THE EXPERIENCE OF CHOOSING NURSING AS A CAREER: NARRATIVES FROM MILLENNIAL NURSES

by

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A thesis submitted in conformity with the requirements

for the degree of Doctor of Philosophy

Graduate Department of Nursing Science

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ABSTRACT

The critical and growing shortage of nurses is a global concern. The growth and sustainability of the nursing profession depends on the ability to recruit and retain the upcoming generation of professionals. Understanding the career choice experiences of Millennial nurses is a critical component of recruitment and retention strategies. An interpretive, narrative methodology, was used to understand how Millennial nurses explain, account for, and make sense of their choice of nursing as a career. Individual, face to face interviews were conducted with 12 Millennial Nursing students (born 1980 or after), for whom nursing was their preferred career choice. Participants were interviewed twice and chronicled their career choice experiences within reflective journals. Data was analyzed using Polkinghorne's method of narrative configuration and emplotment.

The participants' narratives present a shift from understanding career choice within a virtuous plot to one of social positioning. Career choice was initially emplotted around a traditional and stereotypical understanding of nursing as a virtuous profession: altruistic, noble, caring, and compassionate. The narrative scripts evolved from positioning nursing as virtuous

towards understanding the meaning of career choice in relation to one's position in the social world. The narratives position career choice in relation to the participants' desire for autonomy, respect and quality of life. Pragmatic considerations such as lifestyle, job security, salary and social status were also emphasized. The narratives represent career choice as a complex consideration of social positioning, fraught with hopes, dreams, doubts and tensions. The participants' perceptions and expectations in relation to their future nursing careers were influenced by a historical and stereotypical understanding of nursing; an image that remains prevalent in society. Insight gained from this inquiry can inform recruitment, education, socialization and retention strategies for the upcoming and future generations of nurses.

DEDICATION

I dedicate this dissertation to my fellow nurses: past, present and future. This is a study of nurses, by nurses, for nurses. This work would not be possible without the inspiration I have received from nurse mentors and colleagues throughout my career. In particular I want to recognize Maxine, Donna, Barbara, Verna, Lorna and Megan for their central roles in my personal career narrative. I would also like to recognize past nursing students who provided the inspiration behind this research, particularly Jennifer, Matt and Kate.

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CHAPTER ONE: INTRODUCTION

PROBLEM STATEMENT, BACKGROUND, PURPOSE AND RESEARCH QUESTIONS

Problem Statement & Background

The current and growing shortage of nurses in the health care system is a global concern (World Health Organization, 2006). Within the next decade, Canada will experience a critical shortage of nurses, with a projected shortfall of 31 per cent of the nursing workforce by 2016; almost 60, 000 fulltime RN positions by 2022 (Advisory Committee on Health Human Resources, 2002; Canadian Nurses Association [CNA], 2006; 2009). Nursing recruitment is a recognized national and international priority. The growth and sustainability of the nursing profession depends in large part on the ability to recruit and retain the upcoming Millennial generation (born between 1980 and 2000) to the profession (CNA, 2009) However, we do not have an in-depth understanding of the career choice experiences of this upcoming generational cohort. Understanding how these future nurses come to choose nursing as a career option is of critical importance to the profession, with implications for both recruitment and retention.

Career choice has been studied since the early twentieth century, predominantly within the disciplines of organizational and vocational psychology (Gottfredson, 1981; Holland, 1959; Lent, Brown & Hackett, 1994; Roe, 1956; Strong, 1927). Within this body of literature, there is recognition of a myriad of influences on career choice across the life-span. In particular, childhood and adolescence have been well recognized as a formative period for career interests, preferences and subsequent choice (Ginzberg, Ginsburg, Axelrad & Herma, 1951; Hartung, Porfeli & Vondracek, 2005; Roe; Super, 1980). Several prominent career choice theories recognize early (childhood and adolescent) influences on occupational choice such as gender role orientation, personality, educational experiences and parental and peer interactions (Eccles, 2011; Ginzberg et al.; Gottfredson; Holland; Roe; Strong; Super). Having the opportunity to learn about the attributes of a particular profession early in life has been linked to not only career choice, but has also been associated with professional socialization, career transition and

job satisfaction (Davis, 1968;1975; Dorcy, 1992; Eccles; Goldenberg & Iwasiw, 1993; Schoon & Polek, 2011).

Career choice research within the discipline of nursing has often sought to explore influences on the decision to enter the nursing profession and has found several factors that guide career choice including: gender (Boughn, 2001; Boughn & Lentini, 1999; Hemsley-Brown & Foskett, 1999; Magnussen, 1998; Muldoon & Reilly, 2003; Whitehead, Mason & Ellis, 2007); culture (Gregg & Magilvy, 2001; Lai, Peng & Chang, 2006; Martin & Kipling, 2006; Rossiter, Bidewell & Chan, 1998); experiential knowledge (Beck, 2000; Kohler & Edwards, 1990; Murrells, Porter, Edwards & Granger, 2009; Robinson and Marsland, 1995); self concept (Andersson, 1993; Arthur & Thorne, 1998; Dombeck, 2003; Larsen, McGill & Palmer, 2003) and a desire to help others (Erickson, Holm, Chelminiak & Ditomassi, 2005; Hinds & Harley; 2001; Law & Arthur, 2003; Maben, Latter & Macleod Clark, 2007; MacIntosh, 2003; Mackintosh, 2006; McLaughlin, Moutray & Moore, 2010). The career choice research also identifies that traditional views of nurses and nursing as caring and nurturing remain prevalent and continue to influence the decision to enter the profession (Beck; Boughn; Boughn & Lentini; Dombeck; Gregg & Magilvy; Hemsley-Brown & Foskett; Law & Arthur; MacIntosh; Mackintosh; Magnussen). Although the nursing literature provides some insight into career choice decision-making, most of this research has used quantitative methods and surveys to identify specific influences on the decision to become a nurse. There currently exists a lack of understanding of the way in which individuals process these multiple career choice influences, come to choose nursing as a career, and how they make sense of their career choice options.

Another body of literature that provides additional insight into career choice is professional socialization. Research on professional socialization within nursing provides insight into career choice by exploring the relationship between one’s pre-held beliefs and pre-

entry expectations of the profession and subsequent transition to practice (Boychuk-Duchscher & Cowin, 2004; Ellerton & Gregor, 2003; Howkins & Ewens, 1999; Kramer 1974; Olesen & Whittaker, 1968; Porter et al., 2009). The professional socialization literature provides insight into career choice for several reasons. Firstly, similar to career choice, professional socialization is recognized as a dynamic process of coming to know a professional role that is influenced by a variety of experiences over time (Goldenberg & Iwasiw, 1993; Olesen & Whittaker). Secondly, like career choice, professional socialization has been shown to impact career outcomes such as satisfaction and retention (Day, Field, Campbell & Reutter, 2005; Gould & Fontenla, 2006; Mackintosh, 2006; Schneider, 2009). Although this body of literature provides insight into career choice, professional socialization by definition is more specific to the formal process of learning values, attitudes and behaviours necessary to fulfill professional roles that commences during professional education. (Davis, 1975; Day et al.; Dorcy, 1992; Goldenberg & Iwasiw). Most of the professional socialization research in nursing is focused on experiences occurring within nurse education programs (Andersson, 1993; Brodie, Andrews, Andrews, Thomas, Wong & Rixon, 2004; Davis; Day et al.; Howkins & Ewens; Mackintosh) through to transition to the practice setting (Cowin & Hengstberger-Sims, 2006; Goldenberg & Iwasiw; MacIntosh, 2003; McKenna, McCall & Wray, 2010). The concept of early, or anticipatory, socialization also shares similarities with career choice in acknowledging that individuals often gain knowledge about professional roles informally through experiences throughout childhood, prior to professional education (Saks and Ashforth, 1997). The concept of anticipatory (pre-entry) socialization has not been well-defined in the literature, and not been researched within the discipline of nursing. However, recent research in organizational psychology has established links between informal, pre-entry socialization and organizational outcomes such as career

satisfaction and retention (Carr, Pearson, Vest & Boyar, 2006; McKenna et al., 2010; Riordan, Weatherly, Vandenberg & Self, 2001).

Although the socialization literature identifies several career choice influences, and provides insight into the significance of early experiences on eventual socialization, the process by which individuals make sense of these influences and make the decision to enter nursing has not been explored in depth. Furthermore, there is a gap in our understanding of how the upcoming millennial cohort of nurses choose nursing as a career, a group theorized to have distinct socialization experiences and career expectations than preceding generations (Boychuk-Duchscher & Cowin, 2004). Understanding the career choice decision-making of the next generation of nurses, and recognizing the multiple influences on this decision, is of further significance given recent research that suggests a growing attrition rate of new nursing graduates (Boychuk-Duchscher & Cowin). One explanation in the literature for this attrition in the literature is that new graduates, as part of a younger generational cohort, may have significantly different childhood experiences and expectations of occupations/workplaces than previous generations (Hu, Herrick & Hodgin, 2004; Lips-Wiersma & McMorland, 2006; McNeese-Smith & Crook, 2003; Zemke, Raines & Filipczak, 2000). A growing body of generational literature and research has shown significant differences between the Millennial generation and preceding generational cohorts (Veterans, Baby boomers and Generation X) in relation to career aspirations and expectations (Eisner, 2005; Hartung et al., 2005; Hill, 2002; Hu et al.; Lancaster & Stillman, 2002; Zemke et al.). Understanding career choice experiences can provide insight into the perceptions of nursing, and expectations of professional life. Such insight can inform both recruitment and retention strategies among the newest cohort of nursing professionals and may provide guidance towards assisting the future generation with career choice decisions.

Summary

Childhood experiences, including family, peer and school interactions, are well-recognized influences on career choice within existing career choice and socialization literature. However an in-depth understanding of the career choice process does not currently exist. Furthermore, much is unknown about the career choice experiences of the newest generational cohort of professionals. In order to understand the context and complexities of career choice, the use of qualitative research methods is essential. There has been considerable acknowledgment within the disciplines of organizational and occupational psychology of the need for qualitative research approaches toward further understanding this phenomenon (McIlveen & Patton, 2006; Saks & Ashforth, 1997). The reliance on quantitative measures in prior career choice and socialization research has not allowed for an in-depth understanding of individual experiences and contextual influences on career choice. Qualitative methods provide insight into unique phenomena by ensuring that diversity of individual and contextual factors are acknowledged (Denzin & Lincoln, 2005; Miles & Huberman, 1994). Future research using qualitative methods can explore and understand the social interaction and inter-subjectivity of life experiences that inform career choice. Understanding how the next generation of nurses comes to choose nursing as a career is an essential step towards addressing the nursing shortage. Such an understanding can inform future recruitment, transition and retention strategies.

Purpose

The purpose of this narrative inquiry is to further understand the experience of choosing nursing as a career among individuals of the Millennial generation.

Research Questions

The research questions are:

1. How do participants explain, account for, and make sense of their choice of nursing as a career?
2. How do participants narrate personal, social, and organizational influences within their career choice narratives?
3. How do these narratives reflect an understanding, or create images of, nursing as a career; as a profession?

The following literature review chapter provides a review and synthesis of existing research on career choice and professional socialization in nursing that forms a beginning understanding of experiences and influences on the decision to become a nurse. In addition, a review of extant career choice theories and generational literature is provided to further support and guide this study on the career choice experiences of millennial nurses.

CHAPTER TWO: LITERATURE REVIEW

This chapter consists of both an empirical and theoretical review of the career choice literature. The first section consists of a review and synthesis of qualitative and quantitative research specific to career choice in nursing. Findings from this empirical review are presented under four main themes that emerged inductively from the literature: idealized and traditional views; career choice influence; gender, race and cultural considerations; and socialization and shock. The second section provides a review of career choice and generational theories, highlighting contributions, gaps in understanding and rationale to support the current study.

Career Choice in Nursing

The empirical literature review consisted of qualitative and quantitative research specific to career choice in nursing. All articles that directly explored or provided insight into career choice influences were included in the review. Excluded from the review was literature not reported, or not available, in English.

Search Strategy

Studies were identified primarily through a search of relevant electronic databases including: CINAHL; PsycInfo; Sociological Abstracts; PubMed; Medline; and Embase. Thesaurus and MeSH headings were used to search broad subject terms such as "Career/Occupational/Vocational Choice," and "Nurse/Nurses/Nursing" and "Socialization".

The search was originally not limited by date given that many seminal career choice and professional socialization studies took place in the 1960s. However, given recent research suggesting significant changes in career choice and professional socialization experiences, and the intent of this review to inform future Millennial generation experiences, the final search was limited to include studies from 1990 to present (June 2011). Once the database searches were complete, the papers were reviewed first by title, then by abstract, and then by full paper.

Studies were excluded at each step of this process if they did not meet the inclusion and exclusion criteria. Hand-searching the reference lists of all relevant and included studies was employed as a secondary approach. It is important to note that this search strategy did not follow the traditional linear process of information retrieval and in contrast, evolved throughout the process. This divergent search technique is more reflective of real-life processing than classic information retrieval models, and provides an acceptable strategy as long as the process is transparent (Walsh & Downe, 2005).

The original literature search at the proposal stage (March 2009) resulted in 871 articles. Following assessment at the title and abstract level, full text articles were obtained. Fourteen articles were rejected at the full-text assessment and 48 articles, representing 48 research studies were included in the review: 23 qualitative studies and 25 quantitative or mixed-method studies. An updated search of the literature in June 2011, yielded an additional 8 articles/studies (6 qualitative; 2 quantitative), which were included. See Appendix A for a detailed matrix of the complete search results. The following discussion represents a synthesis of these 56 studies.

Synthesis

The following discussion presents a synthesis of existing research relevant to the understanding of career choice and influences on the decision to enter the nursing profession. In reviewing the literature, a thematic analysis of the content was conducted. Four main themes emerged inductively from the literature: (a) idealized and traditional views; (b) career choice influences: Self and others; (c) gender, race and cultural considerations; and (d) socialization and shock. A synthesis of findings from the 36 studies included in the review is presented below according to these themes.

