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

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Chapter 6. Six Months into the Graduate Year

This chapter centred on the findings of the data collected at six months contact, the halfway point of the GRNMs' journey through their graduate RN year, and was Phase two of this longitudinal study. This was the second of three scheduled face-to-face interviews for each of the participating GRNM again at the location selected by the participant at a time and date convenient to him. Refer to Figure 14.

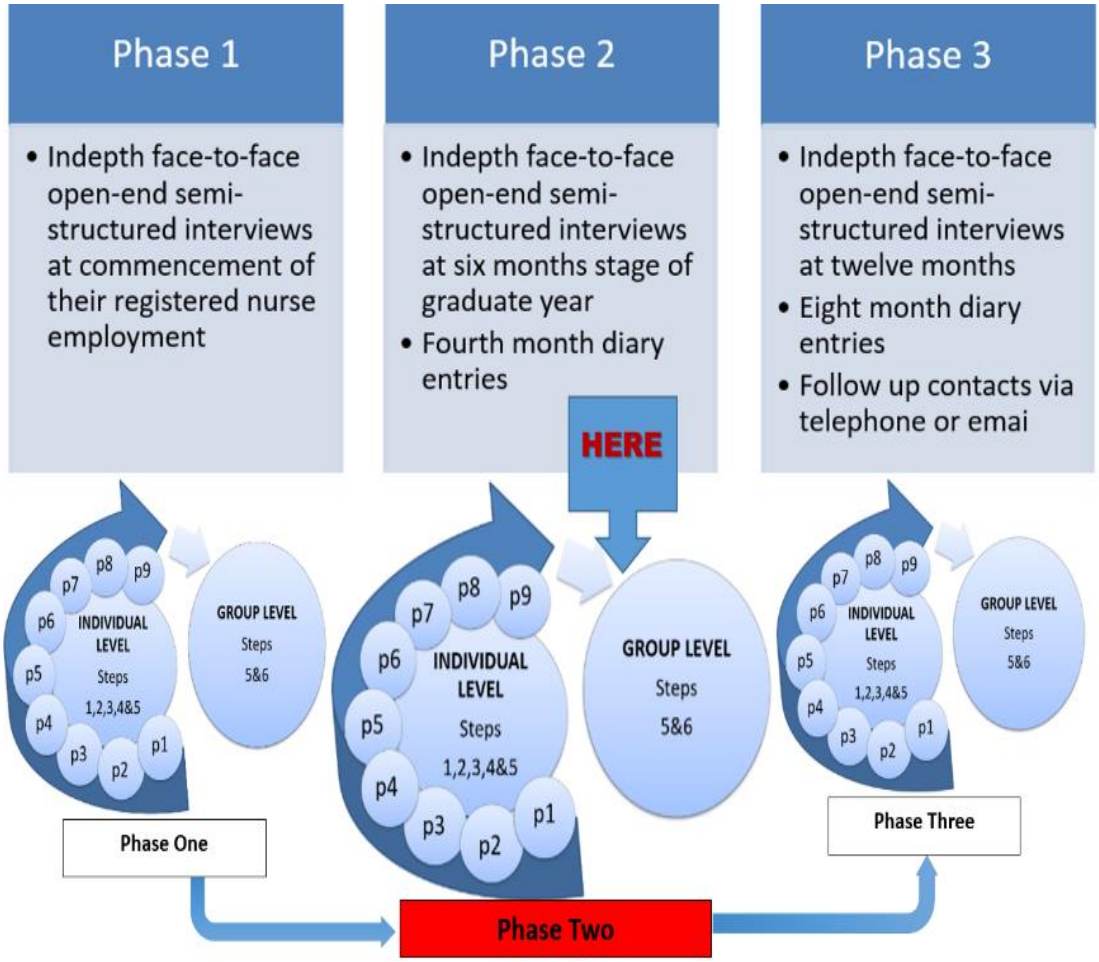

Figure 14 Flow chart Phase two

At Phase two any clarification of data received in Phase one and the GRNMs' four month diary entries were used at the second face-to-face interviews to explore further any written content that required clarification that was of interest and relevant to their journey. Two weeks prior to the second interview each GRNM received an email summation of his journey so far that included information from his first interview

and contained in his fourth month diary entries undertaken over a five-day period. Exemplar of the email sent to the GRNMs with the response received from Ryan refer to Appendix L: GRNM email and response. This journey summation provided the participating GRNM the opportunity to reflect on and clarify the information that he had provided and any unprompted information he wanted to include. Moreover, this summation provided an audit and member check for verification of the content and context accuracy of his lived experience so far. The final draft of the journal articles for publication derived from the data of the first interviews were also emailed with the journey summation for member checking and verification by the participants prior to the publications submissions, with no participant addendums received.

