
Theses

2017

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

Dianne Juliff

Follow this and additional works at: <https://researchonline.nd.edu.au/theses>



Part of the [Nursing Midwifery Commons](#)

COMMONWEALTH OF AUSTRALIA
Copyright Regulations 1969

WARNING

The material in this communication may be subject to copyright under the Act. Any further copying or communication of this material by you may be the subject of copyright protection under the Act.

Do not remove this notice.

Chapter 7. End of the Graduate Year

This contact with the participating GRNMs was at the twelve months mark, end point, of their journey through their graduate RN year. It was also Phase three of this longitudinal study. This was the last of three scheduled face-to-face interviews for each of the participating GRNM once again at the location selected by the participant at a time and date convenient to him. Refer to Figure 15.

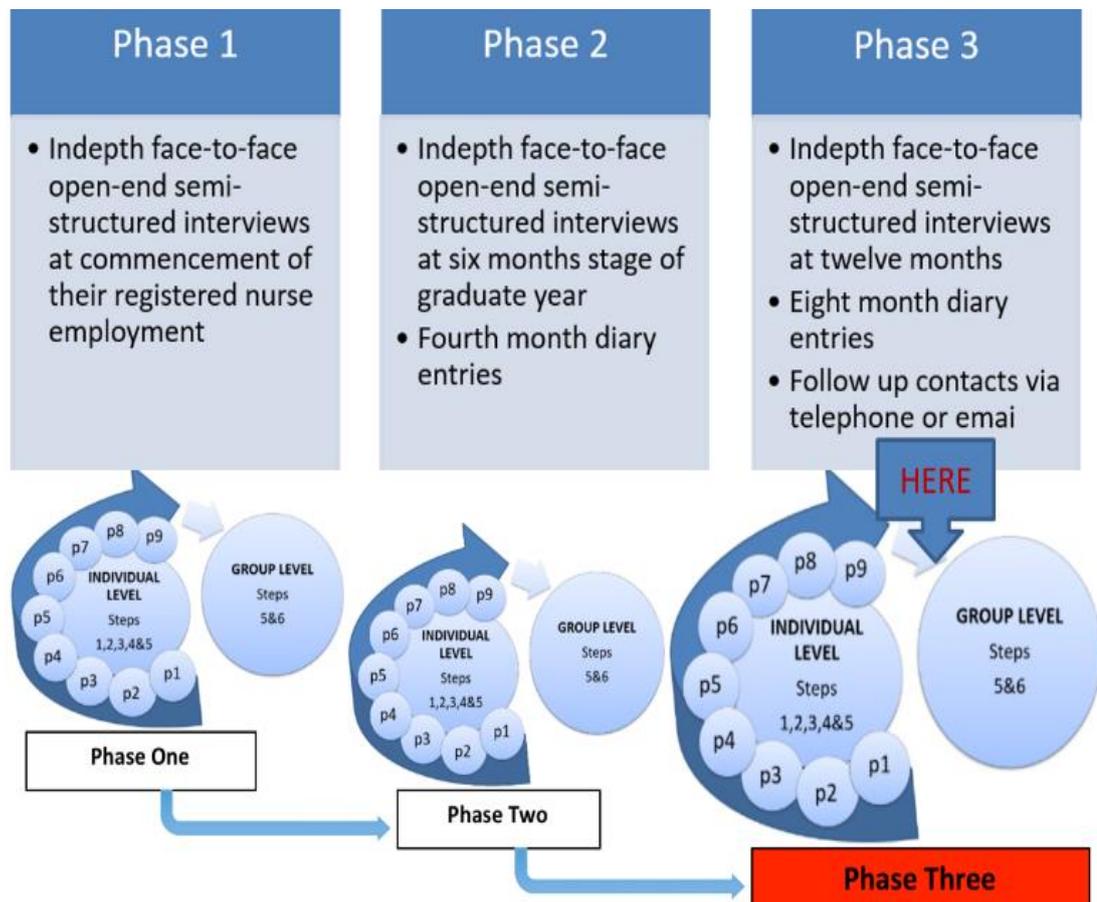


Figure 15 Flow chart Phase three

Two weeks prior to this third interview each GRNM received an email summation of his journey so far that included information from his second interview and that contained in his eighth month diary entries undertaken over a five-day period. This acted as another member check of his lived experience as part of the audit process, and aided in clarification of content and for verification of information provided. This third phase involved eight individual face-to-face interviews that on an average

was eighty minutes in duration and eight diary entries. Wade, participant number 2, was not able to be contacted after numerous attempts; hence Wade's data was not collected during this time.

