practice (Ben).

There was also a sense apprehension and nervousness amongst the GRNMs as they commenced their graduate year. Wade focused on how he is going to fit in his new environment, revealed "I'm really apprehensive as a GRNM working with ward nurses who been there for a while . . . how will they respond to having new grads . . . how will they be with me". Wade commented further:

Being a RN is a new thing, no longer having the security of being a student . . . I'm uncomfortable with the unknown and know I will need to watch this procedure or ask how do I do that, etc., . . . so nervous about putting theory in practice . . . I want to impress but I know that errors and mistakes will happen, I'm so nervous about consequences of that but I tell myself that I will take every step I can to prevent those happening.

Overall, the GRNMs hoped to gain basic nursing skills with time management and prioritisation of patient care as their main focus. They wanted to understand processes and the administration role of the RN. The GRNMs all mentioned that they wanted to consolidate their nursing theory into safe nursing practice in their allocated nursing areas where they will get their initial experience.

5.1.3.1.3 Initial experience

Ryan found his initial experience as a new RN was exactly as he had expected, Ryan stated, "some pretty hard core days but most of the time you get through it . . . it was intimidating initially even though I was prepared as well as I could be". Other GRNMs comments included:

I certainly was nervous in those first few days as I found getting back into full time work bit of a shock and soon I became acutely aware of my limited knowledge" (Dean);

I knew a fraction of what was to know but I feel comfortable with that . . . mental health is quite specific in itself so from the beginning I didn't bet involved in nursing at all from the medical perspective per

se, it was the psychology and the interactions that people have part that was all new to me (Jacob).

The initial experience Ben shared was unique from the other participating GRNMs where he turned up for duty in the mental health assessment unit in his second week but was transferred to mother and baby ward for three days. Ben verbalised:

You have no idea . . . I counted every hour for those three days . . . I have never really dealt with any kind of babies and stepping on that ward as a fully qualified nurse I had to ask one of the other nurses how to pick up a baby . . . certainly found out what gender stereotyping is all about working in there.

5.1.3.2 Gender nuances

The subordinate theme of gender nuances captured the issue of the GRNMs experiences relating to gender stereotyping and marginalisation. This gender stereotyping added to the GRNMs feeling like outsiders within the nursing profession.

5.1.3.2.1 Gender stereotyping

This included patient gender preference of care provider particularly with intimate nursing care, and their image of nurses. Ben's narrative continued with:

I've been told no other male had stepped onto the mother and baby ward except the builders and one of the doctors . . . I had a pretty cold reception from all the nurses and the mothers themselves so . . . I actually felt a kind of hostility towards me for being a guy and this was actually hanging over me while I was there . . . couldn't get out of there quick enough and not something I ever want to experience again.

Ben suggested that the specific gender preference of care by patients' themselves is more prevalent in general nursing although he had experienced it in mental health in the mother and baby unit. Occasionally, he admitted he does hear "how it's good to have guys in nursing", while it is a positive comment, it also raised the point that there is that difference. Ben felt it is almost like saying, "it is good you're standing up and being different from the norm".

This inference of being different from the norm was directed to the image of nurses being female and sexual orientation of NMs. Wes, Connor, Jacob and Dean

similarly added “there is a bit of stereotyping, every now and then where I’ve been mistaken for a doctor”. Ben revealed “being asked by someone if I am gay that I quickly refuted by mentioning my wife”. Ben reinforced that he is not gay by voicing that he is married stating “she ‘my wife’ is very supportive of my nursing career”. Wade found some patients were quite surprised at a young guy starting off in nursing and he tended to get a lot of references made about the males in nursing. Further, Wade admitted these references annoyed him, even small things like at his graduation the speech made by a female graduating nurse referred to how nurses in the old days used to be called ‘sisters’. Wade stated “the guys get deterred quiet easily by knowing and hearing things like that”. Wade added that he would like to see the referring back to the old days especially the references to ‘sister’ and ‘sisterhood’ faded out and commented:

This sister thing it’s not current anymore there is a lot more guys getting into it [nursing] although guys still need to be encouraged more to do nursing but we [nurses who are male] still get marginalised which is really off putting.