6.1 Phase two findings

The semi-structured interviews, which on average lasted one hour, were conducted at the GRNMs' place and time of choice. The five consecutive days of diarising by the GRNMs at their fourth month mark resulted in two plus pages of single spaced typed information from each of them. It involved nine individual GRNM interview transcripts and nine participant diaries.

6.1.1 Diary entries

These entries enabled probing questions such as "you mentioned in your diary about 'X' why was this important to you? How did this make you feel?" for the second phase interviews. The probing questions focused on clarification and expansion of the identified categories from their diaries, this included their lack of practice readiness, being overwhelmed with allocated workloads and a fear of making mistakes. The demographic descriptions are presented followed by the information that reflected on their practice skills and ability.

6.1.1.1 Demographic descriptions

The first sentence of every entry was descriptive in relation to the shift demographics that set the background for the information presented further on in the GRNMs diary entries. An exemplar of a first sentence entry describing patient allocation inclusive of patient care workload from Wes was:

> Today on the ward I had a patient load of four and the acuity of my patients was about 12 with a 4, a 3 and two 2s, can usually determine how busy of a shift I can have by the acuity number with acuity scale ranges from 1 to 4 on my ward 1 being an independent self-caring patient with nil invasive devices requiring minimal nursing care with a 4 usually a post op or someone who requires full nursing care.

Descriptions of both patients care workload and staff mix comments included:

> I began work today in the short stay unit of ED [emergency department] on an afternoon shift, a small area of fifteen beds where three nurses each have five patient beds allocated and there is one nursing lead, we have one junior RMO [resident medical officer] to oversee the department (Connor).

Whilst Dean wrote:

> Today I looked after four patients, all female in a four-bedded room, they all required schedule eight analgesia at 0800 and was fortunate to have another nurse who as a float on workers comp was an extra pair of hands for me.

6.1.1.2 Questionable skills and ability

The information later in their diary entries was more reflective on their questionable skills and ability in their new roles, in particular patient deterioration, time management and their perception of fit. The GRNMs main focus was on making errors due to their perceived lack of knowledge with similar comments reflective of Connor and Dean's:

> Made an error . . . I really felt out of my depth, just lacked the knowledge . . . by not knowing really made me question whether I can do this job and what else have I missed (Connor);
> Felt real bad today as I didn't do something that I should have but didn't know I had to (Dean).

6.1.1.2.1 Patient deterioration

Missing early signs of patient deterioration and not being confident in their advocacy role emerged for Jacob and Ryan. Comments being:

> Learn from handover that patient I nursed on the afternoon shift had collapsed overnight and had been transferred to emergency . . . this experience made me think I should have done more to advocate for my patient" (Jacob);

> One of my patients returned from a scan in bad shape, I started to question my ability as it felt weak saying he was fine when I had him, there was nothing to indicate to me that he was deteriorating (Ryan).

6.1.1.2.2 Time management

Time management likewise featured in the GRNMs diaries. Dean's comment mirrored how the GRNMs felt when they achieved their shift workload "I really came home feeling good about the shift that we got it all done when at the start of the shift it may have seemed like a daunting prospect". In contrast the GRNMs used words such as 'unnerving', 'disheartened' and 'overwhelmed' about the end of their shifts when faced with excessive workloads and their workloads were unfinished.

6.1.1.2.3 Perceptions of their fit

The majority of the GRNMs further reflected on whether they fitted in to the professional practice environment and how patients perceive them. Wes's written expression was the common retort amongst the GRNMs:

> I don't fit into the regular nursing demographic although I stand out like a sore thumb I usually can get through my shift without getting into any drama . . . it made me upset to think that all my hard work in caring for a sick patient went unnoticed until the patient in the bay next door recognised my effort than it all became irrelevant I clearly don't do nursing for praise I do it because I genuinely like to help people . . . but it [nursing] can be overwhelming at times.

A sense of being overwhelmed and confusion permeated throughout the diary entries for all the GRNMs. This confusion, sometimes even conflict, between what the GRNMs believed was their RN role within the professional practice environment and what the reality was for them leading to the GRNMs' self-doubting of their fit within the nursing profession.

6.2 Themes

The GRNMs' fourth month diary entries provided information that supported the elicited categories formed from their second phase face-to-face interviews and assisted in the creation of the second phase themes. Table 3 provided the overview of the two superordinate themes, professional practice reality and becoming a valued team member, and was inclusive of categories that informed the subordinate themes.