7.1 Phase three findings

Triangulation of the findings continued with the data obtained from both the GRNMs diary entries and the individual GRNM face-to-face interviews. The data from the GRNMs' eighth month diary entries was used as probing questions at the face-to-face interview again to clarify and explore any captured unprompted and unexpected thoughts and experiences that surfaced during this part of their journey.

7.1.1 Diary entries

Contrary to the fourth month entries, the first sentence for most of entries had little to no demographic introductions, only stated what rotation they were on and time in the area. For example "working in the ED for the second rotation of my graduate program" (James) and "currently have been in mental health for about two and a bit months now" (Wes). The diary entries focused more on how and when their shifts started, patient care and others behaviours, and self-reflection on their progression.

7.1.1.1 How and when their shifts start

The GRNMs commenced with statements relating to how the area was as they started work with "quiet shift, a good opportunity to spend quality one on one time with the patients" (Jacob); "busy day today, structural heart day where we have two left atrial appendage occlusions under GA [general anaesthetics]; or where they are allocated with similar comments of:

On arrival to the ward today I was allocated to 5B, one of the acute medical units where patients are transferred either as direct admissions or from ED" (Connor);

Today I have moved wards to work I am working on a locked chronic ward that has patients with brain injuries and require long-term care (Wes).

7.1.1.2 Patient care concerns and others behaviours

The GRNMs then went straight into providing information more reflective of nursing care concerns and behaviours of other staff or how they are handling patient management. Jacob's documented reflection was typical of the kind of difficult patient care issues the GRNMs faced. Jacob provided:

Asking for support from CN [clinical nurse] to hoist transfer a patient and assist in a pad change when the CN suggested leaving the patient in their bed for the rest of the day as it was 'too hard' to transfer the patient back to the recliner chair as the patient wished, as this occurred at 2pm I thought this was inappropriate, and requested help from another grad nurse to assist . . . we [Jacob and graduate nurse] jokingly but also seriously made a 'pledge' to not become slack in providing patient care as we continue our careers.

Dean wrote about power play from a senior nurse:

Came on to a really hectic place, I was completely run off my feet so really glad to sit down at the nurse's station while paging the doctor about an issue to do with my patient. Unfortunately, the Clinical Nurse Manager walked out at that exact moment so it looked like 'I'm doing nothing', I tried to explain and eventually she allowed me to talk but not before saying *but be careful what you say next you're the grad and I'm the senior nurse* in a very hierarchical-know-your-place kinda tone.

Dean's and Ryan's diary entries prompted the need to probe the GRNMs about how they saw themselves in relation to incivility, either observed between others or directed towards them. Ryan wrote:

With an arrogant and bullying consultant . . . realised early in the piece, that he [the consultant] does not direct any of his attitude at me, suspect it is a male thing as most males will not bully other men until they get the full measure of them . . . even though I lack the courage to say anything to him, I do feel annoyed at the nursing profession in general that over the years it has allowed itself as a group to be treated in such a way . . . communication is something I will reflect on as I progress as males can be perceived as direct and blunt.

7.1.1.3 Self-reflection on progression

Throughout the entries there was also evidence of self-reflection on their progression in areas such as time management, communication, skills and confidence levels in their RN role. Exemplars included:

Feel like I am improving on my communication skills both with staff and the patients/family to ensure I am presenting current realities as clearly as possible to both groups” (Jacob);

Felt confident in my ability to speak to different departments and communicate with confidence the history around the patient as well as best possible future outcomes” (Dean);

I feel as though I have a solid grip on patient flow and try to expedite my transfers and discharges in keeping up with the hospital flow, my time management and flow skills are good and I am confident in taking more senior roles which are generally reserved for nurses of more experience (Connor).