Idealized and Traditional Views

Career choice and socialization research has often sought to explore individual assumptions and pre-held beliefs about nurses and the nursing profession (Boughn, 1994; Boughn, 2001; Boughn & Lentini, 1999; Boychuk-Duchscher & Cowin, 2004; Cohen, Palumba, Rambur & Mongeon, 2004; Cowin & Hengstberger-Sims, 2006; Dombeck, 2003; Gould & Fontenla, 2006; Grainger & Bolan, 2006; Hemsley-Brown & Foskett, 1999; Katz, 2007; Law & Arthur, 2003; MacIntosh, 2003; Mackintosh, 2006; Neilson & McNally, 2010; Spouse, 2000; Whitehead et al., 2007). The literature reveals that individuals often hold traditional views of nurses and often regard nursing first and foremost as a caring, compassionate and nurturing profession (Beck, 2000; Ben Natan & Becker, 2010; Boughn; Boughn & Lentini; Dombeck; Gregg & Magilvy, 2001; Hemsley-Brown & Foskett; Law & Arthur; MacIntosh; Mackintosh; Magnussen, 1998). Historically, career choice in nursing was associated with a 'vocational calling' to perform a virtuous role (Gordon & Nelson, 2005). Despite a recent distancing from the image of nursing as a virtuous vocation and a growing emphasis on the scientific and evidence-based nature of the profession, traditional images of nursing and nurses prevail.

The literature reveals that nursing is still often viewed as a noble and altruistic career path, with frequent references to idealistic characteristics of the professional role (Al-Kandari & Lew, 2005; Gregg & Magilvy, 2001; Hemsley-Brown & Foskett, 1999; Land, 1994; Larsen et al., 2003; Mackintosh, 2006; McLaughlin et al., 2010; Miers, Rickaby & Pollard, 2007). The presence of an idealistic perception of nursing, especially in relation to student's preconceived notions, is a salient theme in the literature. As the majority of career choice studies reveal, perceptions of the nursing profession often emphasize the opportunity to make a difference in the lives of others (Andersson, 1993; Beck, 2000; Erickson et al., 2005; Hinds & Harley; 2001; Larsen et al.; Law & Arthur, 2003; Maben et al., 2007; MacIntosh, 2003; Mackintosh;

Whitehead et al., 2007). Maben et al. caution that idealistic notions of nursing should not be viewed solely as unachievable or unrealistic but as a representation of one's values and aspirations of the profession and of themselves as a nurse.

Despite individual differences in one's perspectives of nurses and nursing, most studies identified that nurses held some construction of an "ideal" nurse that largely focused on the concept of caring (Andersson, 1993; Beck, 2000; Hemsley-Brown & Foskett, 1999; Hinds & Harley, 2001; Howkins & Ewens, 1999; McLaughlin et al., 2010; Stevens & Walker, 1993; Whitehead et al., 2007; Williams, Wertenberger & Gushuliak, 1997). The desire to care for, or help, others is one of the most frequently cited reasons for choosing to become a nurse (Beck; Hemsley-Brown & Foskett; Hinds & Harley; Howkins & Ewens; Raqines, 2011; Stevens & Walker; Whitehead et al.; Williams et al.). In a study of eight nursing students, Spouse (2000) used a naturalistic, longitudinal design to explore students' entry-level conceptions of nursing and the subsequent influence of these on their professional development. The study revealed that students often held strong beliefs regarding the nursing profession and the nurses' role before they entered their educational program. The participants described having an image of nursing as caring and compassionate which was often informed and influenced by the stereotypical portrayal of nursing in the popular culture and the media. As the findings reveal, the students' pre-entry perceptions of nursing influenced not only their career choice but also the way in which they engaged in nursing practice and their sustained motivation to become a nurse.

In a recent longitudinal, descriptive study, Grainger & Bolan (2006) administered questionnaires to 213 beginning and 150 graduating BScN students to explore their perceptions of nursing. Findings revealed that first year students enter the nursing program with a more idyllic view of nursing as a caring, compassionate and rewarding career than their graduating counterparts. As well, students demonstrated an increased awareness of the expertise required in

nursing towards the end of their studies. The results also indicated that first year students had a more positive impression of the profession than the fourth year graduating students, who were found to believe less strongly that nursing is a valued profession. These studies have implications for the retention of new graduates in the profession and support the need to further understand the life experiences that inform career choice and individual perceptions of nursing upon entry to professional training.

Despite the prevalence of traditional perceptions of nursing held by nursing students, several studies have acknowledged that these images can be a source of discontent for those entering nursing and may also serve as a barrier to choosing nursing as a career (Dombeck, 2003; Erickson et al., 2005; Grainger & Bolan, 2006; Miers et. al, 2007; Porter, Edwards & Granger, 2009). Several studies have noted that even when idealistic and traditional views of nursing have drawn students to the profession, these ideals often become a source of dissonance as they sought to be recognized for more than “caring”. In a qualitative study using grounded theory, MacIntosh (2003) explored the professional development experiences of nurses in relation to workplace adjustment. Interviews with 21 practicing nurses revealed that successful transition to practice was dependent on obtaining realistic expectations of both the nursing role and role responsibilities. One salient theme from the socialization literature is that new nursing graduates often experience a level of cognitive dissonance in relation to having their ideals about nurses and nursing challenged within the “real-world” (Day et al, 2005; Dombeck; MacIntosh; Mackintosh, 2006, Spouse, 2000). Several of the attributes associated with the “ideal” nurse-identity proved to be a source of discontent to new nurses, especially in relation to preconceived notions of “caring”.

Using interpretive ethnography to explore how nurses understand professional culture and professional personhood, Dombeck (2003) found that even when nurses identify with the

caring aspect of the profession, they do not want to be acknowledged solely for that attribute. Participant observation along with individual and group interviews with 36 nurses revealed that professional personhood was strongly influenced by stereotypical images of nurses. Despite acceptance or rejection of these images, the participants' personal stories of becoming a nurse were still filtered through them. Findings revealed that having a professional identity summarized by the term "caring" can prove to be "impossible to reject yet difficult to embrace" (Dombeck, p.360). Although some research suggests a continued exploitation of 'nursing as caring' within future recruitment strategies (Law & Arthur, 2003), several recent studies acknowledge a need to provide an updated, comprehensive and realistic image of nursing (Cohen et al., 2004; Dombeck; Starr & Conley, 2006).

Perceptions of nursing as a career by grade school and high-school students has been another area of focus within the research literature, especially in recent years in response to the nursing shortage (Porter et al., 2009; Miller & Cummings, 2009; Neilson & McNally, 2010). Hemsley-Brown & Foskett (1999) conducted a mixed methods study, using surveys and focus groups, to explore young people's perceptions of nursing. Focus groups with three separate student cohorts in Grade 6, 10 and 12 revealed that career desirability for nursing was lower than described in previous research on career aspirations in nursing. Reasons for the decrease in desirability towards nursing included a growing increase in employment options for women and a decrease in recognition for nursing as a privileged position in modern society. Although students expressed admiration for the work of nurses, this rarely translated into a desire to become a nurse. The literature presents a paradox in that although nursing can be viewed as an admirable profession in the commitment to "care", "help others" and "make a difference", individuals often describe the work of nurses, including perceptions of responsibilities, status, image, pay and work conditions, in undesirable terms (Erickson et al., 2005; Hemsley-Brown &

Foskett; Kohler and Edwards, 1990; Miller & Cummings). A cross-sectional telephone survey by Erickson et al. revealed that although high-school students identified 'having a sense of making a difference' as a motivator towards becoming a nurse, they also associated nursing more with unappealing and menial tasks than critical thinking, which served as a deterrent to entering the profession for some students. A recent systematic review, exploring career choice influences of gifted high school students, revealed that nursing was not perceived to fit with professional aspirations for prestige, higher education and pay (Miller & Cummings).

Although no existing research stated an intent to focus specifically on the career choice experiences of the Millennial generation of nurses, several recent studies do sample this emerging cohort of professionals. In a survey of 301 middle school students, Cohen et al. (2004) compared students' perceptions of an ideal career with their perceptions of a career in nursing. The results demonstrated few similarities and significant differences in the student's perceived qualities of an 'ideal' career and their perceptions of the nursing profession. The top four rated qualities identified by students as characteristic of an ideal career included: requiring a college degree, respect, good grades and autonomous decision-making. However, only a college degree was identified by the students as characteristic of the nursing profession. Although the authors speculate on social influences on the construction of career ideals and perceptions of nursing, the study did not explore these influences in depth.

A recent survey of 106 high school students in the UK by Whitehead et al. (2007) identified factors that influence decisions to enter the nursing profession using a mixed methods approach. Although not identified specifically as Millennial generation, the sample was representative of this generational cohort. Findings revealed that students had a limited understanding of the nurse's role and held very traditional views of the nursing profession. One

explanation for these findings is that this younger cohort may have limited exposure to contemporary examples of nursing.

The impact of one's preconceptions of nursing has been well acknowledged in the literature to be associated not only with career choice but also recruitment, attrition, transition, and retention (Boychuk-Duchscher & Cowin, 2004; Cowin & Hengstberger-Sims, 2006; Goldenberg & Iwasiw, 1993; Gould & Fontenla, 2006; MacIntosh, 2003; Porter et al., 2009; Spouse, 2000). Understanding the influences on the adoption of these traditional and idealistic views of nursing and the process by which students make their career choices may provide a logical first step towards ensuring professional satisfaction for future nurses practicing in contemporary health care environments (Cohen et al., 2004). An enhanced understanding of the process by which expectations are formed, may provide direction for recruitment initiatives and enhance post-entry socialization strategies to ensure successful transition, professional satisfaction and retention (Porter et al.).

Several questions regarding career choice among the next group of professional nurses remain, such as: How do early life experiences contribute to one's perception of an ideal career? How do early life experiences contribute to one's perception of nursing? How do students learn about the attributes, roles, image, status and work conditions of nurses, and how do they make sense of this in terms of their own professional interests and/or needs? What is the process by which students choose to enter nursing school?

Career Choice Influences: Self and Others

Several studies of career choice in nursing identify sources of influence on the decision to choose nursing as a career including: individual's self concept, personal interests, healthcare experiences and interactions with others (Beck, 2000; Dombeck, 2003; Erickson et al., 2005; Gregg & Magilvy, 2001; Howkins & Ewens, 1999; Raines, 2011; Stevens & Walker, 1993;

Whitehead et al., 2007; Williams et al, 1997). The decision to choose nursing has been found to be related to an individual's self concept as a caring person, and the fact that their perception of self was congruent with their perceptions of a nurse (Andersson, 1993; Arthur & Thorne, 1998; Dombeck; Larsen et al., 2003). Using an ethnographic approach, Andersson explored students' changing perceptions of professional nursing during nursing education. Participant observation and interviews with 41 nursing students revealed that perceptions of nursing remain relatively stable and traditional in origin despite experiences in training that challenged these views. Analyses of participant interviews also suggest that professional perceptions are closely related to one's self-concept.

The significance of self-concept in nursing has been recognized to influence not only career choice but also influence transition and retention (Arthur, 1992, 1995; Cowin & Hengstberger-Sims, 2006; Miller & Cummings, 2009). In turn, being a nurse also contributes to one's self-concept and can be inherent in how nurses identify themselves (Dombeck, 2003; Gregg & Magilvy, 2001). The view of nurses as caring remained a strong theme in self-identifying with the profession (Andersson, 1993; Hemsley-Brown & Foskett, 1999; Mackintosh, 2006; Shattell, Moody, Hawkins & Creasia, 2001). Although self-concept in nursing has been studied from a predominantly quantitative orientation, there has been recent support for the use of qualitative methods to allow for a more in-depth understanding of self-concept and professional identification (Howkins & Ewens, 1999).

In addition to self-concept, life orientation has also been recognized as an influence on career choice. In a survey of 184 nursing students, Vanhanen & Janhonen (2000) sought to examine factors associated with student's professional orientations to nursing. Based on previous qualitative research with nursing students, the authors identify three distinct orientations to nursing: caring, expertise and life. Each orientation relates to an individual's

perception of the profession, their self-concept and their personal goals and each differs in regards to pre-educational experiences of nursing and caring, perceptions of nursing work and expectations of the career. Depending on professional orientation, students may define nursing or nurses as altruistic (caring); expert professionals (expertise), or as a means to meet personal goals (life). The authors also propose that influence of these different orientations to nursing have distinct outcomes in relation to academic and professional success. The findings reveal that the majority of students were life orientated, meaning that they perceived nursing as fulfilling basic requirements in life, such as employment, economic security and work-life balance. The authors also identify that student experiences with nursing, along with perceptions of the profession as caring, are pre-requisites for choosing to become a nurse. This study provides support for the further exploration of how career orientations and expectations are formed, which has implications for career choice, education, professional socialization and retention.

Another salient finding in the literature was that nursing student's career choices are informed and influenced through interactions with others, especially, family, friends and role models (Levine & Hoffner 2006; McLaughlin et al., 2010; Shattell et al., 2001; Whitehead et al., 2007). In a cross-sectional survey of student nurses, Shattell et al. explored perceptions of the factors influencing their career choice. Mixed method analysis of survey data, including content analysis of open-ended questions, revealed that the majority of students (37.7 per cent) first considered nursing as a career in high school and that 47.8 per cent of the respondents indicated that career choice was influenced by family members, friends and teachers. Career choice was also influenced through direct observation of nurses actively engaged in nursing practice through either previous work experience, or as a recipient of nursing care as either a patient or family member. These early experiences provided an understanding of nursing as an opportunity to help and care for others.

First hand experiences with nurses were recognized in most studies as a strong influence on career choice (Beck, 2000; Gregg & Magilvy, 2001; Larsen et al., 2003; Kohler & Edwards, 1990; Murrells et al., 1995; Porter et al., 2009). Furthermore, most impressions of nurses, and nursing, were informed by knowing other nurses or having experience with the health care system (Andersson, 1993; Day et al., 2005; Larsen et al.; Kohler & Edwards). As Kohler and Edwards identified, direct encounters with nurses were more influential towards informing high school student's perceptions of nursing than other socialization experiences such as school and media. In an intervention study designed to explore student's perceptions of nursing following a nurse-shadowing experience, Porter et al. found that experiential knowledge was central to the decision to become a nurse. Within studies that focused specifically on early socialization experiences, certain experiences such as prior health care roles and direct interaction with nurses provided a more realistic and deeper level of understanding for the demands of the profession (Andersson; Gregg & Magilvy; Kohler & Edwards; McKenna et al., 2010; Porter et al.).