Table 3 Phase 2 Master theme: Helping others

Superordinate and subordinate themes, categories, narrative exemplars and the overall meaning behind the GRNMs lived experiences

Superordinate	Subordinate	Categories	Narrative exemplars
Professional practice reality	Practice ready	Unprepared • Shift work • Non-nursing duties • Dealing with patients and families • Others expectations	I didn't realise how exhausted I would be with continuous shift work (Ben) Didn't expect I would be doing so much administration work (Jacob) They don't understand what nurses do and have unrealistic expectations of us often not realising we have other patients to look after as well (Wes) Expected to work at the same level of the experienced nursing staff (James)
		Overwhelmed • Allocated workload • Time management • Performance self-doubt	Find it hard to get all the work done with the patient numbers I have (Wes) Snowed under with time management issues and worry at times whether I can deal with the job (Dean) Real doubts about doing everything well without making mistakes (Ryan)
	Job dissatisfaction	Gaining RN experience • Limited nursing leadership • Lack of collegial support	There is very limited professional guidance and leadership out there, usually no or every limited support to help you grow as an RN (Connor) With excessive workloads and being understaffed it's really difficult for other nurses to provide the collegial support I need, just get thrown into the deep end most the time (James)
		Incivility	The eye rolling and side glancing when I speak gets to me at times (Wes) I try to steer clear of all the bitchiness between the female staff (Dean)

Superordinate	Subordinate	Categories	Narrative exemplars cont.
Becoming a valued team member	*S*ocialisation	Outsider within • Professional relationships • Communication style • Patient care preference	Until we have equal ratios of men to women in the nursing, male nurses are going to be on the outer within the profession (Ryan) I have learned to be adaptable to fit in and find a place in nursing (Wade) Always watching what I say and how I say it with female nurses (Dean) Comfortable with patients voicing their preferred care provider gender and accommodate where possible as we are here to help the patients (Wes)
		Support • Debriefing and feedback • Collegial recognition • Leader role modeling	Complex care debriefings with others supports my learning (Wade) If time permits most nurses are happy providing constructive feedback (Ben) Being congratulated on great team work at the end of a busy shift (Dean) Work with some great clinical nurses who inspire me to be the best I can (Connor)
	Registered nurse (RN) role consolidation	Consolidation / self-confidence • Knowing role and responsibilities • Helper skills	At the half way mark I feel more confident in my RN role as I now have a better idea of what I am doing and what I am responsible (Jacob) Have graduate nurses ask me questions and I'm so glad I can help (Wes)
		Teamwork	Actually take my fair share of the work now and really feel part of the team (Ben)
Helping others		⟵	overall meaning

6.2.1 Professional practice reality

'Practice ready' and 'job dissatisfaction' were the subordinate themes that informed the 'professional practice reality' superordinate theme. The GRNMs professional practice reality comments provided an insight of when this reality occurred and if they were prepared for this. Reality hit them with likewise comments of:

> Reality hits in that first three months where you realise what it [nursing] is actually about, not what you might have thought it's about . . . Coming from working as a 'carer' in a nursing home, it's just chalk and cheese in terms of staff and the way things happen, it's totally different (Dean);
> A key time where you sort of think I might not be able to do it [nursing], this I found really unsettling (Wade).

Ryan, Ben and Jacob had similar comments to Connor:

> From a student to a graduate nurse is a very hectic start, it's massive and just so different . . . first couple of weeks are full on, although it's [nursing] is exactly as I thought it would be with some pretty hard core days but most of the time you get through it . . . not sure if you would ever really be ready for it.

6.2.1.1 Practice ready

Practice ready was the main focus as they entered the professional practice environment. This readiness evolved from the GRNMs annotations on being unprepared and overwhelmed.

6.2.1.1.1 Being unprepared

Unprepared ranged from the issues of shift work, directly dealing with patients and their families, large amounts of non-nursing duties and other staff members' unrealistic expectations of the graduate nurse. The majority of the GRNMs voiced being unprepared for shift work, physically and emotionally.

All the GRNMs, in particular mentioned the difficulty they had with the late early shift combination with similar commentaries of "shift work is a bit of a shock to the system . . . don't like the late and early shift combination as I find that it is really difficult on the body" (Wes). Wes, Wade, James, Connor and Dean noted this difficulty was being not able to sleep right away after the late shift before heading

back to the early shift. Wade further added "you can't really go straight to sleep as you need to unwind, so you would run on less sleep than you would normally like . . . plus working weekends also meant sacrificing my personal hobbies". Unprepared in these instances related to their difficulty in obtaining adequate sleep between shifts especially the late and early shift combination, feeling stressed and tired, and reduced access to weekend outside of work hobbies.

The GRNMs also expressed the unpreparedness of the large amount of non-nursing duties such as administration that they faced as a RN. Similar comments to Wes and Wade's emerged such as "there is a lot of admin tasks with lots of admissions and discharges with heaps of paperwork needing to be done". Jacob stated "the biggest thing is getting my head around all the administrative tasks that need doing, what form needs to be done by when". Jacob further voiced "a growing frustration I'm feeling in that my interactions with patients are generally limited by other administrative tasks on the ward like doing notes, making calls and routine checks". Moreover, Dean found he was not prepared for dealing with patients and their families' expectations of his role and what they expected from the hospital. Dean remarked:

> A lot of patients just have different ideas about what services they should receive in hospital . . . a big issue I found is a lot of people have the idea my time is devoted in a sense to them alone, that they are the only patient I have to care for.