Further probing questions used at the GRNMs final face-to-face contact were derived from the diary entries. These questions focused on communication styles and again incivility within their workplace as they were the common threads in the GRNMs diary entries.

The GRNMs’ eighth month diary entries provided the information that supported the elicited categories formed from their third phase face-to-face interviews and assisted in the formation of the third phase themes. Table 4 provided the overview of these themes with the superordinate theme of ‘professional self’ and the subordinate themes, ‘RN mastery’ and ‘better RN fit’, inclusive of categories that inform these subordinate themes.

Table 4 Phase 3 Master theme: Professional helper
Superordinate and subordinate themes, categories, narrative exemplars and the overall meaning behind the GRNMs lived experiences

Superordinate	Subordinate	Categories	Narrative exemplars
Professional self	Registered nurse (RN) mastery	<p>Competent RN</p> <ul style="list-style-type: none"> • Role and responsibility clarity • Trusted and valued • Continuing education <p>Workplace culture</p> <ul style="list-style-type: none"> • Nurse leaders and peers • Self-care • Incivility <p>Co-communication</p> <ul style="list-style-type: none"> • Language and manner 	<p>It's taken nearly the full year to gain clarity around my RN role (Dean)</p> <p>Eight months in, still getting my head around RN responsibilities (James)</p> <p>Being offered a permanent job makes me feel trusted and valued (Ben)</p> <p>Nursing is complex so continual education for me will be lifelong (Connor)</p> <p>Approachable senior nurses and helpful colleagues make it a great job (Wes)</p> <p>Learnt quickly to look after myself first before I can help others fully (Jacob)</p> <p>There's an undercurrent of you don't belong here so exclusion occurs (Ben)</p> <p>Continually having to watch what you say when working with RNFs (Jacob)</p> <p>Adjust my style when engaging with others especially females (Dean)</p>
Better RN fit		<p>Professional development</p> <ul style="list-style-type: none"> • Career planning • Self-leadership <p>Job satisfaction</p> <ul style="list-style-type: none"> • Job flexibility <p>Wanting to help others</p>	<p>Career direction changes due to the experiences you have as a GRNM (James)</p> <p>Learnt early that you chose your leadership type from observing others (Ben)</p> <p>Nursing provides various types of jobs and flexibility so finding the right type is about keeping the door open for opportunities that come along (Dean)</p> <p>I want to help others in the best way I can, make that difference (Connor)</p>
Professional Helper			overall meaning

7.1.2 Professional self

On commencement of the third interview it became evident that at this point of time for the GRNMs their emphasis was more about their futures within nursing as they finish their graduate RN year and complete the employment contracts they had in place. The superordinate theme of 'professional self' was deemed reflective of this stage in their graduate nurse journey as it nears the end of their first year graduate status where they focused on 'RN mastery' with consideration to the 'best RN fit' for their career progression.

In regards to their career progression, a sense of frustration and urgency permeated throughout the GRNMs discourse due to the recent permanent employment embargo placed on nursing positions for a six month period across the West Australian health sector. Hence at the face-to-face interviews their main focus was on their professional self although four months earlier their RN mastery, in particular their competency as an RN and workplace culture, was the key paradigm of the GRNMs' diary entries.

7.1.2.1 Registered nurse mastery

This RN mastery theme evolved from the commentaries in the GRNMs eighth month diary entries. For example Connor diarised about his increased awareness in what he can do and what he saw as important in his RN role with:

Have become more familiar with nursing duties and roles and have learnt limitations and how not one person can do everything. It is important to work in a dynamic team who are able to work together to deliver best patient outcomes and more confident to trouble shoot, liaise with the consultants and to speak to different departments to communicate issues that arise to ensure the best possible patient outcomes.

Further probing at the interviews to clarify their RN mastery resulted in their perception of being a competent RN. Moreover, this RN mastery attainment provided them with a sense of belonging through being seen as trusted and valued. This RN mastery also included dialogue on their continual education needs, and focused on the impact of workplace culture inclusive of nurse leaders and peers, self-care, incivility and co-cultural communication.