5.1.3.2.1.1 A sense of marginalisation

A sense of marginalisation within the gender nuances subordinate theme was further evident from the GRNMs narratives in Appendix J: Male or nurse what comes first? Challenges men on their journey to nurse registration. This article highlighted not only the issues of gender stereotyping but marginalisation that the participants experienced as they journeyed to RN registration. Most of the GRNMs in this study reported being mistaken for a medical student and even a doctor. The GRNMs also verbalised that none of them wanted to be seen as unique or different. Further, the GRNMs supported the title of ‘nurse’ but dislike being called ‘sister’ or ‘male nurse’. Comments such as “I am not a male nurse, I am a nurse” (Connor) and “we [NMs and NFs] are all nurses and we all have to do the same job” (Wade), resonated amongst the other GRNM participants. When outside of work most of the GRNMs avoided volunteering their actual nurse title to mitigate judgment on their career choice or their sexual orientation with retorts such as “I’m a public servant” (Wes) or “I work in health” (Dean).

Marginalisation consisted of two main areas, the feeling of being the outsider within and when providing intimate nursing care. The issue of intimate care, although not seen as a major challenge by the GRNMs in this study, came into their conversations

from role misconceptions. All the GRNMs generally found that women patients prefer female staff more than male staff to provide their intimate nursing care. Jacob echoed similar comments of the other GRNMs with “it’s a person’s right to choose who provides their care . . . we as nurses are here to help make people feel comfortable in an uncomfortable situations”. Wes added “so why acerbate patients being uncomfortable because you have your own ego if there is female staff who can accommodate the patients’ wishes”. Although Ben, James and Dean mentioned that it can work both ways as there had been times for them that male patients only wanted intimate care from NMs. The GRNMs consensus was that nursing is about caring for the patients in the best possible way and if that meant readjustment to the staff allocation during a shift then they were in agreement that if at all possible the patients’ preferences should be accommodated.

When probed further on what caring meant Ben, James and Dean clarified that 'caring' for them was about “helping to meet the needs of the patients”, which consolidated the helper within aspect with the comments that followed. Comparable comments of:

Nurses are a figure of authority in providing comfort and security when a person is at their most venerable . . . caring is about patient safety and holistic nursing inclusive of patient involvement . . . being able to help them the best life they can (Ryan);
Caring is about focusing on the immediate and future health of the patient by working with and helping the patient initially through the patient’s symptoms and the reduction strategies needed whilst maintaining the patient’s dignity, and then through empowering the patient towards self-determination for their own health including who provides the care for them (Oliver).

Both Ryan and Jacob reinforced that their draw to nursing was more about the holistic caring, helping the mental and physical wellbeing of the people they interact with. Thus added to the notion that the essence behind their decisions to enter nursing as the helper within.

5.2 Desire to help

After defining the exploratory comments from the GRNMs that informed the subordinate themes of significant others and career choice a probing question “what is it about nursing that actually drew you to nursing?” elicited the two aspects of

helping, external influences and the internal factor of altruism, both underpinned in the desire to help. The essence of helping, essential in the desire to help, was the meaning derived from double hermeneutics where the researcher makes sense of the GRNM who is making sense of himself. The two aspects, the external influences on and the altruism within the GRNMs were evident from the GRNMs.

The interpretation of the meaning from the GRNMs' narratives on their individual experiences with the emergent themes represented in Figure 12: Drawn to nursing the essence of helping. This essence of helping further refined to highlight the essence of helping concept outlined in Figure 13: Essence of helping.