James, Oliver and Dean further indicated of being unprepared for the unrealistic expectations that other staff appeared to have of the GNs. They mirrored Ryan's comment, "there are quite high expectations of a grad [graduate RN] which are unrealistic . . . you're expected to do the same level of work as that of someone who has had five years' experience can do".

6.2.1.1.2 Being overwhelmed

Being overwhelmed brought up the issues around the GRNMs time management, allocated workloads, orientation to the RN role and their new environment, and performance self-doubt. Time management and allocated workloads dominated this category. Oliver volunteered "found it difficult to get all the tasks done in time because of my lack of experience". Wade contributed "time management is a huge

stress", and Wes with "still struggle with time management . . . it can be so overwhelming at times". Overwhelming was also present in Ben's statement "we, the grads only have limited amount of experience and then we are thrown the challenge of having a very violent and very manipulative 'mentally challenged' patient it becomes a bit overwhelming". Ryan added "it took til around the fourth month before I felt I could handle four patients without freaking out or needing to ask for help". Moreover, Dean augmented the common voice of the GRNMs with "its prioritising what needs to be done, when it needs to be done, getting it done and doing a handover on time".

Prioritising patient care with time constraints surfaced in Ryan's comment "don't have enough time to do a lot of things so tend to drop off the ones which are less relevant to patient safety and their [patients] comfort". Whereas, frustration featured in Jacob's retorted "workload priority that's been really frustrating but part of that is also me managing my time better and being aware that you can also do things in instalments". Other GRNMs added:

> It is a sink or swim environment, you just get chucked into the deep end . . . a task is set and it couldn't be met in the time they want . . . and it gets all too much unfortunately but that's how it is (Dean);
> Limited orientation is like being thrown to the wolfs with the huge amount of e-learning packages and airway training that needed to be done with no time to really get your head around it all (Connor).

Orientation to the RN role and their new environment was an added factor that all the GRNMs reported impacted on their time management, with such comments as "getting used to a new job environment and assimilating to a new ward and getting to know the routines is massive" (Wade); and "there is still probably things we [the new graduate RNs] don't know because we haven't been told" (Jacob). Wes remarked:

> The hardest part was not so much the nursing skills to learn. It was learning what everybody did and the hospital policies . . . knowing what the hospital staff want you to do, like the admissions and discharges, was really hard for me to begin with . . . doubting whether I would ever get a handle on it.

Performance self-doubt was expressed by the majority of the GRNMs in relation to time management with commentaries that reflected Ryan's, "being overwhelmed with self-doubt of your performance because you don't like to handover things you haven't done or haven't completed, makes you feel bad . . . just wanting to do

everything well and not make mistakes". Not making mistakes in their performance was a major concern for all the GRNMs, where they emphasised that making mistakes led to their job frustration and dissatisfaction.

6.2.1.2 Job dissatisfaction

Job dissatisfaction related to their perceived lack of support within the professional practice environment. This lack of support, in particular, the lack of collegial support in the presence of limited nursing leadership and incivility, the GRNMs perceived inhibited their gaining of RN experience needed for their development.

6.2.1.2.1 Gaining registered nurse experience

On further probing, it was reported that unclear directions and inadequate education opportunities when trying to gain their RN experience had the greatest impact on the GRNMs. A common response amongst the GRNMs were comments similar to Connor's:

> As a graduate I feel as though I am constantly knowing the basics of what I am doing very well, but then have massive gaps in knowledge which I don't know I have until an error occurs . . . I feel as though if there was basic teaching and more education or mentorship with preceptors and nurse leaders giving me clearer directions I would have more learning and I would avoid learning through errors and recognise these before an incident.

Ben contributed further to this to lack of access to professional knowledge and support with "I've never really gone to my clinical educators because they're so busy and so hard to access". Moreover, Jacob concurred with Connor and Ben about the feeling of isolation due to lack of support with the following:

> Being shell shocked in the first three months mainly due to formal support not being there . . . thought there would be more teaching and mentoring and coaching support than there was . . . initially had clinical coaches who went through orientation checklists but due to high workloads they were often used elsewhere . . . at times left feeling isolated due to lack of support.

James and Ryan perceived that the lack of support was most likely the result of low morale amongst the nursing colleagues and being understaffed. Although they both

stressed that the real issue was the lack of nursing leadership that hindered them in gaining RN experiences.