7.1.2.1.1 Competent registered nurse

For the GRNMs being a competent RN occurred when they had RN role and responsibility clarity and were trusted and valued. They revealed that having the opportunity for continual education and support from their nursing leaders and peers enhanced their RN mastery attainment. The GRNMs expressed that they felt more comfortable within the professional practice environment as evidence of this mastery. Exemplars included:

I'm more comfortable in myself as I now feel I have the confidence of an RN rather than a confident grad RN (Ben);
More comfortable asking questions now than I did six months ago as I now know my role and what is expected of me (Jacob);
Enjoyed coming back into the emergency department from acute medical I have those acute skills now and my clinical skills are so broad I'd be happy to work most anywhere as I feel competent as an RN (Connor).

Connor continued, "competency is more than just knowing things but it was the knowing how to talk to people and liaise with colleagues, which I wasn't doing to start with". His rationale, which was a common retort amongst the GRNMs, "you are timid and shy initially trying to get your head around nursing rather than being in the environment and now I have both, the knowledge of nursing and the environment, I feel way more comfortable and relaxed". Jacob added:

The first six months was about a grounding foundation and now I have found my feet entirely, particularly in this last four to six months I am much more aware of the overall process of working in the wards, therefore I don't have that niggling doubts that I've forgotten to do something and whether I need to do something else that takes me away from me being within the moment . . . I'm more confident in myself as a competent RN.

7.1.2.1.1.1 *Trusted and valued*

This RN mastery confidence was further articulated by the other GRNMs with similar commentaries relating to their critical thinking and feeling trusted and valued by others. Dean declared, "I feel I am more like a critical thinking nurse now in terms of when something comes up I consider why the doctors made this decision, why this medication rather than just taking things as they just are". Dean, Wes and Connor perceived the confirmation of being a valued RN occurred when others ask

for their opinions and trusted that their responses were correct. For Connor “when you are one of the first they want to give a permanent position to then you know you are valued”. Other GRNMs added:

Being given challenging cases in terms of patients’ needs and behaviours, and given students to mentor in some ways is an indication and acknowledgement that I’m trusted and a valued team member (Jacob);

I know my role and what is expected of me now I’m trusted . . . now more than capable of handling the workload and situations that arise and I do enjoy the RN work of a knowledgeable helper and patient advocate, however I don’t like being put into positions that are unsafe so feel the need for ongoing education to keep up with things (James).

7.1.2.1.1.2 Continual education

Continual education was an area that the majority of the GRNMs talked about needing to enable them to maintain RN competencies. Jacob contributed “even though I continue to work in adult mental health, my main task for the next few months is to request extra training days for myself to continue my learning as a clinical nurse”. Others commented:

My first six months was about a grounding foundation in clinical practice . . . now I have found my RN feet entirely I do feel that it [learning] is going to be an ongoing process (Jacob);

Ongoing learning besides competencies for me it is about leadership . . . how to communicate, support and help others especially those new to the team and students to provide the best care we can (Connor).

The GRNMs also supported the RN learning gained by ward rotations, although most believed it is beneficial to have at least six months on the first rotation due to the initial steep learning curve encountered, and being physically exhausted and emotionally drained in those first few months. Connor reflected “there were six of us graduates down in emergency, three of us rotated and three didn’t . . . I learnt so much more rotating like different styles of nursing and a whole new set of skills”. Although, the majority of the GRNMs revealed that on commencement of a second rotation they had a short-lived regression reflective of their first few days as a newly GRN. This included the accompanying feelings of uncertainty, being outside their comfort zone and having to learn new nursing skills applicable to the new

professional practice environment. This regression was summed up in the following comments:

Does feel like you are starting from scratch in a way but at the same time you have done six months in the first rotation giving you a greater level of confidence than when you first started” (Dean); Actually did go backwards initially, it was almost a process of trying to get my feet back to the ground again . . . similar aspects of trying to acquaint myself with this new area with different challenges and different culture and everything else that goes with that . . . also learning the staff names and learning how to work with different staff members and getting to know the workplace culture which was a lot quicker second time round (Ben).

7.1.2.1.2 Workplace culture

Workplace culture impacted greatly on whether the participating GRNMs had positive or negative experiences as they journeyed through their graduate year. The GRNMs experiences of how others communicate and behave towards them influenced their own behaviours, which necessitated the need to look at self-care and coping mechanisms to enable them to continue in their chosen career. The GRNMs highlighted the fact that the major influences were the nurse leaders and peers they encountered.