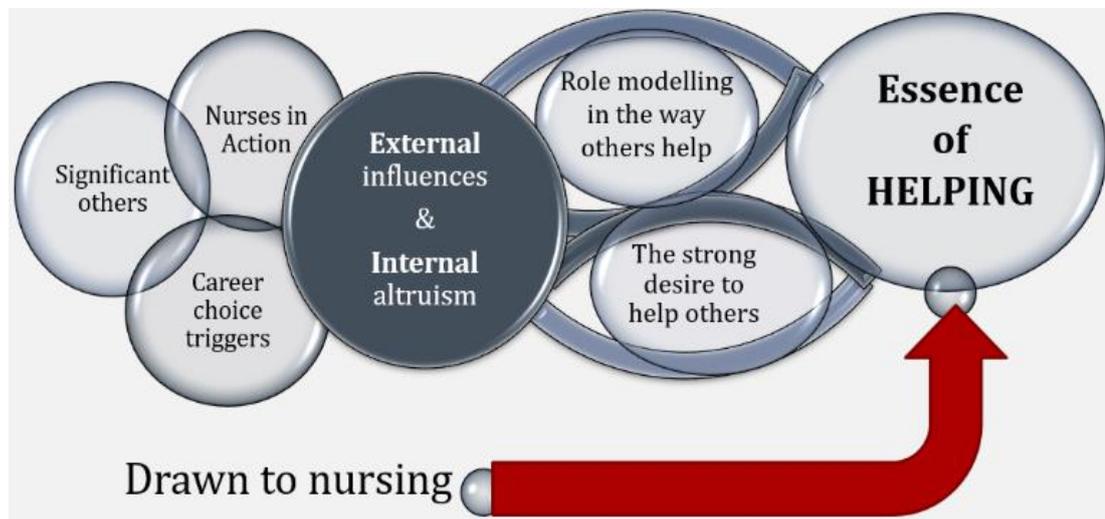


Figure 12 Drawn to nursing the essence of helping

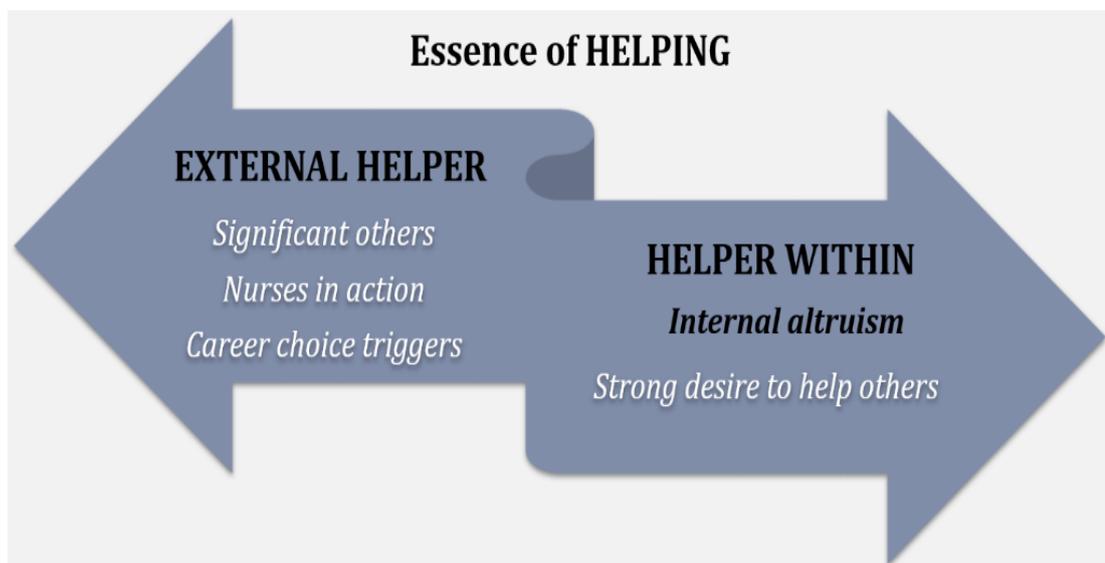


Figure 13 Essence of helping
Source: Juliff, Russell and Bulsara (2017)

The GRNMs were informed at their following contact as part of the member check process that the essence of helping was deemed the meaning behind the motivator for their interest in nursing and as their drive to enter a nursing career. All participating GRNMs agreed with this overall finding that led them to their desire to become a RN.