6.2.1.2.2 Limited nursing leadership

Limited nursing leadership, as voiced by the GRNMs, ranged from no visible nursing support, minimal to no collegial caring behaviour within the workplace, difficulty in accessing graduate programs and dearth RN jobs for graduating RNs. The accessing a graduate program issue for James was having to wait six months to commence his GN program and for Oliver was having difficulty in actually gaining a RN job. They both reiterated that these factors had an impact on them gaining timely RN experience further added to their lack of self-confidence. James revealed as the months went on after graduating he became more nervous about commencing as a new GRN and was not sure how it would go for him. He recapped on his lack of confidence, "with the responsibility of having a patient load on my own was definitely a big factor coupled with the medications ensuring not to make an error, etc." This lack of confidence intensified as he neared his entry into the GN program with doubts about his ability to perform as a RN and not meeting the team's expectations of him in his new role. James stated, "I feared not holding up in my end when it came to being in a team environment".

Initially Oliver did not apply for a GN program, as he could not find one that was specific to aged care, the area he believed was his best fit. The next few months proved very challenging as Oliver continued to get rejection after rejection on his nursing job applications. His frustration was highlighted when he commented "they kept saying I needed more experience, this coming from both the acute and aged care jobs I applied for, but how can I get the experience if I can't get jobs in the first place?" Finally four months into his first year post RN graduation, Oliver started working in a small private aged care facility as the casual RN. On his first day, he felt overwhelmed and overloaded with the duties he was tasked with. As the shift progressed, he found himself getting faster and becoming more confident. Oliver stated:

> I just needed to find my way around the ward and get my head around what I was expected to do . . . it's not only because of my limited experience it's mainly due to the lack of support . . . no one there to

> ask how things work, etc., and really hard when I was the only RN on duty, it's so stressful.

The following shifts that were a few days apart and proved to be no better with two residents requiring hospitalisation taking up substantial amount of Oliver's time. As a consequence some uncompleted duties were handed over to the staff on the following shift. As a result of uncompleted work and with no consideration to Oliver's overall workload and his novice status, he was not given any further shifts. Oliver stated, "I was not alone in this situation as other graduates had faced the same fate". He further commented on his disappointment in terms of leadership and the lack of support he received with:

> I felt really let down by the nursing profession and really disappointed, feeling very disillusioned, there's no visible leadership in nursing from what I have experienced so far . . . I am rethinking my career and if I should look for something else outside of nursing where there is support as you learn.

6.2.1.2.3 Lack of collegial support

A sense of a lack of support reverberated throughout the GRNMs narratives during the interviews. Connor's comment provided a summary of their collective views:

> Definitely being thrown into the deep end with very minimum and at times no support . . . from a graduate perspective, you become very good at asking questions and we definitely ask because otherwise we wouldn't be told…the only times that there is sort of learning, building knowledge, is either as it's all happening organically or we're making mistakes and then we're learning big lessons from those . . . I don't know that I don't know until something happens.

Added to GRNMs job dissatisfaction was the overall work stress that occurred within their professional-practice environment. This work stress was heightened when allocated complex patient care with no or minimal collegial support provided. The majority of the GRNMs had experienced such situations. Exemplars included:

> I had never felt so alone and unsupported when I walked into my allocated room where I was confronted with two patients who required care beyond my level, so I did the best I could with what knowledge I had as I had no one to ask for advice or check with…I felt like running away but I knew I couldn't as I needed to care for them [the allocated patients] as I was told there was no one else as half the staff were off sick and there was no agency nurses available. .

> I went home that night thinking I can't keep doing this then went to work the next ready to quit but this day proved to be better (Wade);
> I had the shift from hell, the department was overflowing with really sick patients and staff were being pulled all over the place, I started with four allocated patients that grew to nine I felt so out of my depth with the sheer volume of patients I had no one to seek advice from . . . on the one occasion I sought clarification I was dismissed abruptly and told just work it out yourself (James);
> Confronted with a really busy shift and got a lot more patients then I usually had on shift I was left on my own and when I escalated my concerns repeatedly about one of my patient's deterioration I was ignored and not supported by the clinical nurse . . . I was so stressed by the time the next shift arrived when finally my concerns were taken seriously (Wes).

6.2.1.2.4 Incivility

This work stress often presents as incivility with most of the GRNMs having observed incivility within the workplace. They emphasised that incivility was usually between the 'girls' [NFs]. Ryan, Jacob, and Wade, concurred with Dean's comment, "female nurses tend to leave us blokes alone as they know we don't take their stuff on . . . blokes just have it out with each other, tend to be upfront and then get on with it [nursing]". Although Wes mentioned that at times he has had the eye rolling and side glancing between less qualified female staff when he delegated. He added, "I find the eye rolling behaviour so disrespectful as I am a registered nurse in my own right and it is my role to delegate patient care when I am the lead within the team". Connor suggested it can be seen as bullying however for him and other GRMNs (Dean, Jacob, Wes, Ben and Wade) actually preferred to call this behaviour incivility. They named this incivility as rudeness, shouting at and berating others, unjust workloads, inappropriate patient allocations, unfavourable rostering, and even individual staff member exclusion coming from within the various levels of nursing personnel. James reiterated a similar comment congruent amongst the GRNMs with:

> Nursing has the reputation of eating our young . . . had to learn that it wasn't a personal thing . . . realised that they [the older nurses] always talk to people like that but it's not good for team work or the patients really . . . that's a big thing [incivility] I have had to adapt to . . .
> Although lateral violence is an issue in nursing, men don't sweat the small stuff and when people behaviour unprofessionally it tends to stop in the presence of a guy, as most guys don't make a big deal

about it and don't want to know about it . . . just want to be part of a supportive team, a valued member.