In a cross sectional survey of 1164 Registered Nurses in the UK, part of a larger longitudinal study, Murrells et al. (1995) explored influences on the decision to become a nurse. Findings revealed that pre-entry participation in formal and informal care-giving situations was a major influence on the decision to become a nurse. The survey found that 43 per cent of respondents indicated that their career choice was influenced by their involvement in volunteer work prior to commencing nursing studies. In addition, 60 per cent of respondents who indicated that they had an opportunity to care for a sick relative, neighbour or friend, identified that this experience positively influenced their decision to enter nursing. Other positive influences on the decision to become a nurse were media portrayals of nursing and having relatives in the health professions.

In a cross sectional survey of nursing students, Larsen et al. (2003) also found past experiences with illness (personal and/or familial) to be a strong motivator in choosing nursing as a career among 71 per cent of the student sample. In a phenomenological study exploring career choice influences of 27 nursing students, Beck (2000) found the impact of both caring for family and friends, and observing nurses in action, to be powerful and lasting influences on the decision to become a nurse. In another qualitative study using grounded theory to explore the construction of professional identity among Japanese nursing students, Gregg & Magilvy (2001) found that the core process of 'bonding into nursing' was influenced by knowing others who were nurses or being impressed and intrigued by the work of other nurses. Interestingly, these early experiences of identifying key attributes of nurses and the nursing profession for the most part only emphasized positive attributes.

A cross-sectional telephone survey by Erickson et al. (2005) found that participants' perceptions of nursing as a desirable career were also significantly influenced by recent socialization experiences. Findings revealed that teenagers who had recently spoken with someone about nursing, or who had observed nurses/nursing through a real-life situation or a news/media portrayal, were three times more likely to choose nursing as a career. As several studies identified, the degree to which these original assumptions of nursing were a match to their actual experiences as a nurse proved to be of paramount importance as nurses transitioned into the practice setting (Andersson, 1993; Day et al., 2005; Hinds & Harley, 2001).

Furthermore, the process of professional socialization, from education to the 'enculturation' to the practice setting, was also influenced by others, especially peers, educators and other nurse role models. Using critical ethnography to explore how nursing culture influences new graduates, Hinds and Harley (2001) interviewed 4 students nurses and 3 key informants and found that new graduates would often internalize the values, beliefs and

behaviours of the nursing culture (post-entry professional socialization) in order to seek acceptance from others. In the case of these nurses, the desire for acceptance overpowered previously held ideals. The influence of others is often considered analogous to the process of professional socialization, however the way in which others influence early career choice has not been explored in detail.

One recent study of early socialization experiences (Levine & Hoffner, 2006) draws from extant developmental career choice theory to define anticipatory socialization as the process of gaining knowledge about work roles from childhood until professional entry. Using a cross-sectional survey of 64 high school students, Levine & Hoffner explored work-relevant learning experiences and found that the five main sources for career related information include parents, peers, educational institutions, part-time employment and media. Although this study provided some insight into the content differences between these five sources of socialization information, there remains a need to gain a more in-depth understanding of the process of anticipatory professional socialization and the relationship to career choice.

Recognition for the influence parents, peers, educators and role models have on career choice, necessitates an in-depth understanding of this process. There is a need to further understand: How are an individual's career choices influenced by others; in what ways? How do individuals process the various career choice influences from multiple sources, including the perceptions and opinions of parents, peers and teachers? How do individuals reconcile conflicting messages about career options? In what ways, if any, do parent and peer career choices influence decision-making? An enhanced understanding of how social interactions, life experiences, and role models influence career choice, as well as an in-depth understanding of the process by which individuals choose careers can inform recruitment strategies for the emerging cohort of professionals both within and outside of nursing.

Gender, Race and Cultural Considerations

Another dominant theme from the literature is that career choice, professional socialization, and the construction of a professional identity, are influenced by gender, race, culture and social positioning (Dombeck, 2003; Gardner, 2005; Gregg & Magilvy, 2001; MacIntosh, 2003; Miller, 2009). Gender, race and ethnicity are recognized as strong influences on an individual's self-identification as a nurse (MacIntosh; Martin & Kipling, 2006; Whitehead et al., 2007). Gender is a well-recognized influence on career choice and gender role orientation is an integral component of early childhood socialization. Just as we learn how to be men and women, we also learn about professional roles in terms of gender appropriateness. Findings from several studies on professional socialization have highlighted that nursing is viewed predominantly as a career for white, middle class women (Boughn, 2001; Boughn & Lentini, 1999; Hemsley-Brown & Foskett, 1999; Magnussen, 1998; Muldoon & Reilly, 2003; Whitehead et al.). Research has also demonstrated that nursing as a career choice is based largely on the perception that it is a female job (Hemsley-Brown & Foskett; Whitehead et al.). Despite increases in the number of men in nursing, the traditional gendered view of nursing remains prevalent (Zysberg & Berry, 2005).

Several research studies have explored the influence of gender on career choice and specifically on why women, or men, choose nursing as a career (Boughn, 2001; Boughn & Lentini, 1999; Muldoon & Reilly, 2003). Muldoon & Reilly acknowledge that gender role orientation may be more influential on career choice than gender itself. In their cross sectional survey of 384 nursing students, Muldoon & Reilly found that students were socialized to identify career options based on gender role orientation and gendered stereotypes of nursing roles. Magnussen (1998) provided a historical perspective of women's decisions to enter nursing using phenomenological interviews with 15 nurses who graduated between 1900 and 1985. The

most salient theme in choosing to become a nurse was the desire to be of service. Other influences on the decision to choose nursing centered on the affordability of nurse training versus college/university. Although the study did not focus on the process of career choice, the opinions of nursing among family members and society as a whole were significant influences.

In another qualitative study, using grounded theory, Boughn and Lentini (1999) sought to explore why women choose nursing. Interviews with 16 female nursing students revealed that in addition to having an inclination towards caring and helping others, the participants expressed that power and empowerment for self and others was a strong motivator for choosing nursing as a profession. Although the interviews provide some insight into influences on career choice, such as parental influence and direct observation of other nurses, these processes were not explored in detail. Furthermore, the participants' perceptions of nurses/nursing as empowering were not explored. Another important finding from this study was the paucity of practical motivations for career choice among women such as pay and job security, a finding echoed in other studies (Boughn, 2001; Hemsley-Brown & Foskett, 1999; Zysberg and Berry, 2005).

Although the research acknowledges similar influences on the decision to become a nurse among women and men, such as the motivation to care for others (Boughn, 2001), the literature also reveals significant differences (Zysberg & Berry, 2005). Using the theoretical orientation provided by Holland's and Roe's models of career congruence and Maslow's hierarchy of needs, Zysberg and Berry explored gender differences in vocational interests. Findings from a self-report questionnaire completed by 160 freshman nursing students revealed that men's career choices were influenced more by needs motivations such as salary, security and image than women counterparts. These findings raise several questions in regards to how women and men are socialized to careers. For example: Are women provided with different information regarding nursing as a career option than men? Are traditional gendered images of

nursing perpetuated in contemporary society and within the career choice experiences of 21st century professionals? One study of gender differences in nursing recruitment initiatives by Murrells et al. (1995) revealed that men were less likely than women to receive promotional information in regards to choosing nursing as a career. With a current emphasis in nursing to recruit both men and women into the profession, a greater understanding is needed in regards to how men and women choose careers, especially among the newest generation, where traditional gender boundaries for career choice may be challenged.

Culture is also well recognized within socialization research as an important influence on career choices (Dombeck, 2003; Dorcy, 1992). The definition of culture was not always explicitly stated within the literature and therefore limits interpretation as to whether cultural influences relate to ethnicity, generational group, religion or other symbolic structures. Findings in relation to ethnic culture reveal that interactions between cultural beliefs, values and social arrangements often embody how individuals choose to live their lives, including decisions in relation to career choice (Dombeck; Dorcy). In Dombeck ‘s interpretive ethnography to explore how nurses understand professional culture and professional personhood, participants revealed that professional personhood was influenced by social positions, gender and race. Even though each of the participants acknowledged the influence of the feminine and caring image of nurses, African American nurses in the study experienced an accentuation of these attributes by societal assumptions of racial servant hood. The author identified a need to deconstruct traditional images of nurses in order to attract future generations of nurses from diverse backgrounds.

Career choice in nursing has been studied in a variety of cultures, and distinct differences in relation to career orientation have been identified (Lai et al., 2006; Martin & Kipling, 2006; Rossiter et al., 1998). Despite a lack of focus specifically on career choice, existing literature provides some insight into how early experiences influence perceptions of

nursing and the decision to enter the profession. The opportunity to contribute to the health of one's culture and be reflective of one's cultural group has been a recognized motivator in the decision to choose nursing (Katz, 2007). In a pilot study of Native American's perceptions of nursing, Katz identified that one salient and strong cultural influence on the decision to pursue nursing was the opportunity to contribute to one's cultural community/tribe.

Inherent within the research on the choice of nursing as a career among visible minorities is the need for role models in the profession (Gardner, 2005). Gregg & Magilvy (2001) explored the process of establishing professional identity among 18 Japanese nurses using grounded theory. Although the study focused on post-education influences on the core process of 'bonding into nursing', the findings acknowledge the influence of early (pre-entry) perceptions of nursing on the establishment of a professional identity. Furthermore, having the ability to recognize oneself in others was a powerful influence in the decision to enter and remain in nursing especially in relation to the experiences of visible minorities. Role models and mentors were a great source of support to individuals and often made a difference in the decision to remain in nursing.

Racial prejudice in nursing is also acknowledged within the socialization literature (Dombeck, 2003; Gardner, 2005; Martin & Kipling, 2006). In a recent qualitative study, Martin & Kipling used critical ethnography to explore how aboriginal nursing students' experiences are shaped by broad historical, social, cultural and political contexts. The researchers used a variety of ethnographic methods including interviews with nursing students, nurses, faculty and stakeholders and found that pervasive racism, invisibility of Aboriginal health, exclusionary discourses and stereotypical portrayal of Aboriginal people shaped students experiences of choosing and completing nursing education. There is an identified need within the literature to

further explore career choice among different ethnic groups, particularly the influence of parents on the decision to enter nursing (Whitehead et al, 2007).

Despite an emphasis on diversity in nursing recruitment, attracting individuals from diverse language and cultural groups remains difficult (Rossiter et al., 1998). A study by Rossiter et al., which surveyed 162 non-English speaking high school students in Australia, revealed that less than 10 per cent of the students identified nursing as a preferred career option. In a recent survey of 231 fourth year Taiwanese student nurses exploring career decisions, Lai et al. (2006) identified that 65 per cent of the sample would not choose nursing as a career after graduation. Furthermore, only 19 per cent of the students indicated that enrolment into nursing was reflective of their desire to be a nurse. The study did not explore the students' motivation for entering nursing in the absence of wanting to become a nurse however this finding warrants further exploration of the influences on the decision to choose nursing, exploring cultural differences and early career socialization within different cultures.

Distinct motivators for choosing nursing found in research outside of North America provide some insight into career choice experiences in other cultural groups (Ben Natan & Becker, 2010; Al-Kandari & Lew, 2005; Law & Arthur, 2003). Al-Kandari and Lew surveyed 289 high school females and found that students in Kuwait often regard nursing as a labour-intensive and use their nursing education as a springboard to a less stressful and demanding career. The authors propose that the students' perceptions of nursing as physically exhausting may be related to cultural and societal influences such as the lack of care giving experiences among the younger generations, especially those who are used to having domestic workers in the home. In a survey of 1246 high school students in Hong Kong, Law and Arthur explored factors that influence the decision to choose a nursing career. Findings revealed that influences such as the presence of nursing role models, experience in healthcare, and the opinions of

nursing held by significant others influenced the students' perceptions of nursing as a career choice. Although parental opinion was an influencing factor, parent's education, parental occupation and family income were not predictive of students' career intentions.

Most of the research to date on career choice in nursing has not focused on cultural influences on career choice. A further understanding of career choice, with consideration for gender, race and cultural influences is especially relevant in nursing where there is a need to provide not only culturally competent care, but also be reflective of diverse individuals, groups and societies.

Socialization and Shock

The final theme from this synthesis reveals that professional socialization in nursing is strongly associated with one's preconceived notions and expectations of both nurses and the profession. Most of the research on professional socialization in nursing has focused on experiences and influences starting with entry to an education program (Andersson, 1993; Brodie et al., 2004; Davis, 1975; Day et al., 2005; Howkins & Ewens, 1999; Mackintosh, 2006) through to transition to practice (Cowin & Hengstberger-Sims, 2006; Goldenberg & Iwasiw, 1993; MacIntosh, 2003; McKenna et al., 2010). Although the focus of much research has been on post-professional entry experiences, several socialization studies provide insight into early influences on career choice. The process of professional socialization, and transition to practice, have been linked to pre-held assumptions and beliefs about the nursing profession and the nurses' role (Beck, 2000; Benner, 1982; Boychuk-Duchscher & Cowin, 2004; Ellerton & Gregor, 2003; Kelly & Ahern, 2009; Kramer 1974; Olesen & Whittaker, 1968). One dominant theme in the literature is the dissonance between preconceived notions of nursing and the actual practice setting (reality shock). Reality and transition shock is a concept well studied in nursing. Both seminal (Kramer; Olesen & Whittaker) and recent research (Boychuk-Duchscher &

Cowin; Day et al.; Kelly & Ahern; MacIntosh; McKenna et al.) acknowledge that transition shock among new graduates may be caused by value incongruence between the environment in which they were raised and educated and the professional setting into which they are indoctrinated. This body of research acknowledges that early life experiences influence not only career choice, but also professional socialization, satisfaction and retention.

In a qualitative study of 26 community health nursing students, Howkins & Ewens (1999) used a constructivist perspective and repertory grids to explore how students experience professional socialization and how their construction of their role changed within their training. Howkins and Ewens defined professional socialization as a complex, interactive and proactive process that occurs over time. Findings from the study revealed that nursing students' professional socialization is influenced by each students' personal constructions of unique past experiences. Successful professional socialization required students to be reflective, acknowledge and understand individually held constructions of their professional identity.

In a study on professional socialization in nursing, MacIntosh (2003) used grounded theory to explore experienced nurses' perceptions of how they became a nurse. Interviews with 21 Canadian nurses revealed a social process of 'reworking professional identity' which described an iterative process that occurs when nurses experience and adjust to feelings of dissonance upon transition to practice. Identified within this process are contextual factors associated with early life experiences and pre-entry socialization, namely, perceptions of the nurses' role and the perceived status of nursing held by others. The interviews revealed that successful transition to practice was dependent on obtaining realistic expectations of both the nursing role and role responsibilities. MacIntosh highlights the need to assist new graduates to develop more realistic expectations of the profession and the professional role of nurses.