7.1.2.1.2.1 *Nurse leaders and peers*

Moreover the GRNMs discussed the importance of nurse leaders and proactive peers in their adjustment to workforce culture as they consolidated their theory into practice now and in the future as they advance in their careers. The GRNMs talked further about supportive staff members enabling them to settle more quickly into their new professional practice environments. Similar GRNMs comments to Dean’s reflection on finding a good team and good place to work surfaced. Dean reflected on the inconsistency in the workplaces and the value of a good manager “when it’s a good team it’s a good place to work and the manager is much better and rostering is much better . . . but some are not so good . . . you accept that”. Ryan continued with “it [good workplace] is about the people who you are with, the staff will keep you in it, if you are struggling at times they will be the ones who will pick you up and help you cope”, a sentiment that Wes, Connor, Ben and Jacob concurred with.

7.1.2.1.2.2 *Self-care*

Self-care for the GRNMs was entrenched in their coping mechanism that enabled them to continue as RNs. Wes talked about self-care in relation to coping with long hours, shift work and the resultant fatigue. He reiterated likewise comments of the other GRNMs with:

Looking after myself went out the window in those first few months . . . I was all out of whack, overwhelmed and stressed, not eating nor sleeping properly, trying to continue my pre nursing social life but wanting to be helpful so never saying no to taking extra shifts when the ward was so short staffed . . . it all came to a head about five to six months into the grad year . . . I finally realised I needed be self-caring if I am to survive this job, so I learnt to say no when extra shifts were offered if I felt fatigued. Also aimed to sleep more, eat better and alter my lifestyle . . . I now work through issues as they occur, reflect and debrief as needed that has led to me being more confident in myself.

The GRNMs talked further about becoming resilient as a self-care mechanism otherwise they ‘would not survive nursing’. Wes provided a comment that summed up the GRNMs feeling on being resilient with the words “yep definitely grown into my nursing skin now . . . better able to deal with complex situations, workplace conflicts and incivilities and there’s a lot of it”.

7.1.2.1.2.3 *Incivility*

Incivility mentioned by the GRNMs in the second phase interviews, was again spoken about in this third phase. This time the incivility related more to their observation of the incivility within the work culture and the lack of support and motivation within the organisation to change the situation. Dean stated “it is about the big picture stuff throughout the organisation, respect and staff supports”. James added to this reveal:

One of my colleagues got assaulted in the acute medical ward and he decided to do the thing what we have been encouraged to do, get the police in and charge the person the assault . . . however, this was not the case as the process doesn’t support the people trying to stop violence in the workplace.

Whilst other GRNMs contributed with:

The lack of respect because you are young or new makes you feel like that because you are a grad nurse you can't bring anything to the table, you are not worth knowing or helping (Wes);

Feel as though there should be more support for graduates in that regard and if there is somebody who is new and if they're interested in moving up and interested in and passionate about learning the organisation should rally behind them because that's what's going to make them better nurses (Connor).

The majority of the GRNMs also acknowledged their increased awareness of the incivility from less qualified team members towards GNs and non-permanent new staff and suggested this behaviour seems to be overlooked by senior staff. Wes commented "yeh the eye rolling and side glancing at each other continues but I will now challenge this behaviour by asking is there a problem here?" Dean and Connor both concurred that they also use the strategy of asking is there a problem when they get an unacceptable response to their delegation. James added the abruptness and incivility towards each other was inherent within all levels within his workplace. Although emergency nursing was James career interest initially he now investigates other nursing specialties that may suit him better where he can receive collegial support and have some comradeship. James reiterated "I am over the lack of support, no leadership and the indifference between the ED nursing staff". In contrast, James, Oliver and Jacob noted from their experiences that there was less incivility and better support for each other in mental health. James putting this down to "being a more male dominant nursing field where there is no having to watch what you say and how you say it".

7.1.2.1.2.4 Co-cultural communication

In regard to the co- cultural communication aspect, Wes supported Jacob's comment:

Communication style does change when you are in a male nursing area, like mental health . . . I think it is to do with being more laid back and more accepted as one of them . . . even with the ladies [registered NFs in mental health] . . . mental health nursing is not like general nursing where with the ladies you had to hold back and be a bit careful . . . watch your Ps and Qs".