6.2.2 Becoming a valued team member

The subordinate themes that informed the 'becoming a valued team member' superordinate theme were 'socialisation' and 'RN role consolidation'. The thread of time management became apparent as the connector for both the subordinate themes as time management was deemed by all the GRNMs as essential in their RN roles to accomplish their teamwork status. Other GRNMs had likewise comments to James, "I've been there nearly three months now and it has taken me until now to become comfortable in what I'm doing and to feel like I'm part of the team". Wade added "at the end of three months maybe the fourth I had mastered my time management where I could handle my side of things and then still help someone else that's when you really become part of the team".

6.2.2.1 Socialisation

When asked how they saw socialisation, the GRNMs expressed it as their 'fit', in other words, their acceptance into the professional practice environment. They found the help from others such as recent former graduates enhanced their 'fit' within the professional practice environment. Most the participating GRMNs concurred with Ryan's statement "it was former grads themselves that ensure I am included in the team as they know what it's like when you first start". Their socialisation further involved their acceptance of the outsider within status and the need for communication style adjustments being a male within a female-dominant workforce. Support, in the form of debriefing and constructive feedback and collegial recognition and leader role modelling, was also deemed importance in their socialisation process.

6.2.2.1.1 Outsider within

Outsider within. On further discussion about their 'fit' the GRNMs iterated it was their learning to accept that they are and will remain the outsider within the nursing profession. Although the outsider within the nursing profession was touched on under gender stereotyping. As the GRNMs progressed into their graduate year, this

‘outsider within’ became more about building their professional relationships within the professional practice environment and establishing their communication style with their peers and other health professionals. Majority of the GRNMs commented likewise to Jacob’s “I will always be the outsider in nursing as it is full on female dominant and that’s fine as it is what it is”. James added:

> Nursing is much different to my last career because my last career was male dominated where my colleagues were roughly about the same age . . . it can feel a bit lonely at times but that’s how it is in nursing . . . just have to learn to adapt and try to fit in the best you can.

Being adaptable to fit the professional practice environment and form work relationships was a collective response amongst the GRNMs. Representative of GRNMs comments being Connor’s with, “I had to be adaptable to fit in . . . to be one of the ‘girls’ [NFs] which I’m ok with as it’s the nature of being a male in a female dominant job”.

Both Ryan and Dean further added that it had taken a good few months but now they had more awareness of other people’s roles and the importance of being aware of that when interacting with other health professionals. The GRNMs uncertainty initially when interacting with doctors and senior staff was a common thread within their interviews. Wade’s comment being reflective of the GRNMs, “to interrupt a group of doctors when needing a patient reviewed urgently was a big thing in the beginning, the first few months anyway, but now much happier to just jump in and ask”.

6.2.2.1.2 Communication style adjustments

Communication style adjustments, more so when communicating with female colleagues, resonated with the majority of the GRMNs. According to the GRNMs these adjustments pertained to the way they spoke as males and their mannerisms, and the behavioural and social modifications they felt they needed to make when working in a female dominated profession. Similar comments from Jacob, Wes and Ben of “being a male within nursing you just have to watch your Ps and Qs [mind your language and manner] around female colleagues” surfaced. Whereas, Wade’s

focus was more on his confidence in using an appropriate communication approach when he conversed with female colleagues. Wade commented:

> It took some time to get my confidence up to be able to contribute to conversation being the only male in the group as I didn't want to be seen as too needy or too sure of myself or be taken the wrong way.

In contrast being more relaxed when working with other NMs was a recurring element common amongst the GRNMs. Comments included:

> More relaxed now as there is more male nurses on the ward (Dean); Able to have some good banter and a few jokes amongst us blokes especially when really busy, just makes the shift more bearable (Ben); Being one of a few guys [nurses who are male] and when we end up on the same side of the ward it can be a fun day as you tend to ask each other more questions and get to know each other so when you get to work together it's great (James).

Being misunderstood by those these GRNMs came into contact with in their professional practice environment was also something they spoke about. Wes summed this up with "being a bloke it's really hard forming work relationships just knowing how to act, not be misunderstood by patients and colleagues because of something I said or way I said it . . . I'm always double checking myself".