Although most research on professional socialization acknowledges that the presence of idealistic and stereotypical views of nursing upon entry to professional training contribute to reality and transition shock, few studies have explored the process by which these perceptions were formed. Several studies have explored how perceptions of nursing and the nurses' role change during the process of professional education and socialization. In a descriptive, longitudinal, qualitative study, Mackintosh (2006) explored the socialization process of pre-registration nurses, within 6 to 9 months of program entry and again at 6 to 9 months prior to program completion. Study findings recognized the complexity of the socialization process and recognized that idealistic views and unrealistic expectations of nursing may be a contributing factor in the personal disillusionment experienced by nursing within the education process.

In a recent descriptive, qualitative study using interviews and open-ended questionnaires, Day et al. (2005) sought to explore student socialization within a four-year baccalaureate program. Findings revealed that students entered the programme with some preconceived notions about nursing. The process and degree to which these ideas developed were influenced by pre-entry socialization such as past experiences with nursing care and the influence of nursing role models. The students described a process of struggling with the stereotypical images of nursing in society and acknowledged that their initial understanding of the profession and role of nurses broadened as they moved through the education program.

In a mixed methods study exploring how perceptions of nursing change throughout the student experience, Brodie et al. (2004) administered questionnaires (n=650) and conducted individual (n=30) and focus group (n=7) interviews with nursing students in the United Kingdom (UK). These authors recognized the significance of pre-entry expectations on transition and professional role fulfillment. Findings revealed that although student understanding of the knowledge and skill of nurses increased during post-entry socialization,

their negative perceptions of nursing were often reinforced by the organizational and social influences such as inaccurate and stereotypical perceptions of nursing, working conditions and a perceived lack of support within the profession.

The successful socialization, transition and retention of new nurses are as essential as recruitment in addressing the nursing shortage. Given the significance of preconceived notions and expectations of nursing to the professional socialization process, understanding the myriad of influences on these pre-held beliefs is paramount. A recent qualitative study by McKenna et al. (2010) identified that early professional socialization experiences can both reaffirm career choice and influence future career intentions. Exploring the career choice process and influences of the emerging generation of nurses can provide insight into how individuals learn about careers, and come to know the nursing profession. Such an understanding has the potential to inform future recruitment, socialization, transition and retention strategies.

Summary

The findings from this empirical review provide a cursory understanding of career choice in nursing and provide rationale for the present study. Although some of the studies included within this review did not focus specifically on experiences influencing the decision to become a nurse, the findings do provide insight into this phenomenon. As the results demonstrate, a myriad of early life experiences, such as interactions with nurses and health care settings, significantly influence an individual's view of nursing, their self-identification with the attributes of nurses and their decision to enter the profession. These early life experiences often provide individuals with an idealistic perspective of nursing that can cause dissonance and distress due the incongruence between their previous held assumptions and the actual practice setting, especially during transition to practice. Although a wealth of research was included in this review, a more in-depth understanding of how the newest generation of professionals learn

about nursing and career choices in general is needed. Furthermore, the existing research does not provide an in-depth understanding of how individuals process all the personal, social, and organizational influences to make sense of their career choice options. A further understanding of millennial nurses' exposure to nursing as a career, and perceptions of the profession, may also provide insight into the retention of future nurses. Although most of the career choice research included in this review did not explicitly identify a theoretical framework, there is a large body of literature within organizational and vocational psychology specific to career choice theory. Any comprehensive review of the current state of the knowledge in relation to career choice would be deficient without consideration for these existing theoretical approaches. The following discussion provides an overview of the three most prominent career choice theories, identifying contributions, gaps and rationale for the future study of career choice among the newest generation of professionals.

Career Choice Theory

Career choice has been studied extensively within the disciplines of organizational and vocational psychology. The study of career choice can be dated back to the early twentieth century and despite a recent proliferation of research in this area, the most frequently cited theories on career choice were developed mid-century (Savickas & Baker, 2005). Most vocational theorists have sought to understand the nature of career choice, and identify key influences or determinants for career decision-making. Once thought to be a static, one-time only decision, career choice is now recognized as a dynamic process that forms over time through a variety of experiences and evaluative processes (Ashforth & Saks, 1995). Several major career choice theories (Gottfredson, 1981; Holland, 1959; Lent et al., 1994; Roe, 1956) have recognized the importance of early (child and adolescent) socialization experiences as a key influence on career decision-making. The most prominent theoretical approaches in the

extant career choice literature include: developmental, person-environment fit and social-cognitive perspectives.

Developmental Career Choice Perspective

Developmental career choice theories have focused on influences across the life span suggesting that career choice is determined by early childhood experiences, family interactions and life-long socialization (Ginzberg et al., 1951; Gottfredson, 1981; Hartung et al., 2005; Roe, 1956; Super, 1980). Examples of early influences identified within developmental career choice theories include: education, family values, individual needs, parent child relations, gender and class (Ginzberg et al.; Gottfredson, 1996; Roe). The three most prominent developmental theories are: Ginzberg et al.'s "Career Development Theory"; Roe's "Personality Development and Career Choice Theory"; and Gottfredson's "Developmental Theory of Occupational Aspirations: Circumscription and Compromise".

Although each of these developmental theories have distinct concepts, stages and processes, all three focus on influences across the life span suggesting that career choice is determined by early childhood experiences, family interactions and life-long socialization (Ginzberg et al., 1951; Gottfredson, 1981; Hartung et al., 2005; Roe, 1956; Super, 1980). Examples of early influences identified within developmental career choice theories include: education, family values, individual needs, parent child relations, gender and class (Ginzberg et al.; Gottfredson, 1996; Roe). Problems inherent within the developmental theories are that they do not account for individual variance in stage progression and process, nor adequately address implications of contextual variables and issues of gender, race and social class on the process of occupational choice (Brown, Lum & Voyle, 1997; Creamer & Laughlin, 2005; Hartung et al., 2005; Lunneborg, 1997; Ospiow, 1997; Tinsley, 1997). Developmental theories have received only mixed empirical support, which highlights the need for further research focused on

exploring additional contextual variables influencing career choice (Blanchard & Lichtenberg, 2003; Brown et al.; Helwig, 2001; Lunneborg; Osipow). Furthermore, despite an acknowledgement of career choice influences throughout the lifespan, most research has taken place with adolescents and young adults, largely ignoring the influence of early childhood experiences, including parenting styles and family interactions (Hartung, Lewis, May & Niles, 2002). The relevance of these theories in relation to the changing nature of the workforce has also been questioned given that modern approaches to career choice need to reconcile the considerable fluidity of modern career and life role experiences (Flum & Blustein, 2000). Furthermore, Lunneborg identified a need for future case studies and qualitative accounts to further explore influences in contemporary society such as the parental effect on career choice. The developmental perspective provides support for future research to explore how individuals within modern society make sense of the various influences on career choice throughout the lifespan.

Person-Environment Fit Perspective

In addition to the developmental approach, several person-environment theories have been developed to explain career choice in terms of the interplay between personality and environment. Person-environment theories make the assumption that individuals choose career environments which best fit with their personalities, values, attitudes, skills and abilities (Holland, 1959; Strong, 1927). Although the developmental perspective provided the impetus for several person-environment fit theories in the 1950s, one of the first theories to recognize the influence of personality on career preferences was developed by Strong. Strong's research precipitated a wealth of inventory-type approaches to vocational interest and career choice and inspired the development of further personality influences theories. Building on Strong's theory of vocational interests, Holland proposed a theory of 'Career Typology' which remains one of

the most widely accepted and researched career choice theories today. Holland's theory is recognized as having the greatest impact on our understanding of the career choice process and has informed the development of several self-directed career search tools in use today (Furnham, 2001; Srsic & Walsh, 2001). Person-environment fit theories propose that career choice behaviour results from the interplay between personality and environment and makes the assumption that individuals choose career environments which best fit with their values, attitudes, skills and abilities.

There has been a wealth of research using Holland's theory as a framework to explore the influence of career choice on organizational outcomes such as job satisfaction however, there has been recent evidence to suggest that Holland's congruence model lacks validity (Betsworth & Fouad, 1997; Tinsley, 2006; Tranberg, Slane & Ekegberg, 1993; Tsabari, Tziner & Meir, 2005). Several recent meta-analysis of studies using Holland's congruence model found the theory to be an invalid predictor of vocational outcomes (Tranberg et al.; Tsabari et al.). In addition, Holland's theory has also been criticized for not adequately addressing all of the influences on personality type development and career selection, especially for women and racial and ethnic minorities (Betz & Hackett, 1997; Lindley, 2005; Tinsley; Tranberg et al.; Tsabari et al.). Tinsley asserts that continued interest in exploring and extending Holland's theory to address inherent limitations is a futile task and suggests future directions should focus on exploring a new understanding of career choice that acknowledges all the contextual variables including personality, attitudes, values, skills and abilities. Qualitative, and narrative methods, provide one avenue to explore the myriad of contextual influences on career choice, including the influence of both personal and environmental variables such as self-concept and socialization.

Social Cognitive Career Theory (SCCT)

A third theoretical perspective to career choice is social cognitive career theory, in which self-efficacy is identified as a significant predictor of career choice (Lent, Brown & Larkin, 1987; Srsic & Walsh, 2001). One of the most extensively researched theories of career choice is the 'Social Cognitive Career Theory' (SCCT) developed by Lent et al. (1994). SCCT was derived in part from Bandura's (1977;1986) social cognitive theory and provides a comprehensive framework for exploring career choice by recognizing the interplay of multiple individual, social and environmental influences (Betz & Hackett, 2006; Betz, Klein & Taylor, 1996; Lent et al., 1994; Lindley, 2005; Smith & Fouad, 1999). SCCT was also influenced by the research of Hackett and Betz (1981), who established the relationship between self-efficacy and women's career development. SCCT focuses specifically on the connection between self-efficacy, outcome expectations and goals in relation to career choice. SCCT is linked to Bandura's theory that career choice is influenced by personal accomplishments and social learning whereby individuals choose careers that fit with their expertise and past successes in order to maintain self-efficacy and ensure a greater likelihood of future success (Lent et al., 1994; Lindley).

There has been significant empirical support for SCCT, establishing the links between self-efficacy and career choices (Betz et al., 1996; Lent et al., 1994; Smith & Fouad, 1999) especially in relation to career choices in science and academic arenas (Lent, Brown & Gore, 1997; Lent, Brown, Brenner, Chopra, Davis, Talleyrand et al., 2001). Lent et al. (1994) provided a meta-analysis of previous research on self-efficacy and career choice and found a statistically significant relationship between outcome expectations and career choice suggesting that people will choose careers in which they perceive positive/successful outcomes. There has also been substantial research exploring the relationship between SCCT and Holland's theory in

predicting career choice satisfaction (Gore & Leuwerke, 2000; Hackett & Betz, 1981; Lindley, 2005; Srsic & Walsh, 2001). However, the limitations in combining SCCT and Holland's Congruence model include the inability to account for barriers to career choice, especially in terms of gender differences (Hackett & Betz; Swanson, Daniels & Tokar, 1996). One of the criticisms of SCCT is that most of the research has focused on hypothetical choices in science and academic arenas and does not explore this construct among various populations in a variety of real-life situations and settings (Lindley). Furthermore, a key determinant of self-efficacy is the ability to draw on real life experience to develop the skills and self-confidence required to inform career choice yet there has been some question as the prevalence of such opportunities for the emerging generation of professionals within contemporary society (Meijers, 2002).

Inherent within each of these three theoretical perspectives (developmental, person-environment and SCCT) is an understanding of how career choice is influenced by a variety of individual, developmental, social and environmental variables. Each of these theories also provide support for the recognition of career choice as a dynamic processing of life-long influences and experiences. Despite a recognition for early life influences on career choice, most of this research has not provided an in-depth understanding of these early childhood experiences, parenting styles, family and peer interactions (Hartung et al., 2002). There has been recent recognition for the need of qualitative methods in future career choice research in order to address the gaps in our current understanding of this issue (Price, 2009; Saks and Ashforth, 1997). Qualitative approaches can provide a means to ensure that diversity of individual and contextual factors are acknowledged for their importance in career choice (Patton & McMahon, 2006). Furthermore, the research has not provided insight into how the upcoming generation of professionals processes these multiple influences. Recently published reviews have questioned the ability of traditional career choice theories to capture the challenges, complexities and

uncertainties of modern workplaces (Bright & Pryor, 2005), contemporary society (Patton & McMahon) and a new generation of professionals (Flum & Blustein, 2000; Price; Young and Valach, 2004). The future exploration of life experiences which inform perceptions of work characteristics and workplace environments are particularly relevant to gaining an understanding of career choice decisions among the newest generation of professionals (Chapman, Uggerslev, Carroll, Piasentin & Jones, 2005; Millward & Brewerton, 2000). The following discussion provides a review of generational theory and research and presents rationale for the future study of career choice among the newest generation of professionals.

Generational Theory: Career Choice in the New Millennium

As the previous section demonstrates, there is strong empirical and theoretical support for the recognition that career choice begins as a child and continues as a life-long process. Not only do children learn about careers in a way that will inform occupational choices, they also learn at an intensive and fast pace (Hartung et al., 2005). A growing body of literature suggests that children today may have distinct career and professional socialization experiences in comparison with previous generations (Hartung et al.; Ungar, 2007). Recent research has also shown differences between the newest generational cohort of professionals, the Millennial generation, (born between 1980 and 2000) and preceding generations (Veterans, Baby Boomers and Generation X) in relation to such variables as career aspirations, job expectations, job satisfaction and organizational commitment (Eisner, 2005; Hartung et al.; Hill, 2002; Hu et al., 2004; Lancaster & Stillman, 2002; Zemke et al., 2000). The characteristics of generational cohorts have been categorized and described within several well-cited texts (Lancaster & Stillman; Strauss & Howe 1991; Zemke et al.). Despite early exploration of intergenerational issues (Friedlander, 1975), there has been a growing interest over the last decade in exploring generational differences within the workplace, especially within the fields of management and

human resources (Hill; Payne & Holmes, 1998; Rodriguez, Green & Ree, 2003). Generational theory is based largely on demographic data, which plays a pivotal role in chronicling, predicting and explaining economic and sociopolitical life (Boychuk-Duchscher & Cowin, 2004). Generational eras are characterized by historical, political, and social events that in turn influence the core values, attitudes, work ethic and professional aspirations of the cohort members (Strauss & Howe). Generational cohorts are defined as a group of people who may experience particular historical or environmental events within the same timeframe and share a set of values, beliefs and expectations (Strauss & Howe). Generation theories typically assign individuals to cohorts based on birth date. The most cited generational typologies are based on the work of Strauss and Howe and identify 4 generational cohorts: Veterans (1925-1945); Baby Boomers (1946-1964); Generation X (1965-1979) and Generation Y or Millennials (1980-present).