5.3 Summation

As I commenced the data collection for the first phase of the study I reflected on my chosen methodology, IPA, and felt confident that it was the best fit for this investigation on the lived experience of men in nursing. Moreover, the IPA process kept me focused on my interpretation of the meaning the participants gave to their experiences behind why they chose nursing as a career and what their journey was like as they entered this female-dominant profession. I was mindful that my engagement with the participants was to gather data in order to provide insight into their experiences (Silverman, 2011) and that “the quality of the information obtained during an interview is largely dependent on the interviewer” (Patton, 2002, p. 341). In this case, I as the interviewer and having many years’ experience in conducting interviews and mentoring the transition of novice nurses into the professional practice environment I was comfortable with the face-to-face interviews undertaken and my probing techniques used for clarification of their thoughts. To gain in-depth data and encourage elaboration on narratives during the interviews I used probing questions used such as how did that make you feel? What does that mean for you? Tell me more about that?

I employed active listening skills and probed spontaneously when needed. Smith and colleagues (2009) mention “the role of the interviewer as an active listener” noting that “through listening as an active co-participant . . . will often follow the concerns of the participant” (p. 64), as I did, to seek out important information. I noted both the verbal and non-verbal gestures for contextual insight. Further I used open-ended questions to encourage each participant to tell his own story whilst providing appropriate periods of silence to encourage completeness of his responses from his perspective.

Of note with the first interview conducted for Phase one, although Wes had chosen the location and time for the interview that was convenient for him, he appeared apprehensive once recording commenced, even with time being spent prior to recording with icebreakers and general conversation to enhance his comfort in this process. When I turned the digital recorder off, Wes relaxed into explaining his experiences, which was the rich data that needed to be captured. I soon learnt from this experience that when the participant recommenced with his story at the conclusion of recording, it was often to clarify something he had previously said or something he wanted to add. When this occurred with the following interviews I would ask permission to restart the digital recorder with consent to do so provided every time.

The challenges, both emotional and physical, of transiting into the professional practice environment that newly GRNs face is something that I have been exposed to in recent years due to my experience in facilitating GRN programs within health settings. I have been privileged to hear the graduates' stories and observe the environments in which they have entered and from the formal knowledge revealed in literature. Hence I believe as the researcher with the above background I am a valuable tool to critique possible topics of importance for this study and for analysing the data collected. My appreciation of their challenges and the complexity of transitioning enabled me to bring perspective to the participants' experiences that enhanced the elucidation of the nuances and subtleties of aspects of their professional practice world.

During the analysis stage I consistently revisited transcripts, readjusted the themes and subthemes to give ordnance to the process. I examined each GRNM's transcript in detail to ensure I captured its individuality, within transcript, as part of idiographic inquiry before moving on to reveal commonality, across transcripts, using extracts from within and across the GRNMs transcripts. This activity resulted in a table of super-ordinate themes for each transcript with associated sub-themes, which I repeated for each GRNM before attending to the across transcription theming. Although this part of the process was arduous and very time consuming I found my interpretation of the GRNMs making sense of their experiences rewarding and resulted in further literature searches. The extant literature emanated additional themes that resonated with the participants' experiences, again both as a

collective and on an individual GRNM basis that I will cover in the discussion section of this thesis. The data analysis supported my perceptions that men who enter nursing align with the Holland's personality trait of SAI in how they described their experiences and the reasoning behind their career choice of nursing.

An unanticipated element that emerged was their high level of enthusiasm, positivity shown for the career they had chosen and their anticipatory socialisation that elucidated from each of the participants. Although I was fearful that their anticipatory socialisation would not match their actual socialisation due to my previous experiences with newly graduated RNs. Another area was the distain for the title of male nurse that resonated with two of the GRNMs. These two areas I felt needed further attention in the next phase of the study. Therefore I found myself extending my literature search to anticipatory socialisation in relation to graduates' transition into the workforce and the title of 'male nurse' and 'sister'.

I remained mindful that IPA provides me the avenue for interpreting meaning from the GRNMs experiences. However, there is a need to ensure my assumptions and implications are clear and explicit when interpreting the data, which had me continually referring back to my field notes, their transcripts and my reflective journal, not only during the analysis stage but through this whole process to complete chapter five the commencement of the graduate year.

I am looking forward to reading the GRNMs fourth month diary entries. The information in the diaries and the hearing about their experiences in their first six month as GRNs I expect will bring forth more experiences both anticipated and unanticipated.