On probing the GRMNs further on their professional relationships with patients, the GRNMs discussed respecting patient care preference and the building of therapeutic nurse patient relationships when the nurse is a male. GRMNs responses in relation to patients' preference for a NF included:

> When I have felt uncomfortable or the patient has given signs of being uncomfortable about me providing nursing care I have asked to be reallocated which has never been an issue . . . it's about me being an advocate for what the patient wants and about my integrity (Wade); Once or twice the patients have said that they prefer a female to do the stuff down there and I've said that's fine . . . it doesn't bother me at all, it's about making the patients comfortable (Wes).

Ryan, Ben and Jacob had identical comments with "sometimes patients say they prefer a female nurse . . . happy to accommodate". The GRNMs also provided commentaries where the preference for a NM as the nursing care provider. Their common retort was reflected in Dean's comment, "some patients react better to a male personality or have sensitive issues where a nurse who is male is better

equipped to deal with". Wes, Ben and Jacob recalled that there have been times when they have been reallocated to look after a male patient because he, the male patient, refused to be cared for by a female. James provided additional information that patient reallocation to a NM maybe due to "a cultural issue or the patient's inappropriate behaviour towards nurses who are female", and concluded with "so it can work both ways in regards to whom, male or female nurse, provides the patient care".

All the GRNMs expressed their willingness to accommodate patients' care preferences where possible as they saw themselves as patient advocates there to assist patient access the care providers that they were more comfortable with. Further, they felt this was paramount in positive therapeutic nurse patient relationships and found that this stance was supported most of the time within their professional practice environments.

6.2.2.1.3 Support

Support from within the professional practice environment in the form of debriefing and constructive feedback, leader role modelling and collegial acceptance were the elements the GRNMs found enhanced their socialisation. Remarks included:

> When staff are really supportive and really focused on catching issues before they become major problems, just building you up, it's a good environment and you learn heaps" (Ryan);
> I have very supportive seniors on staff who just kept checking and giving me reminders when needed, all of which had a huge impact on how I progress (Connor).

6.2.2.1.3.1 Debriefing and constructive feedback

The importance of debriefing and constructive feedback as part of staff support was evident with GRNMs remarks of:

> On this new ward I now realize how supportive the staff on my last ward were, and how valuable the debriefing was and how much they helped me find in terms of my RN role development" (Wade);
> When you are not there by yourself and the other nurse, usually a CN [clinical nurse] who is quite knowledgeable, you can get one on one time for feedback, really helps with settling into the RN role (James).

Connor, Ben and Wes admitted that the vast majority of nurses were constructive in their feedback. They also found most staff members were ready to help knowing the RN role complexity and that collegial support was needed for the GRN socialisation.

However, debriefing and feedback was often inhibited due to time constraints from excessive workloads and inadequate staff mix. Jacob summed the time constraint issue up with "I'm very mindful when I seek out feedback to pick my time to do so when time permits as the other clinical staff have their workloads to contend with as well". He further added "so it [the feedback] tends to be informal and opportunistic, maybe on the way to a meal break or heading off duty". Connor commented:

> it's really good when I get positive feedback from nurse leader who I admire on how well I am doing, it gives me a real buzz. . . it may only be a quick comment like 'you did really well today' but it's really reassuring.

6.2.2.1.3.2 Collegial recognition and nurse leader role modelling

Collegial recognition and nurse leader role modelling were posited by all the GRNMs as paramount to positive socialisation. Supported by similar comments to Connor and Wade:

> Had a great lead who knew exactly how to support staff by readjusting workloads, reallocating patients and picking up slack when needed . . . admire this trait and hope to emulate it as a senior RN (Connor);
> At the end of the shift, all staff congratulated each other on a getting through a busy shift and thanked each other for their support, it was so good to be part of this shift . . . each person felt valued, accepted by their colleagues as being essential to the shift (Wade).

Connor, Wes and Wade further concurred that supportive nurse leaders such as nurse managers and clinical nurses who are visible, approachable and inclusive of others in care provision decisions are role models that they would emulate in their own practice. Moreover, Jacob and Ben indicated that the nurse leaders' willingness to provide coaching and debriefing when needed had a significant impact on their RN role consolidation, development and progression.

6.2.2.2 Registered nurse role consolidation

The subordinate theme of 'RN role consolidation' centred on the GRNMs consolidation and increased self-confidence in their new role and responsibilities as RNs, and furthermore, the refinement of their helper skills. All of which, the GRNMs perceived as needed for them to become valued team members.

6.2.2.2.1 Consolidation and self-confidence

Consolidation and increase in self-confidence GRNMs common narratives included:

> At six months you feel like you belong, you can handle your own, others [nurses] ask you questions and you've got the answer . . . suppose its confidence in your ability (Ryan);
> Now at six month I am more comfortable and more confident in my RN skills (Wade);
> More confident with my time management and communication now" (Wes).

Further, GRNMs retorted:

> All seemed to come together, like it's a natural process over the months of being exposed to and gaining experience in being an RN . . . I'm feeling very confident and happy as an RN (Ben);
> At the end of the forth month mark had worked out my time management where I could handle my side of things and help others making everyone's life easier than you know you really are part of the team (James).