Generational theory has been criticized for making generalizations of cohort characteristics based predominantly on age. Some individuals may not identify with the characterization of their generational era identified within the theories (Raines, 2008). Furthermore, individuals born close to the beginning or end of a generational era have been shown to display attributes of more than one cohort (Zemke et al., 2000). Although most generational theorizing has been based on anecdotal evidence and demographic data, it does provide a reference point to explore life experiences including personal and professional behaviours and attitudes (Boychuk-Duchscher & Cowin, 2004). Despite criticism that generational typologies tend to oversimplify the characteristics of each cohort, and often fail to account for variation and overlap, several sources have identified common features within each generation (Hu et al., 2004; Strauss & Howe 1991; Zemke et al.).

The following description of each generational cohort is based on the typology classifications of Boychuk-Duchscher & Cowin (2004) and Strauss & Howe (1991). The Veterans (born 1925-1945) are characterized as being conservative, cautious and resistant to change, such as advancing technology. This generation demonstrates respect for authority, organizational loyalty and believes in seniority-based advancement. The Baby Boomer cohort (born 1946-1964) is described as the most egocentric of the generations and are often characterized as workaholics who 'live to work'. This generation is known to challenge the status-quo and although they adjust slowly to technological advances, they value creativity and risk-taking. Individuals within Generation X (born 1965-1980) are noted to be independent, confident, creative and comfortable with change and new technology. Generation X values work-life balance and seeks professional acknowledgement for their talents and expertise. Generation Y, also known as the Millennials, (born 1980-2000) are characterized as the most technologically savvy of the generational groups. This generation is adaptable, open-minded and goal orientated. These individuals have high expectations of themselves and others; work well in cohesive, collegial and collaborative environments; and look for feedback and recognition for their achievements.

One reason for the recent focus on generational issues in the workforce arises from the fact that there are currently four generations of workers co-existing within the workplace, each with distinct characteristics (Lancaster & Stillman, 2002; Zemke, et al., 2000). The current presence of four generations in the workplace has resulted in a growth of literature and research exploring the implications and effects of generational differences on organizational outcomes. Within the discipline of nursing there has been a growing body of literature describing both the multigenerational work environment (Boychuk-Duchscher & Cowin, 2004; Hu et al., 2004; Kupperschmidt, 2000; McNeese-Smith & Crook, 2003) and exploring generational differences

in relation to organizational variables (Eisner, 2005; Hartung et al., 2005; Hill, 2002; Lancaster & Stillman; Widger, Pye, Cranley, Wilson-Keates, Squires & Tourangeau, 2007; Wilson, Squires, Widger, Cranley & Tourangeau, 2008; Zemke et al.). Hu et al. surveyed a sample of multigenerational nurses to describe attributes, communication styles and tasks of Veterans and Baby Boomers compared with the younger Generation X and Millennial cohorts. A convenience sample of 62 nurses revealed no significant differences between the groups in relation to perceptions of communication styles or tasks. However, findings did identify differences in group attributes that support the generational characterization described in the theoretical literature. For example, the Veterans and Baby Boomers were less comfortable with technological change than the younger generational cohorts. Furthermore, the Veteran and Baby Boomer nurses described themselves as being caring, respectful and detail orientated whereas the Generation X and Millennial nurses described themselves as principled, flexible and idealistic. The younger generations also identified a strong need for regular reinforcement and feedback. As the upcoming generation of employees who are expected to fill the gap created by retiring Baby Boomers, there is a growing interest in understanding characteristics of the Millennial cohort in the workplace (Lancaster & Stillman; Palese, Pantali & Saiani, 2006).

Another incentive to further understanding career choice among the upcoming millennial generation is that recent statistics suggest that 30-60 per cent of new nursing graduates may leave the profession within the first 2 years of professional practice (Beecroft, Dorey & Wenten, 2008; Bowles & Candela, 2005; Boychuk-Duchscher & Cowin, 2004). These statistics are even more disconcerting given that the nursing shortage is projected to rise over the next decade (CNA, 2009). Addressing the loss of new nurse graduates from the profession will be essential to addressing the current and growing shortage of nurses (O'Brien-Pallas et al., 2008). One explanation of this attrition evidenced in the literature is that new graduates, as part of a younger

generational cohort, may experience incongruence between the environment in which they were raised and educated and the professional setting into which they are indoctrinated (McNeese-Smith & Crook, 2003). Recent research in nursing has identified that the Millennial generation are significantly less satisfied with their jobs than older generational cohorts, and have the largest proportion of nurses experiencing burnout (Boychuk-Duchscher & Cowin; Cho, Laschinger & Wong, 2006; Laschinger, Finegan, & Wilk, 2009; Widger et al., 2007). Widger et al. analyzed survey data from a sample of 8207 Registered Nurses and Registered Practical Nurses exploring generational differences in relation to employment circumstances and work environment. Results from this study revealed statistically significant differences among the generations and found that the most recent generational cohort (Millennials) had lower job satisfaction scores than older cohorts. Furthermore, the Millennial cohort had the largest proportion of nurses experiencing burnout, specifically feelings of depersonalization and emotional exhaustion. Cho, Laschinger, and Wong (2006) found that 66% of new graduates experienced severe burnout associated as a result of negative workplace conditions. In a secondary analysis of survey data, Wilson et al. (2008) explored job satisfaction among a multigenerational sample of 6541 Registered Nurses. Findings from this study revealed that Generation X and Millennial nurses experienced significantly lower job satisfaction scores that their baby Boomer counterparts. These authors identify the need to further understand the needs of the younger generations of nurses in order to retain them to the profession.

One rationale for generational differences in career outcomes is that recent and future generations of professionals have significantly different childhood experiences than previous generations which may result in distinct expectations of occupations and workplaces (Hu et al., 2004; Zemke et al., 2000; Ungar, 2007). For example, research suggests that young people today are parented differently and as a result may not be as exposed to work environments and

part-time student employment opportunities in the same way as previous generations (Hartung et al., 2002; Ungar). Generational research has also identified that many youth today recognize and accept the uncertainty of the future and tend to avoid commitment and responsibility (Loughlin & Barling, 2001; Meijers, 2002). Furthermore, within current organizational environments, there is a trend towards fewer opportunities for work placements and practical learning experiences, all of which may impact career choice decision-making for the next generation of emerging professionals (Meijers). Exploring the career choice experiences of the Millennial nurses will provide further understanding of the unique characteristics of this cohort in relation to career choice, transition and fulfillment. Such an understanding will be paramount to the growth and sustainability of the nursing profession.

Summary

Evident from the above empirical and theoretical literature is an understanding of how career choice is influenced by a variety of individual, developmental, social and environmental variables. Furthermore, career choice is recognized as a dynamic processing of life-long influences and experiences. Future research needs to understand the unique career choice experiences of the newest and future cohort of professionals by exploring the visibility of careers in the lives of children today, the multitude of career choice influences and the process by which they individuals choose careers. The overemphasis of psychometric testing in traditional career choice research, and a reliance on quantitative methods, have been criticized for not recognizing the “unique phenomenology and context of the individual” (McIlveen & Patton, 2006, p.19). In recent literature there has been recognition of the need for qualitative methods in future career choice research in order to address the gaps in our current understanding of this issue (Price, 2009; Saks and Ashforth, 1997). Many unanswered questions remain such as: What are all the contextual factors influencing career choice for the emerging

generation of professionals within modern society? How do individuals make sense of career choice influences and experiences that inform their career choice options? How does the career choice process unfold over time? How do childhood experiences and early professional socialization influence subsequent perceptions and expectations of eventual career choices? Qualitative approaches can provide a means to ensure that diversity of individual and contextual factors are acknowledged for their importance in career choice (Patton & McMahon, 2006).

This study will utilize a qualitative methodology to gain an understanding the complexity of career choice in modern society among a new generation of nurses. Within the literature there has been recent recognition for the notion of career construction using personal narratives (Bujold, 2002; McIlveen & Patton, 2006). Narrative inquiry provides an understanding of the rich personal and cultural influences embedded in career choice, and focuses on understanding not just the person or environment but also the processes that comprise career construction (Flum & Blustein, 2000; McKay, Bright & Pryor, 2005). Narrative inquiry gives voice to individuals and empowers them to actively construct their career identity rather than having one imposed or prescribed (McIlveen & Patton). The use of narrative inquiry, and an exploration of life narratives, can provide insight into the stories of individuals who choose nursing as a career. As Polkinghorne (1988) asserts, narratives are “the fundamental scheme for linking individual human actions and events into interrelated aspects of an understandable composite” (p. 13).

This inquiry seeks to fill a gap in our current state of knowledge by exploring the career choice experiences for the Millennial generation of nurses. This research seeks to understand how this emerging cohort of Nursing professionals explain, account for, and make sense of their choice of nursing as a career. Narrative accounts of career choice provide an opportunity to recognize the myriad of personal, developmental, social, and organizational influences on career

choice. Furthermore, personal narratives of career choice reveal preconceptions and images of nursing as a profession, and provides insight into how members of the Millennial generation talk about careers generally.

CHAPTER THREE: PHILOSOPHICAL and THEORETICAL UNDERPINNINGS

> "...the self does not know itself immediately, but only indirectly, through the detour of cultural signs of all sorts, which articulate the self in symbolic mediations that already articulate action, among them the narratives of daily life."
>
> Paul Ricoeur (1991b, p. 80)

Theory within a qualitative inquiry can occur at both the paradigmatic and substantive levels. Although qualitative research was historically thought to be atheoretical, due to the inductive nature of the inquiry, the philosophical tenets from which the study is grounded often provides the guiding theoretical framework (Mitchell & Cody, 1993; Sandelowski, 1993). A discussion of the basic beliefs and world views of the paradigm in which the researcher is situated is often useful towards framing the inquiry and provides direction for the researcher and the research process. Paradigms provide the theoretical framework for a study and influence the way knowledge is understood, studied and interpreted (Guba & Lincoln, 2005; Mackenzie & Knipe, 2006). Paradigmatic positioning provides a basis from which choices regarding methodology and methods can be made (Patton, 2002). The following chapter will provide an overview of the philosophical and theoretical tenets that guide this inquiry. Distinct considerations in relation to epistemology, ontology and methodology will be discussed in detail as they relate to an interpretive and narrative research design. In the following paragraphs I will demonstrate how the inherent critical perspectives of the interpretive paradigm will guide my inquiry. I will also describe how the philosophical and theoretical tenets of an interpretive narrative approach, derived from the writings of Paul Ricoeur (1984; 1985, 1991a; 1991b; 1997) and Donald Polkinghorne (1983; 1988; 1995; 1997) will provide a framework for my research. Key methodological considerations, as they relate to conducting an interpretive narrative inquiry to explore career choices of the emerging Millennial generation of nurses, will be discussed in conclusion.

Intrepretivism as a Theoretical Framework

The interpretivist paradigm grew out of growing dissonance with positivist and post-positivist approaches to knowledge generation. Interpretivisim was born out of the early writings of philosophers such as Husserl, Heidegger, Gadamer and Merleau-Ponty (Lincoln &

Guba, 2000). Interpretivism focuses on the interpretation of events and phenomena in terms of how individuals perceive and understand their own experience. Within the interpretivist paradigm, ontology is relativist, epistemology is transactional, and methodology is hermeneutic (Denzin & Lincoln, 2000; Schwandt, 2000). Ontologically, the interpretive paradigm takes a relativist stance, where reality is multiple and pluralistic (Denzin & Lincoln). From a relativist ontology comes a knowing that is subjective and socially constructed (Denzin & Lincoln). Truths are multiple, relative and subject to interpretation, construction and redefinition. From an interpretivist stance, the search for "truth" involves more than mere discovery but is an active process of interaction between researcher and research participant. Interpretive research involves the interactive and social process of creating understanding and putting meaning to experience (Lincoln & Guba, 1985). Within this paradigm is an understanding that we cannot fathom each day, and each situation, by simply opening our eyes (Merleau-Ponty, 2004). Understanding life/experience within an interpretive paradigm requires entering it, being fully present, and recognizing that the researcher's active involvement shapes the research/data. The researcher does not approach the relationship with the participant, or approach the narrative, without preconceived notions, expectations and personal life experience to draw from (Polkinghorne, 1983). In this respect, the understanding derived from an interpretive inquiry is relative to the experiences and interpretation of both the participant and the researcher. A relativist ontology recognizes that narrative texts may be interpreted differently by each reader (Polkinghorne). The key in representing lived reality or experience is for the author/researcher to recognize multiple realities and the multiple influences on these realities (Ogle, 2006). Our beliefs on the nature of reality do not just influence the research question and study design but also how the findings are deemed valid. Relativism in its extreme form is criticized for creating a position in which nothing can be known. However, although a relativist ontology

acknowledges that knowing is relative to personal, social, historical and cultural contexts, it does not deny the possibility of a common knowledge or understanding (Bernstein, 1983). A relativist ontology is an appropriate positioning for this narrative inquiry given that career choice has been shown to be influenced by a myriad of contextual factors over time that when presented in a temporal whole, are unique to each individual.

The epistemological stance of this inquiry is both transactional and narrative in nature. Epistemologically, interpretivists believe that it is impossible to separate the interaction from the research and it is only through interaction that data will emerge (Mills, Bonner & Francis, 2006). Interaction is the key to interpretation and understanding (Frid, Ohlen & Bergbom, 2000). Intersubjectivity is a term used to describe the process by which people construct shared meanings in their interactions with each other (Deutsch, 2004). By acknowledging the transactional nature of our research, and the related influences, we can learn more about ourselves and our research (Deutsch). As Deutsch states, “to deny such intersubjectivity would be to deny the humanity of both researcher and participant” (p. 889). Inherent in this epistemological perspective is an understanding that who we are, and what we think/believe will always influence how we ask questions, interact with others and interpret data. The nature of interpretive and hermeneutic approaches maintains “there is no way for the knower to stand outside the lifeworld to observe it” (Polkinghorne, 1983, p. 240). The “truth” we uncover within interpretive research is influenced by who we are and how we interact with participants.