The watching of the Ps and Qs [attention to language and manner] was something that had been mentioned in Phase two findings as a male within nursing. As Wes was the first GRNM to be interviewed in Phase three the opportunity was there to

further probe the watching of their Ps and Qs with the other participating GRNMs. Their responses were similar in that they concurred with having continually to be careful in their use of language and their manner when they communicated within a female dominant nurse setting. Although, Connor remarked “I am more comfortable when communicating now with more confidence because I use my professional voice”. Further clarification on his ‘professional voice’ revealed the co-cultural communication style adjustment Connor has made with a professional practice repertoire he now uses. This adjustment was also mentioned by other GRNMs:

You learn what to say and how to say it (Dean);

You pick your time to say what you want to say and only when it needs to be said . . . I try to avoid awkward conversations and ignore colleague Facebook requests so I won’t be misunderstood” (Wes);

This is what professional development is about, learning how to communicate effectively, in other words, in a way that is accepted by the profession and the teams you work with (Jacob).

7.1.2.2 Better registered nurse fit

The GRNMs reflected on their journey, how they felt as they began their new RN role, where they are now, and what their next career step is for them. A common retort was the “looking for a better fit’ where they mentioned professional development inclusive of career planning and self-leadership, then job satisfaction and job flexibility, and wanting to help.

7.1.2.2.1 Professional development

Professional development was a category inclusive of career planning and authentic leader that informed the subordinate theme ‘better RN fit’. Job satisfaction was the other category inclusive of seeking job flexibility and wanting to help others that informed ‘better RN fit’ subordinate theme. Connor provided an exemplar that was resonant of GRNMs feelings as they near completion of their twelve month graduate year with “overall, still wanting to do nursing . . . the thing next for me is perhaps where to next as looking more forward rather than looking at the now”. Connor expanded this with:

At the very beginning it was looking at the now, how to deal with now, then in the middle of the grad year it was more looking at how I’m doing now and let’s see where I’m going, and now heading towards the eighth month mark I’m very much looking into after my

grad finishes . . . where am I going? What am I wanting to do and then making those goals.

Connor and the other GRNMs had congruent positive and enthusiastic responses of enjoying the now and looking forward to the future pretty much, and the new challenge of how to deal more with being new again. Dean, James and Wes furthermore believed it is the best to experience different types of nursing to get a big picture with professional development ongoing to enable finding their best fit.

7.1.2.2.1.1 Career planning

Career planning, involved their critiquing where they were at and where they wanted to be. Oliver reflected “I would have gone straight into mental health as opposed to general after what I have experienced so far”. Ben added “if I couldn't do mental health I think I would have to left health care”. Connor reaffirmed his initial career choice “I have always wanted ED and it has proven to be the best fit for me and they [senior nursing staff] are already talking about my role progression”. Dean revealed:

Have just found out that I have been successful in a second year graduate program with country nursing positions . . . once I commence that will be like starting all over again as I will know nothing and it will be great because that's how you learn and what keeps it interesting.

Wes outlined his career thoughts and rationale with:

Lately I have been looking at doing my mid [midwifery nursing] as I would actually like to work for the RFDS [Royal Flying Doctor Service] and as far as I'm aware you have to be a midwife for RFDS positions . . . one of the family's I grew up with their dad was an RN and a midwife and he worked for the RFDS . . . to me he was a personable and a trusted leader.

7.1.2.2.1.2 Self-leadership

For the GRNMs self-leadership involved observing the authentic leader traits within colleagues and other health professionals. This observation influence on the GRNMs in their career decisions emerged in relation to the GRNMs identifying with their leaders' qualities and becoming a self-leader. Connor, Wes and Dean provided similar instances where specific clinical nurse managers and senior colleagues inspired them by the way they carried out nursing based traits in a professional

manner. These traits included providing guidance and feedback and assigning duties fairly within the given skill mix available. The GRNMs comments included:

I recognised these leader traits as ones I want to emulate (Connor);
I learnt so much by having decent senior staff providing constructive feedback in a way that motivates rather than demotivates, it helped me heaps so I hope to do the same for others (Wes);
It's the attitudes and professional behaviour I take on-board from supportive colleagues who provide guidance and are ready to help with complex and difficult situations when needed . . . traits of a true helper (Dean).