6.2.2.2.2 Teamwork

Acknowledgements on their positive contributions when working within a team produced GRNM comments on their consolidation of and increased self-confidence in their RN role. Further, concurring that knowing their role and responsibilities was required before they were seen as valued team members. Comments reflecting this included:

> Now more confident where I'm able to reflect and critically look at what's going from the experience I've had so far, and not just passing the buck to somebody else is all about being a team member (Jacob);
> The fact that I get given challenging cases in terms of patients' needs and behaviours, and I'm given students to mentor in some ways is an indication that I'm valued within the team and trusted to help others (Connor).

6.3 Summation

The data collection for the second phase really tested my role as the researcher in this IPA study. I found myself repeatedly referring back to the GRNMs transcripts to ensure I was capturing their narrative not what I thought they were reporting from information I had read in literature and what I had experienced previously with other male graduates. I replied heavily on what I had diarised after each interview in my field notes and reflective journal aiding my reflexivity as I progressed through this second phase. Their data took me a lot longer to digest and report on than I had expected due to the dense data I was receiving and trying to interrupt the meaning from the GRNMs experiences plus double checking myself that I was performing as I should in the IPA field.

From the interview process I found the GRNMs really engaged and wanting to tell me their stories, both the funny and serious sides, of their journeys so far. I felt that there was no guarding or selectivity of what they were narrating, they were actually telling me their perceptions of what they experienced. I felt privileged that they trusted me enough to open up about their inner emotional matters, how they felt whether negative or positive on scenarios they provided. The use of diarising at fourth month into their journeys proved to be of benefit from both my search aspect and for the GRNMs. For me the valuable information and insight these diaries provided informed the clarifying and probing questions I used for their second interviews. These questions gave me the opportunity to delve deeper into their commentaries to gain a better understanding of where they are coming from and thus to find the meaning behind their perceptions of their journeys. The GRNMs also verbalised that they find this task of diarising a good reflective tool, with the majority of them stating that they will continue to use diarising in their RN professional practice.

From the data aspect I was surprised about an unanticipated element that emerged of their high level of enthusiasm positivity shown for the career they had chosen, despite three of them around the fourth month mark having thoughts that nursing was not for them. I was also fearful that their anticipatory socialisation would not match their actual socialisation due to my previous experiences with newly graduated RNs. This proved to be the case, however, the majority of the GRNMs

were not deterred by this and remained enthusiastic, and appeared to taking the challenges they faced in their stride.

I was not surprised by the superordinate theme of professional practice reality as the categories that underpinned this theme is well documented in literature and I have also observed this reality. However, their emphasis on the lack of nursing leadership under the job dissatisfaction subordinate theme surprised me with their strong views in this area, although not unexpected as recent literature is supporting what they verbalise. This prompted me to submit a successful application for a poster presentation entitled 'Nursing leadership influence on male graduate nurses retention experiences explored in the professional practice environment' as a part of a session entitled 'Nursing Leadership' for Sigma Theta Tau International's 28th International Nursing Research Congress in Dublin, Ireland July 2017. Refer to Appendix L: Dublin nursing leadership presentation.

As I started to undertake the second phase of this longitudinal study I became overwhelmed in the whole research process where I needed to stand back from it and reset my thoughts. I had not anticipated the lengthy process the IPA would be for this second phase as the first phase, the interview of nine participants, was straightforward in coding, analysing and interpreting the data. Although I am aware of what Jonathon Smith and colleagues (2009), in their comprehensive guide to IPA, suggest a small sample size of up to ten participants and reducing in number when multiple interviews for each participant is applied to enable successful analysis as the analysis needs time, reflection and dialogue. Furthermore they propose it takes around seven hours of transcription for every hour of interview with anything from one week to several weeks to analyse each transcript with an added one week for across cases analysis and a further two weeks to write up a first draft of analysis (Smith et al., 2009). Taking this into consideration I now realise I have greatly under-estimated my time allocation required for this study in completing the analysis for Phase two as this phase has proven to be more complex due to the dense data collected, inclusive of multifaceted elements presented by the participants as they experience their new and often unknown aspects of their chosen career. The added coding and analysing of their individual diary entries has also proven to be time consuming, however is a valuable triangulation of data that is adding to the data and supporting their verbal responses. My endeavour to investigate and moreover to

interpret both the physical and emotional aspects for each of the participants from their perceived meaning of their own experiences, having to be mindful of both the commonality and individuality of the participants within this study, has required many hours of deliberation and reworking areas to ensure I reflected the participants' authentic journey.

As I embarked on the final phase I was curious to know how the last six months of their graduate RN year had panned out for them. I was also feeling more prepared for the volume of data I expected to receive from the GRNMs due to my experience in the second phase and I believed I had a more concrete grasp on my role within this study.