Narrative, as theorized by Ricoeur and Polkinghorne, isn’t a mere retelling or description of another’s story, but a dynamic process of interpretation that alters and contributes to the meaning of the story. The importance of individual experience to reality is a key characteristic of an interpretive approach to narrative. Our interpretation and understanding arises from our values, fundamental beliefs and lived experience (Appleton & King, 2002; Charmaz, 2004;

Lincoln & Guba, 1985). The use of narrative as an epistemological positioning, recognizing knowledge as narrative, is fundamental to understanding human actions and events into a comprehensive whole. Narrative is often recognized within research as a method for data collection and analysis, and a representational form. However, narrative is also recognized as an epistemology and an approach to understanding individual experience (Carr, 1991; Frid et al., 2000; Witherell & Noddings, 1991). Individuals come to know themselves and others through stories and storytelling (Polkinghorne, 1988). Narrative knowing is a type of meaning that draws together events and actions and notes the contributions that they make to a particular outcome (Polkinghorne).

In situating myself within an interpretivist paradigm, I recognize multiple realities and value the various constructs of meaning. In my research exploring the career choice narratives of the emerging generation of new nurses, I drew upon my own narrative, reflecting on my personal and professional values and beliefs, in addition to my lived experiences from each of these perspectives. The use of an interpretive narrative approach has enabled me to further understand my own personal and professional narrative, which in turn will shape my interpretation of the narratives of others. Narrative knowing produces "the particular form and meaning that is human existence" (Polkinghorne, 1988, p.13). The interpretive and narrative epistemological stance of this inquiry provides an understanding of career choice as told and interpreted in the stories of the participants. This study of career choice narratives seeks to provide an in-depth and contextual understanding of career choice not provided within the existing literature.

Theoretical Foundations: Hermeneutics & Narrative Theory

In addition to paradigmatic influences, this inquiry is also guided by the theoretical foundations of hermeneutics and narrative theory. Ricoeur's narrative theory was influenced by

the philosophical tenets of hermeneutic phenomenology and the writings of Martin Heidegger and Hans-Georg Gadamer. Within hermeneutic philosophy, meanings are created through interpretation. Humans are recognized as self-interpreting beings and their interpretation of phenomena is embodied in social, cultural and linguistic practices. Inherent within this philosophical view is that perception arises from being in the world. Although transcedental phenomenology (Husserl) focused on the 'description' of experience, Heidegger's hermeneutic and phenomenological approach focused on 'dasein' (human existence) and the 'interpretation' of experience. Heidegger believed that experience is being situated in the world and in ways of being. Narrative theory as established by Ricoeur and Polkinghorne, draws from the philosophical writings of Heidegger, specifically the notion that human existence is hermeneutically meaningful (Polkinghorne, 1988). As Polkinghorne states, narratives are the "primary scheme by means of which human existence is rendered meaningful" (p.11).

Hermeneutics provides a context of knowledge that concentrates on the meaning of experience, inclusive of the history and development of meaning over time at both the individual and societal levels (Polkinghorne, 1983). Ricoeur's narrative theory also reflects Gadamer's belief that our history, the past, continuously shapes us, and our understanding of ourselves (Ricoeur, 1984, 1991a). Coming to know oneself through stories, and life narratives, provides a venue to understand that our linguistic patterns (signs, symbols and metaphors) are mediated by our cultures, communities and institutions. For Ricoeur, narrative knowing involves the interpretation of how our life stories have shaped us, including our identities, experiences and actions. The process of narrative knowing shapes our experiences in ways we often cannot fully appreciate without interpretation (Polkinghorne, 1997).

Ricoeur views the interpretation process in part as the phenomenon to be interpreted and the phenomenon of telling the story. Although epistemological tensions exist between

explaining and understanding, Ricoeur views interpretation as a dialectic of explanation and understanding (Frid et al., 2000). The interpretive process is a hermeneutic cycle, grounded in lived experience, in which explanation can be used to enhance understanding (Ricoeur, 1991a). The hermeneutic interpretation of narratives is focused on the dialectical encounter between the researcher and participant which therein produces a higher level of conceptual meaning (Valdes, 1991). According to Ricoeur, "interpretation is the process by which disclosure of new modes of being …gives to the subject a new capacity for knowing himself" (Ricoeur, p. 12). Ricoeur's philosophy is influenced by Heidegger's view that interpretation is not something to be deciphered and possessed but is "an ongoing process of life in which there is always something expressly intended" (Ricoeur, p.222).

Ricoeur's hermeneutic phenomenology examines how human meanings are interpreted through life stories and language. Narrative theory has its roots in linguistics (Frid et al., 2000). Ricoeur believed that the process of interpreting the meaning of experience required an understanding of language. Although Ricoeur believed that human experience can be interpreted as a text, Polkinghorne (1988) asserts that life is not merely a storied text but something that requires interpretation. As Polkinghorne identifies, the "self", and one's self story, cannot be known without interpretation. The purpose of a hermeneutic philosophy from an interpretivist view is that "understanding" is not for the purpose of constructing an understanding of human action as an object (object orientated) but instead hermeneutics views understanding is the very condition of being human. Understanding is interpretation. As Gadamer (1970) maintains, understanding is the "basic structure of our experience of life" (p.87).

Hermeneutic methods are also particularly well suited to studying self-narratives and self identity (Polkinghorne, 1997; McAdams, 1993; Singer, 2004). Polkinghorne (1988) acknowledges the importance of narratives within the study of human beings and the human

sciences. Narrative is viewed as a primary means by which humans give meaning to their lived experiences (Polkinghorne, 1988). According to Polkinghorne (1988), “experience is meaningful and human behaviour is generated from, and informed by, this meaningfulness” (p.1). Thus the study of human behaviour must include an exploration of meanings (Polkinghorne, 1988). Narrative meaning draws together human actions and events and meaning is created by recognizing the contributions of these actions and events to a specific outcome and then configures these parts into a unified, meaningful and coherent whole. According to Ricoeur (1991a), narratives are a central form of self-interpretation. Narrative relates to both the experience of having a self-identity and to experience as self-identity. Self-interpretations consist of both explicit answers to the question "who am I?" and also to implicit questions regarding life orientations (Laitinen, 2002). As Polkinghorne (1988) states, the self concept, who we are as humans, is “synthesized out of a myriad of interactions across the life span” (p.150). Human experience is recognized as multi-layered, hermeneutically organized and abundantly meaningful (Polkinghorne, 1988). As the literature reveals, there is a myriad of influences and roles across a life span that influence one’s story of choosing a profession. Narrative theory provides a useful framework to explore career choice and gain an understanding of these influences, events and interactions that inform the career choice process.

The description of who one is… “needs to display the rich and complex unfolding of life process over time” (Polkinghorne, 1988, p.29). The experience of self is organized along a temporal dimension. To play a social role does not equate to one’s personal identity. Playing a role in life amounts only to one episode in one’s life story (Polkinghorne). Taylor (1989) identifies that narratives enable humans to make sense of their lives as an unfolding story which gives meaning to the past and direction for the future. Attention to the past, present and future is a key feature of narrative inquiry and temporality is an essential component of narrative theory.

Temporality denotes that an event is more than a temporal occurrence but is instead located in relation to other events, both in the past and the future (Polkinghorne). Human existence is a unity of the past, present and future. “what I have done, what I am doing and what I will do…is part of the whole that I am” (Polkinghorne, p.131). Understanding one’s life is achieved through the use of narrative configuration in that our existence is made whole by understanding it as an unfolding and developing story (Polkinghorne).

The Heideggerian notion of ‘being-in-time’ captures an inescapable structure of self interpretations in that we can only make sense of events by localizing them into larger temporal wholes, in the broader context of life. Human experience “does not conform to the objective notion of time as a series of instants” (Polkinghorne, 1988, p. 127). Narratives provide a useful framework for understanding past life events. Narrative inquiry involves the presentation of time through a multiple levels of interpretation and meaning results from this temporal experience (Ricoeur, 1984). Interpretations of experience are considered temporal in that the past influences the meaning of present. The plot of a story involves both chronological and non-chronological happenings and the narrative is a gathering together of these events into a meaningful whole. A story is made of events and it is the plot which transforms these events into a narrative. Emplotment is defined as the process of organizing life events into a coherent story (Ricoeur, 1991a). The process of emplotment is another central component of narrative theory. In seeking to understand the career choice experience, attention will be given to not only the myriad of life events that inform this process but also to the way in which an individual organizes these influences within their story. As Carr (1991) states, “real events do not have the character of those we find in stories, and if we treat them as if they did have such a character, we are not being true to them” (p. 160). This hermeneutic narrative inquiry approach provides insight into how the upcoming generation of nurses explain, account for and make sense of their

choice of nursing as a profession. In addition, the career choice narratives reflect individuals' expectations of the profession and careers in general.

Methodology

In addition to the philosophical and theoretical underpinnings, qualitative research also utilizes a theoretical framework (methodology) to guide the research inquiry. Methodology provides a connection between the underlying philosophical stance and the approach to the inquiry. Methodology differs from methods in that methodology relates to the theoretical plans used to obtain knowledge and methods are the particular activities and procedures required to achieve research results (Polkinghorne, 1983). This study used a qualitative and narrative methodology to explore career choice for the Millennial group of nurses. Qualitative methods provide insight into unique phenomena by ensuring that diversity of individual and contextual factors are acknowledged (Miles & Huberman, 1994). There has been considerable acknowledgment in recent organizational and vocational psychology literature of the need for qualitative research approaches, especially in relation to understanding career development and progression (McIlveen & Patton, 2006; Saks & Ashforth, 1997). As Raz & Fadlon (2005) assert, future research will require a paradigmatic shift in order to explore and understand the social interaction and inter-subjectivity that inform career related issues and professional development.

Narrative inquiry is growing in popularity as an accepted mode of qualitative research (Blumenfeld-Jones, 1995). Within qualitative research, the use of narratives has been identified as both a method and a methodology. Although the use of narratives as a research method is prominent within the literature, few studies explicitly identify narrative theory as a guiding theoretical framework. This interpretive, narrative study of career choice for Millennial nurses is guided by the theoretical insights of Paul Ricoeur and Donald Polkinghorne. In addition to understanding the philosophical origins of this interpretive narrative approach, it is essential for

researchers to identify a methodological approach that is congruent with both the study purpose and theoretical framework. Narrative inquiry is well recognized as a methodology for exploring the relationship between narratives and human experience (Polkinghorne, 1988; Wood, 1991). However, there are only a few examples in the published health literature that describe Ricoeur's writings as a methodological approach to understanding lived experience (Beiter, 2007; Frid et al., 2000; Lindseth & Norberg, 2004; Wiklund, Lindholm and Lindstrom, 2002). As Sandelowski (1993) identifies, theory in a qualitative study, although not always explicitly stated, often works at the paradigmatic and philosophical level. Ricoeur's narrative theory encompasses several decades of philosophical and theoretical writings which are not easily translated into a research methodology (Frid et al.; Wiklund et al.). Polkinghorne (1997) draws upon Ricoeur's writings to describe a methodology for the study of human experience. The narrative phenomenological framework described by Beiter, influenced by Ricoeur's narrative theory and Polkinghorne's methodological approach, was used to frame this exploration of career choice experiences for millennial nurses.

Polkinghorne's narrative theory provides a useful methodological framework for several reasons. Firstly, there has been recent recognition for the notion of career construction using personal narratives (James & Buscher, 2006; Price, 2009). Narrative methodologies provide an appropriate means towards enabling participants to explore professional development through the construction of their professional narrative/storied experience (Flum & Blustein, 2000; James & Buscher; McKay et al., 2005). Secondly, narrative identity also refers to the defining of oneself through the telling of life stories which are rooted in the social world (McIlveen & Patton, 2006). This methodological approach is particularly relevant in organizational behaviour in that it allows for the study of human experience within the social setting (Dombeck, 2003). Narrative inquiry provides an understanding of the rich personal and cultural influences

embedded in career choice, and focuses on understanding not just the person or environment but also the processes that comprise career construction (Flum & Blustein; McKay et al.). Lastly, narrative inquiry gives voice to individuals and empowers them to actively construct their career identity rather than having one imposed or prescribed (McIlveen & Patton).

Beiter's (2007) methodological framework is based on Polkinghorne's (1997) theory of narrative and personal identity, which was derived from Ricoeur's narrative theory (1984, 1985, 1991a, 1997). According to Ricoeur (1991a), narratives are central to both self-interpretation and the understanding of one's orientation in life. Narrative theory provides an appropriate framework for understanding career choice, especially given the numerous individual, developmental, social and organizational factors over one's lifetime that influence this decision. Narrative is fundamental schema for the linking of individual actions and events into an understandable whole, within the wider context of our lives. Narrative research provides a venue to explore how parents, peers, and societal scripts guide individuals life stories (Baddelly & Singer, 2007). Narratives also provide a venue to situate human actions along a temporal dimension and demonstrate the significance that certain events have for one another by identifying the whole to which they contribute (Polkinghorne, 1997). As Laitinen (2002) states, "We typically care about our lives as wholes, and it is narratives which make this possible (p. 70.)

Central to Ricoeur's narrative theory is the process of emplotment. Emplotment is the process of organizing individual events into a coherent story. Ricoeur asserts that understanding life as a whole is dependent on understanding all of the various parts that comprise the "whole". This notion is akin to the concept of the hermeneutic circle, in which movement from interpreting the parts to interpreting the whole increases the depth of understanding (Polkinghorne, 1983). Ricoeur defines the process of narrative emplotment as the "synthesis of

heterogeneous elements" which serves to transform multiple incidents into one story (Ricoeur, 1991a, p.21). Although emplotment is the central concept of narrative theory, Polkinghorne (1997) describes three stages in understanding narrative structure: reflective and pre-narrative review; emplotment; and narrative reconfiguration (Beiter, 2007). These three stages are derived from Ricoeur's description of 'mimesis', a concept first described by Aristotle, which refers to a process by which art forms (in this case narratives) act as a form of imitation.

The first stage of narrative understanding is considered the reflective and pre-narrative stage (mimesis 1). This stage integrates pre-narrative understandings of events with the understanding provided by the perspective of hindsight. This phase does not necessarily involve putting together a narrative. Only upon synthesizing these pre-narrative events does the process of narrative configuration and emplotment take place.