Ryan affirmed that working closely with other health professional leaders as they go about their business expanded his clinical and leader skill base, and provided him with alternative ways to help others. Ryan commented:

I have been exposed to other ways of helping as it all comes down to patient safety and quality of life . . . it's about keeping these guys [cardiac patients] going . . . like in the Cath Lab doing quality improvements with the medical staff and being encouraged to do the science degree from professionals who are committed and dynamic in their field . . . I get a lot of job satisfaction working amongst this team.

7.1.2.2.1.3 Job satisfaction

The GRNMs talked about job satisfaction in terms of diverse nursing roles, career opportunities and working part-time. James expressed the sentiment of satisfying work reflected in likewise comments from other GRNMs. This sentiment being:

Just want to find something I enjoy every day that makes me want to go to work then that way I will do it the best way I know how and I would get a lot more out of it . . . I will find it, it is just a matter of trying to find it.

Wes and Connor added comments similar to Ben's statement:

Nursing can be challenging at times but it is also so extremely satisfying at the same time . . . there is so many nursing career pathways and lots of flexibility opened to me now that I'm finishing the grad program . . . it is daunting deciding what to do next.

7.1.2.2.1.4 Job flexibility

Job flexibility came up when the GRNMs discussed job satisfaction. Job flexibility was a common retort amongst the GRNMs with comparable comments to Ryan's,

“that’s the other good thing about nursing if ward and shift work doesn’t suit there are other venues for nurses”. Jacob and Ryan contributed with alike statements, “the job flexibility especially working part-time allows a life outside nursing to follow other passions”. For Jacob this passion was and still is his social justice and community commitments, and for Ryan his ability to undertake research and a science degree. Dean added:

I have accepted that I will stay in nursing as opposed to when I was thinking about doing med [medicine] . . . nursing is suiting me and giving me job satisfaction knowing that there is a lot of career leverage in getting more experience and being more qualified for better positions and at the same time I’m still helping others.

In contrast, James highlighted his frustration and disillusionment with his original nurse pathway choice of working in emergency department (ED). His experiences in this area has been far from satisfying, “I am thinking about getting out of the main stream hospital setting all together . . . it is as far from being safe as you can get really and I am not comfortable with that”. Probing James on his comment he further revealed:

It’s not safe for patients . . . staff ratio is not adequate, staff are pushed to the limit and put into unsafe practice situations as well unsafe personal situations, the wards seem to be no better . . . when you do have an issue there is no support from management or senior staff, it’s a full on blame culture . . . I want a role where I can be respected and be allowed to do the best I can do . . . I’ve been looking at the possibility of going to mental health.

When asked why he is considering mental health as an alternative, James replied:

Well they have a better take on staff safety and not afraid to speak up when patient situations are unsafe . . . I’m also missing comradeship that is lacking in general nursing . . . I really enjoy working with other guys [RNMs] and that’s another reason for looking at mental health.

7.1.2.2.1.5 Mental health appeal

This appeal to work in mental health for these GRNMs became evident throughout their Phase three interviews. On first contact with the participating GRNMs, the only GRNM that wanted to do mental health nursing purely was Ben. Jacob also started in mental health although he was keeping his options open, he did eventually reveal “I can see myself at some point as a psych liaison in ED”. As the GRNMs

progressed through their graduate year and experienced mental health nursing, the majority of the GRNMs were in or now seeking mental health positions. Oliver affirmed this:

I couldn't get a general nurse grad position and ended up in mental health grad program instead . . . not a nursing field I had ever considered but I have found it really great experience and have realised I can combine my love of aged care with the physical ageing process and include their mental health . . . I guess this is true holistic nursing . . . really enjoy it both working in mental health and working with other guys . . . I would have gone straight into mental health as opposed to general from what I know now.

Jacob contributed "I'm still really enjoying mental health . . . I've had really lovely interactions with folks . . . on the geriatric ward with the folks there and with their families there's lots I can help them with". He added "it was my wanting to help others that drew me into nursing in the first place".

7.1.2.2.2 Wanting to help

This 'wanting to help' was another common retort throughout the GRNMs Phase three interviews. Exemplar of comments included:

I still enjoy the actual job helping people . . . I got into this [nursing] because I enjoy the helping people and I wanted to do that every day as a job (James); I found it funny reading over it my journey . . . how excited for nursing I was and still am, it's still there I'm still loving it, helping where I can (Connor); If you want some excitement and adventure in life where you are able to help people to reach their full potential then nursing is the way to go (Ryan).

Ben summed up with "I think I have reached a point now that I know enough and I'm comfortable with my knowledge to really be able to help others in the best possible way . . . it's really about the art of helping".

7.2 Summation

The data collection for the third phase again required me to repeatedly refer back to the GRNMs transcripts to ensure I captured what they were narrating, and to my reflexivity journal for notations that needed consideration. The dense data this time was more concise with less categories identified as the GRNMs focused on their

professional self in relation to attainment of their RN mastery and where best they fit within the nursing profession.

From the interview process once more I found the GRNMs really engaged and eager to tell me their stories. Moreover, they wanted to share what they thought their career pathway could look like and how they would like nursing to be. How they would like nursing to be brought an undercurrent of concern about negative nurse behaviour that many of them conveyed with their general conversation in the interviews. Although when probed on the substance of the concerns most of the GRNMs shrouded it off as 'just something that happens in nursing'. However, most admitted that they would not imitate the negative behaviour and incivility they observed and in some cases had experienced in their professional practice environment. The majority of the GRNMs defined their leadership style as one of a helper. Development of their nurse professionalism and self-leadership monopolised their conversations and the information they provided in this last phase of their journey.

*Enthusiasm for nursing was still evident although their initial choice of nursing specialties for most of them had changed with most GRNMs waiting to see what job vacancies were available. I then gave thought to each of the GRNM's generalised title I had initially given each of them in Phase one. Connor remained the **'logistics'** person who thrives on challenges within his practice professional environment and eagerly steps up to lead nursing teams, to mentor students and new RNs, and coordinates shifts when asked. Wes, the **'giver'**, wanting to be recognised as a helper and be accepted in his own right as an RN remained committed to nursing as his career of choice still having the long term goal for working for the Royal Flying Doctor Service. Jacob as the **'humanitarian'** continued to combine his outside social justice activities and working as a RN in mental health. Ben, the **'nurturer'**, has successfully obtained permanent work as a mental health RN where he finds fulfilment in assisting patients to be the best they can. Oliver, the **'persistent'** one, is now considering when he completes the mental health GRN program of combining this nursing specialty with his original desire to nurse in aged care by seeking employment in elderly mental health services. Dean, the **'opportunist'**, has taken on a second year graduate rural and remote nursing program offered to him to see where this experience will take him in his nursing career. James remained true to*

his **'protector'** title as he continues to seek a nursing position that will provide him with the opportunity to use his nursing skills and knowledge to protect those whom he is responsible for from adverse health effects, which his current ED position is not providing. Wade, the **'adventurer'** with his strong desire to travel, was not available for Phase three of this study and remains overseas. Ryan, the **'deep thinker'** who seeks knowledge on how science can improve health is now undertaking a postgraduate science degree whilst working as a RN in the Cath lab.

In reporting the findings, particularly in Phase two and Phase three, I was mindful of the large amount of verbatim quotations I used. I was aware of the over use of quotes disengaging the reader; however, I also needed to meet the rigor requirements of IPA for each finding of having "illustrations from at least three participants" (Smith, 2011, p. 24). Hence I carefully selected the quotes I thought provided evidence for the emergent themes that were complementary to the information already published from this study noted in the related appendices.

I found value in publishing early as the related peer reviewers and editors with their constructive feedback I received provided the motivation for me to continue on this journey. The feedback also provided alternate viewpoints on my arguments, and provoked further thoughts on data issues and the direction I was taking. Most of all these publications enabled refinement in my academic writing, in particular with the arguments and readability of the papers and presentations I produced.

In the next step of my doctoral journey, Chapter nine, is focused on the essence of the GRNMs journey. Moreover, the meanings that lay beneath their experiences that they have shared.