The second stage of narrative structure is emplotment (mimesis 2) which involves the telling of the personal narrative or self story. Emplotment involves the interpretation and understanding of "life as lived" (Polkinghorne, 1997, p.43). As described by Ricoeur, the process of emplotment is the operation that "transforms the events or incidents into a story" (1984, p.65). The temporal nature of narrative interpretation and narrative knowing is central to this process in that emplotment may reveal a story that is different from the one that was lived. The narrative reflects newly created configurations that attribute meaning to one's life events and actions. Narratives are not just a recall of past events and "mirrored reflections of what has occurred; rather, they are interpretations of life in which past events and happenings are understood as meaningful from the current perspective of their emplotted contribution to an outcome" (Polkinghorne, p.44).

The final stage, narrative reconfiguration (mimesis 3), involves the reception and uptake of the textual interpretation produced through emplotment. This phase involves recognition of

life as lived, and the reconfiguration of what the narrative means in relation to self and one's existence. According to Ricoeur, this stage "marks the intersection of the world of the text and the world of the hearer or reader" (1984, p.71).

The essence of this theoretical approach to narrative understanding is that narratives are more than merely a plot of one's life events. Narrative understanding involves synthesis and interpretation of pre-narrative understandings, emplotment and post-narrative reconfiguration into a unified and meaningful whole. According to Polkinghorne (1997) several key elements of narrative construction ensure that the narratives are not just simple recounts of past life events. Narrative construction is a "retrospective and interpretive composition that displays past events in the light of current understanding and evaluation of their significance" (p. 44). The reliance on memory recall is another fundamental element of narrative structuring. The selectivity of one's recollection is not viewed as a methodological limitation but as a reflection of what is deemed significant to a person at the time of narrative configuration. Polkinghorne also acknowledges that narrative configuration involves a process of narrative smoothing whereby details may be omitted, condensed, elaborated or exaggerated in the process of producing a coherent story. Narratives also have culturally located properties. The process of narrative configuration must not only "resonate with the pre-narrative experiences upon which it is based" but may also draw upon events and actions that contribute to the story's resolution (Polkinghorne, p.45).

Given the emphasis on narrative structure within Polkinghorne's theory, focus within this study will be placed on how the participants' career choice narratives are organized. Career choice, along with all human experience, is comprised of many events and influences. The plot is the narrative structure that links events and happenings within a temporal whole (Polkinghorne, 1995). Understanding the meaning of career choice narratives requires attending

to the process of emplotment, how the individual events are linked together. Therefore much emphasis is placed on the participant's language and how the narratives themselves are structured. Eliciting narrative meaning involves more than listening to the participant's story and requires the researcher to identify the various elements of the narrative meaning structure including, reflective pre-narrative events, emplotment and narrative reconfiguration (Beiter, 2007). In addition to attending to the various narrative structures as identified by Polkinghorne's theory, the purpose of this inquiry is to obtain the interpretive narrative accounts participants use to make sequences of events, as they relate to career choice, meaningful. Furthermore, the narratives represent how the participants "understand the temporal connections between the events they have experienced" and account for their own "motives, reasons, expectations and memories" (Polkinghorne, 1988, p.170). An individual's narrative tells a story that they want to tell, what they believe is most relevant (Atkinson, 2007).

Positioning of this inquiry within the interpretivist paradigm does not negate the opportunity to explore cultural, historical and political influences reflected within the narratives. Inherent within narrative inquiry is attention to contexts: cultural, social, institutional and personal. Understanding how individuals make sense of experience within these contexts is the purpose of narrative inquiry (Clandinin & Rosiek, 2007). The capacity for any individual to recollect their experiences is intrinsically influenced by social class, race and gender. Polkinghorne (1995) identifies several guidelines to ensure sensitivity to the cultural, biological, historical and individual contexts as it relates to the plot: (a). describe the cultural meaning systems including values and social rules; (b). acknowledge the embodied nature of the narrative; (c). explore and explain significant relationships as they relate to plot development; (d). explore choices, actions, plans and motivations of the participant; (e). establish historical continuity of story; (f). establish temporal period and specific context of the plot; (g). provide an

understanding of career choice by configuring the separate narratives into a meaningful whole. As Polkinghorne identifies, it is the interpretation of the individual and collective narratives that makes possible a new understanding of career choice.

CHAPTER FOUR: METHODS

> "What I have done, what I am doing and what I will do…is part of the whole that I am"
>
> (Polkinghorne, 1988, p.131)

Methodology is the philosophical framework that must be assimilated in order to guide the inquiry and demonstrates that the researcher is clear about the assumptions of the approach. Methods are concrete tools for conducting the research inquiry. The research methods must be defended within the philosophical and epistemological positions of the study. Researchers from different paradigms can use some of the same methods however, how they think about these techniques and how they will analyze the data may differ radically. Researchers are challenged to demonstrate methodological congruence between the theory and the research methods used in a study. Although researchers may be tempted to move swiftly from the philosophical underpinnings of a methodology to a neat and orderly method, details concerning methods require in-depth consideration to ensure methodological congruence.

Narrative inquiry is the study of stories. Within narrative theory, story is recognized as the fundamental unit accounting for human experience (Clandinin, 2007). Narratives explore stories people live and tell, stories that result from social influences on life, environment and personal history. Narrative "begins in experience expressed as lived and told stories" (Clandinin, pg. 5). Narratives are representations that describe human experience as it occurs over time and also involves exploration of social, cultural and institutional narratives within life experiences. Narrative can be more than just a method, but can be just that. Narratives within research have been used as both a method and phenomenon of study (Clandinin & Connolly, 1991; 1994; 2000). In narrative inquiry, people are viewed as embodiments of lived stories (Clandinin) and it is through storytelling and listening to those stories that human experience can be understood. The methods that a researcher uses within any project are informed by not only paradigmatic positioning but also methodology. Methods used within an interpretive narrative approach must enable storytelling, active listening and interpretation. Furthermore methods that follow an interpretive approach derived from Heidegger's understanding of 'dasein' must embrace a

willingness to being present and an openness to discovery (Smythe, Ironside, Sims, Swenson & Spence, 2008). The following sections describe the methods that were used to elicit the career choice narratives of Millennial nurses within this interpretive, narrative study.

Inclusion & Exclusion Criteria

The target population included individuals from the Millennial generation for whom nursing was their preferred career choice. Inclusion criteria included: Females or males, born in 1980 or later, who are entering their first year of study in nursing. Participants were excluded if nursing was not their preferred career choice.

Setting

The setting for recruitment of participants for this study was a large University school of nursing located in Eastern Canada. Dalhousie University School of Nursing has two sites within the province of Nova Scotia; the primary site is located in the provincial capital of Halifax and the other site is situated in the rural location of Yarmouth. Dalhousie School of Nursing was established in 1949 and offers a bachelor of science in nursing (BScN) program (Basic, Post RN and Arctic Nursing programs), a primary health care nurse practitioner program, a master of nursing (MN) program, a joint master of nursing and health services administration (MN/MHSA) and a PhD (Nursing) program.

Participants were recruited from those accepted for admission to the BScN program. In response to the growing nursing shortage, enrolment in the School of Nursing has increased over the last few years and for the calendar year of 2009-2010 was accepting 185 students. For any given year, the number of applications to the BScN program is in excess of 500 (L. Wittstock, personal communication, November, 12th, 2008). Although the number of mature students and second career students has increased in recent years, approximately 40 percent of

incoming students apply directly from high school and 50 percent of applicants apply from a University/College.

Recruitment Strategies

Participants were recruited upon receiving acceptance into the BScN program at Dalhousie University. Although the School of Nursing receives applications for admission year round, the bulk of applications are received in March of the desired year for admission. Decisions regarding student admission into the program are made once applications are received at the school depending on student qualifications. The Associate Director for the Undergraduate program has been identified as the point of contact for recruitment. The Director of the School, the Associate Director of the Undergraduate program and the Chair of the Nursing Research committee provided verbal support for this research and were provided with an information sheet on the study (Appendix B) prior to recruitment.

Once student applications were approved by the school, a formal letter of offer for admission was sent out to each student by the Associate Director's office. Students had a 3 week time frame to accept the offer. Once students accepted the offer for admission, the Assistant to the Associate Director contacted students who meet the inclusion/exclusion criteria by e-mail and letter to provide information about study participation (Appendix C). Students who wished to learn more about the research and/or participate in the study were invited to contact me directly. Upon contact by the potential participant, I explained the purpose, significance, time commitment, participation expectations, voluntary nature, potential harms and benefits of the study, as well as provided assurances of confidentiality and anonymity. I provided individuals with the opportunity to ask questions and seek clarification during this initial contact. For individuals who wished to participate in the study, I reviewed the consent form in detail, obtained informed consent and arranged a mutually convenient time and place for the first of

two interviews. The choice to conduct two interviews is congruent with narrative methodology and provides an opportunity for participant reflection (Polkinghorne, 2007b). At the start of the first interview, I reviewed the consent once more and had the participants sign the consent form (Appendix D). I also provided participants with a copy of the signed consent form and I retained the original.

Sample Size

The determination of sample size in a qualitative inquiry is based on different criteria than a quantitative study. The goal of qualitative research is not to obtain statistical significance and generalize findings. It is a "trade-off between the desire for in-depth, detailed information about cases and the desire to be able to generalize" (Patton, 1980, p.101). In addition, the depth of understanding sought after in a qualitative inquiry often results in thick and rich descriptions of experience (Sandelowski, 1995). For these reasons, sample size in qualitative research is typically small (Patton, 1980; Patton, 2002; Polkinghorne, 2005). As Morse (2000) notes, sample size decisions in qualitative research requires consideration for a number of factors including the scope and nature of the study, study design and methods. A study which has a narrow scope and is focused on gaining an in-depth understanding of a particular phenomenon will require a smaller number of participants. A further consideration in determining sample size relates to the depth and breadth of data collected (Morse, 2000). The use of two interviews per participant and participant journals within this current study resulted in a rich and in-depth understanding of the phenomenon. Qualitative research samples are also often purposefully selected to gain an in-depth understanding of the phenomenon being explored (Polkinghorne).

Morse (2000) also identifies that the type of qualitative methodology will also influence sample size decisions. Interpretive and narrative studies such as this one typically involve a wealth of data for each participant, and would therefore require a smaller sample. Sample size

in narrative inquiry also depends on the analytical method. Polkinghorne identifies two modes of narrative analysis: paradigmatic and narrative. Paradigmatic analysis of narratives enables a larger sample to be considered (n=12-18) and results in a movement from individual stories to common themes to produce general concepts. The second mode, 'narrative analysis' consists of presenting case studies of individual narratives (n= 3-6) and resulting commentary of differences, similarities and knowledge gained from the cases (McCance, McKenna & Boore, 2001). In recognition of the narrative methodology, methods for data collection and the decision to employ a paradigmatic approach to data analysis, a sample size of 10-16 was chosen.

Participants

Twelve Millennial women, for whom nursing was their preferred career choice, participated in the study. All twelve of the participants were born 1980 or after. Six of the participants were new high school graduates (18 years old) and were entering nursing school directly from Grade 12. The remaining six participants were applying following either partial or complete post-secondary education. Ten of the participants were born in Canada and all twelve had completed junior high and high school in Canada. All twelve of the participants had experienced some degree of employment, either full-time or part-time prior to entry in nursing school. Five of the twelve participants were entering nursing following several years of full-time employment in another field. Nine of the twelve women had volunteer or employment experience within the health care arena; four as personal care workers within nursing homes.

Data Collection Methods

Data collection methods consisted of repeat face-to-face interviews, participant journals and investigator field notes. Following recruitment, and informed consent, the participant and investigator agreed upon a mutually convenient time and place for the initial interview. At the beginning of the interview, a demographic form (Appendix E) was completed by the

investigator. At the conclusion of the initial interview, participants were provided with a small journal to chronicle emerging thoughts and any additional information they wished to share. Participants were provided with instructions regarding use of the journal (Appendix F), including an open-ended set of questions used to provide direction. The journals were gathered and reviewed prior to the second interview. Journals entries and preliminary analysis of the first interview were used to elicit further discussion in the second interview. The second interview took place 4-6 weeks following the initial meeting.

Narrative Interviews

Within narrative research the most basic source for narrative configuration is the interview (Polkinghorne, 1988). Stories are ubiquitous in people's lives (Polkinghorne, 1997). As Atkinson (2007) asserts, humans are the "storytelling species" (p.224). Interviews provide a format for participants and researchers to organize temporal and experience into meaningful wholes and "use the narrative form as a pattern for uniting the events of their lives into unfolding themes" (Polkinghorne, 1988, p.163). Qualitative interviews, unlike survey interviews, are well suited for the telling of stories. However, an interview that is modeled after a question and answer format is inconsistent with the intersubjective nature of narrative inquiry (Frid et al., 2000).

When using interview guides in narrative research, researchers must attend to the cues of participants. Allowing participants the time to complete answers, uninterrupted, enhances the likelihood that they will relate stories as opposed to short responses (Mishler, 1986; McCance et al., 2001). The interviewer (researcher) is not to be a passive participant in the interview process and a context should be set in which all parties are engaged in the interpretive process. In order to hear stories, participants must become active collaborators in the process of understanding what their narratives are about (Mishler). Hermeneutic understanding based on

Heideggerian philosophy cannot be obtained using methods that distance us from the phenomenon to be understood. True understanding can only come from our engagement with the world and each other (Polkinghorne, 1983). Interviews, sharing of experiences and the telling of stories, provides an intimacy and engagement from which understanding can evolve. Creating a caring relationship with participants is essential in narrative research (Atkinson, 2007; Frid et al, 2000). The interviewer must also reflect an openness and non-judgmental stance towards both the participant and the process of discovery (Smythe et al., 2008). The ethical dimension of narrative inquiry has only recently been addressed in detail within the literature (Atkinson).

Interview Process

Each participant was interviewed twice. Face-to-face interviews were conducted with each of the participants for both interviews. The second interview was conducted 4-6 weeks after the first interview. All interviews were audio-recorded and transcribed verbatim by a professional transcriptionist. Interviews were guided by a semi-structured interview guide (Appendix G & H). It is important that the questions are not too structured or prescriptive, especially in a narrative inquiry, as not to restrict the storytelling (Mishler, 1986). Unstructured or semi-structured interviews are more likely to promote storytelling than structured interview formats (McCance et al., 2001). Furthermore, the interview guide must allow for flexibility and responsiveness to the emerging narratives. Participants were invited to share their experience of coming to choose nursing as a career using open ended questions and prompts.

Participant Journals

Narratives are not always immediately apparent to the researcher or the participants. Reflection on events and actions throughout one’s lifetime often requires pause and consideration (Polkinghorne, 1988). Journals offer a method to capture components of the story

that are not relayed during interviews (Burman, 1995). Journals were provided to the participants during the first interview. Instructions regarding journaling activities were provided verbally and in written form (Appendix F). Participants were encouraged to use their journals to record thoughts, ideas, questions and narratives in any format they wish (bullet points, free text, artistic expression). A short list of considerations were provided to participants as a guide however it was explained that these are not intended to be prescriptive (Appendix F). Journals were collected and reviewed by the investigator prior to the second interview so that areas for further exploration could be considered.

Investigator Field Notes

Narrative inquiry is context-sensitive and attention to the interview situation is essential (Polkinghorne, 1988). Narrative analysis must attend not only to the interview but also the characteristics of the interview environment. For example, what non-verbal cues and gestures contribute to the storytelling and resulting narrative. As Polkinghorne (1983) acknowledges, "the realm of experience is not static…it is interactive with its environment…information from persons and nature (p.216). Interpretation is enhanced through contextual understanding (Polkinghorne, 1983). Field notes are essential to understand the interview texts in the context of the interview (Lindseth & Norberg, 2004). The field notes can provide context in relation to nonverbal communication essential for interpretation and understanding the narratives (Lindseth & Norberg). Investigator field notes were taken during each interview and were included as data in the analysis.

Data Analysis

A narrative is only created through storytelling and interpretation (Frid et al., 2000; Wiltshire, 1995). The process of narrating experience is not a mere repetition of what took place but is a creative and dynamic reformulation in which new meanings arise (Frid et al.). There are

several definitions of the term ‘narrative’ in the literature. Polkinghorne (1995) defines narratives as ‘texts that are thematically organized by plots” (p.5). The literature also identifies that the terms “story” and “narrative” are used interchangeably (McCance et al, 2001; Polkinghorne). The use of the term “story” has been used to imply falsehood and misrepresentation however, Polkinghorne acknowledges that this term is not problematic in narrative analysis along as it is understood that “story” signify “narratives that combine a succession of incidents into a unified episode”(p.7). Polkinghorne’s narrative theory and corresponding analytical method focuses on the process of narrative configuration; the process by which “happenings are drawn together and integrated into a temporally organized whole” (p.5).

Although the use of narrative analysis in research is growing, there is no one standard analytical method agreed upon in the literature (McCance et al., 2001; Polkinghorne, 1995). Polkinghorne (1995; 2007a) makes the distinction between analysis of narratives and narrative analysis stating that the former is a qualitative approach to data which identifies common themes and categories. However, narrative analysis seeks to understand life experience as particular events, unfolding temporally, with the end result being a story (Polkinghorne, 1997). As Polkinghorne identifies (1995), the individual parts of the narrative cannot be separated from the meaning of the whole. The meaning of one’s narrative, one’s story, “does not exist apart from the play of the words that constitute it” (Polkinghorne, 1988, p.29). The particular meaning of a narrative does not equate to a mere collection of words or sentences and the analysis of narratives should not focus on the parts but on the narrative as a whole. Mishler (1986) identifies that standard approaches to qualitative analysis that seek to reduce interview transcripts to codes and categories is not an appropriate analytical method for narrative inquiry, where attention must be centered on understanding the contextualized whole. Narratives do not

take form without direction: the direction is the action of making the whole greater than the sum of its parts and linking past, present and future (Ricoeur, 1991a). Narrative configuration does not seek to simplify the participant's story but instead reflects the depth, texture, complexity and richness of the participants' experience. Furthermore, the narrative provides insight into human experience only through a relational and interpretive process (Frid et al., 2000).

Central to the analysis process is that narratives are created in a relationship (Frid et al., 2000). Narrative analysis involves deep thinking and engagement with the texts (Bochner, 2001). Thinking narratively involves making connections that consider "personal and social, temporal and spatial elements of experience" (Lindsay, 2006, p. 38). Researchers must negotiate among all data sources and influences on the interpretive process; the transcripts, the conversations, personal life experiences (Lindsay). Within narrative inquiry the analysis is 'embodied' in that the researcher is situated autobiographically and temporally in the experience being studied, in the story being told and interpreted (Lindsay). Narration can lead to the creation of symbolic images that reflect the narrator's lived experience (Frid et al.). The meaning of actions and events does not automatically present itself in one's story. Understanding the meaning of actions and events requires interpretation by both the participant and the researcher. In keeping with the intersubjective nature of interpretive and hermeneutic approaches, the data will always be open to further interpretation and may by its very nature, negate complete intersubjective agreement (Polkinghorne, 1983). Data analysis in narrative inquiry is an open process of discovery (Smythe et al., 2008).

Several categories for narrative analysis have been identified in the literature and Polkinghorne's (1995) analytical method is classified as having a narrative function in which the focus is on the "function stories serve, the purposes they fulfill , the settings in which they are produced and the effects they have" (McCance et al., 2001, p. 352). The process of narrative

analysis, and focus on emplotment, must not only seek to bring the parts of the story together into a coherent whole but must also ensure that the complexity of the participants' stories are not lost in the process (Emden, 1998).

Analytical Process

Beiter's (2007) data analysis process, based on Polkinghorne's (1995) theory of narrative emplotment, was used in this inquiry. In addition, Emden's (1998) method for narrative analysis was used to guide the core story creation and emplotment. The following steps detail the process of analysis:

1. *Transcription of interviews.* Audiotapes of the interviews were transcribed by a transcriptionist within 7 to 10 days of the interview to enhance recall of emotions expressed and context of the interview.
2. *Sensing the interview as a whole*. Following transcription, I read through transcript in its entirety to gain a sense of the story as a whole. I also read each transcript alongside field notes from each interview. Following the initial reading of the transcript, I re-read the transcript while listening to the audiotapes of each interview to ensure that the transcripts and field notes accurately captured the details. During each reading of the transcript I provided notations within transcripts to document noted non-verbal expressions and/or emotions, as well as to capture my own thoughts and feelings as I was listening to, and reading, the stories. This reflective and pre-narrative process (mimesis 1) was the first stage in narrative structuring (Beiter, 2007).
3. *Develop initial narrative themes, plots and subplots.* I examined interview statements for initial thematic characterizations. It should be noted that the term "theme" within the context of this narrative inquiry does not necessarily represent something that is stated repeatedly but instead reflects an understanding or significance (Smythe et al., 2008).

Within this step, I also identified preliminary plots, subplots, characters, settings, tensive points and characters. Based on Emden's (1998) process of core story creation and emplotment, after reading the interview texts several times, I removed all extraneous content, including interview questions and words that distracted from the key ideas of each sentence or group of sentences. During this process I returned to the full text several times to ensure that all key ideas were retained. At this point, I began to identify fragments of constituent themes and subplots.

4. *Develop initial structural description of the narrative phenomenon in each interview*. I used a visual mapping technique (Lapum, 2008) to highlight the structured underpinnings of each story including plot lines, characters, settings and events. Attention was given to the personal, social and cultural aspects of the stories. As Emden (1998) describes, this process consists of moving fragments of the story (subplots, characters, settings and events) together to create one or several core stories. Steps 3 and 4 comprised the process of emplotment (mimesis 2). The process of emplotment is the identification of these core stories in a way that weaves together a complex series of events into a unified whole (Beiter, 2007).
5. *Further develop and refine narrative structure, patterns of emplotment and structural descriptions*. Following initial emplotment, I reviewed participant journal entries and discussed initial findings, interpretation and narrative configuration with participants in second interview. I also sought clarification from participants as needed. The final three steps in the analysis (5, 6 & 7) related to the final stage of narrative structure, narrative reconfiguration (mimesis 3), which involved the reception and uptake of the textual interpretation produced through emplotment.

6. *Examine narrative descriptions between interviews.* I identified similarities and exceptions across the participant stories.
7. *Integration and synthesis.* I integrated and synthesized statements into a narrative hermeneutic; a meaningful account of the participants' stories, that reflected the process of narrative configuration, emplotment and reconfiguration.

Throughout the research process I also maintained a reflexive account to track my emerging ideas, analytic thoughts, questioning and decision making.

Rigour

Within an interpretive narrative approach, there is no such thing as the "correct" or "true" understanding (Polkinghorne, 1983). A personal narrative is not meant to represent absolute truth but instead seeks subjective reality. The goal of interpretive research is not to lead to objective and permanent knowledge yet interpretation using hermeneutic methods can provide normative understanding (Angen, 2000; Polkinghorne, 2007b). As Atkinson (2007) asserts, "what matters is if the life story is deemed trustworthy, more than "true"" (p.224). As Blumenfeld-Jones (1995) maintains, fidelity rather than truth is a better measure of narrative research, whereby truth is what actually happened in a story and fidelity is what it means to the storyteller. Storied evidence is not gathered to determine if an event actually happened but instead serve as evidence for personal meaning (Polkinghorne). Within the interpretive process, validity does not equate to certainty (Angen, 2000; Hirsch, 1967). As Frid et al. (2000) state "the question is not whether or not the interpretation corresponds with the studied reality that determines its validity, but its fruitfulness. Although the interpretation of narratives cannot be verified, the certainty of interpretations should be understood as attestation" (p. 701). The issue of validity within an interpretive study should be viewed more as confidence in the findings

verses certainty (Angen). The validity of the interpretation does not rely on any one step but on the entire interpretive process (Frid et al.; Morse et al.).

Morse, Barrett, Myers , Olson & Spiers (2002) argue that despite paradigmatic differences between quantitative and qualitative research, qualitative researchers must employ verification strategies throughout the research process to ensure the attainment of rigour. Furthermore, Morse et al. caution that the recent trend in qualitative research towards focusing on establishing trustworthiness at the end of the study verses throughout the process can result in serious threats to validity. Although there exists a plethora of qualitative approaches to validity, steps to ensuring trustworthiness of qualitative findings must fit with the ontological and epistemological approach. Polkinghorne (2007b) provides several strategies toward addressing validity within an interpretive and narrative research design that were employed to ensure trustworthiness within this study.

Narrative research seeks to issue claims about the meaning that events and life experiences hold for people (Polkinghorne, 2007b). The purpose of validating the knowledge gained from narrative research is to convince readers that the claims are strong enough to serve as a basis for understanding and action (Polkinghorne). In narrative research one of the main issues towards ensuring rigour is clarification of what the storied text actually represents (Polkinghorne). The subjective nature of narrative inquiry does not negate the need for researchers to address the validity of the collected evidence and the interpretation of the data (Morse et al., 2002; Polkinghorne). It is the responsibility of the researcher to ensure that readers have enough information in order to make judgments about the plausibility, credibility and trustworthiness of the results. Although Polkinghorne believes “storied descriptions people give about the meaning they attribute to life events is…the best evidence available to

researchers about the realm of people's experience", there are limitations and threats to validity that require consideration (p. 479).

Polkinghorne (2007b) identifies that validity threats arise in narrative research when the storied description of experience does not reflect the meaning as experienced by the participants. Four sources of disjunction between participants' experienced meaning and the resulting narrative include: limits of language to capture complexity of experience; limitations of reflection and recall; reluctance to fully share experiences due to social desirability; the intersubjective nature of the narrative structure (Polkinghorne). Polkinghorne has identified several strategies towards addressing these threats. Firstly, to address the fact that experienced meaning is often more intricate than can be easily articulated, the researcher can encourage the use of figurative expressions. The importance of figurative expression and metaphors within narrative approaches is well recognized within narrative theory (Ricoeur, 1984). In order to address the limitations of recall and memory on understanding experienced meaning, Polkinghorne suggest that researchers need to be focused on active listening and allow sufficient time for reflective exploration. Having multiple interviews and providing an opportunity for participants to journal thoughts and feelings are additional strategies to enhance understanding. The third threat of social desirability is challenging to overcome in research, especially in research where participants are asked to reveal self-explorations of feelings and personal life experiences. Building trust between the researcher and the participant is essential in narrative research. Multiple interviews allow an opportunity for trust to build overtime. In addition, time between interviews provides an opportunity for participants to reflect upon, further explore and deepen their responses (Polkinghorne). The final validation strategy addresses the issue that narrative texts are a creation of the interaction between researcher/interviewer and the participant. Interpretation in narrative inquiry involves a fusion and "dialectic interaction

between the expectations of the interpreter and the meanings in the text" (Polkinghorne, p. 226). Narrative researchers need to guard against producing the results they expected to see. Having an openness to discovery is essential in this process. Researchers must assume an open listening stance, attend to the unexpected, ensure both that the participant's voice is heard, and that the text reflects the expressed experienced meaning (Polkinghorne).

Polkinghorne (2007b) acknowledges that narrative researchers must also attend to the validity of the interpretations of the narrative texts once they are configured. The purpose of the interpretation of stories is to deepen the understanding of the meaning conveyed in the narrative. This interpretive work is not just a summary but instead "draws out implications in the text for understanding other texts and for revealing the impact of the social and cultural setting on people's lives" (p. 483). The interpretation of narratives should seek to extend the understanding of the storied meaning by contextualizing it (Polkinghorne). Given the intersubjective nature of a hermeneutic and narrative approach, the researcher must make it clear how their own situated embeddedness informs the interpretation. Reflexivity is an important tool in this process.

Reflexivity is at the center of any discussion of qualitative method and remains one of the most critical issues with respect to validity of findings (Etherington, 2004; Finlay, 2002). As Charmaz (2004) states, in order to learn participants' meanings, "we need to be reflexive about our own" (p. 982). An essential component of a rigorous qualitative inquiry is the ability for a researcher to provide a transparent account of the entire research process, including a discussion of how subjectivity and intersubjectivity influences the research and the interpretation of meaning (Finlay). Reflexivity is more than simple reflection but is the process of identifying the experiences and connections between the participant, the researcher and the phenomenon being explored (Finlay). The reflexive narrative researcher does not simply report participants' stories as told but actively engages in the structure and configuration of narrative meaning. Reflexivity

includes asking oneself how interpretations and understanding came about (Finlay). Reflexivity is helpful towards understanding how participants make sense of their social world, life events and roles (Finlay). Introspection and reflection are helpful tools in this process.

The process of reflexivity does not take place only at the later stage of analysis, rather it begins with the posing of the research question. A researcher can ask oneself, what do I know about this already? Why is this important? What is my relationship to this question? Reflexivity is a fruitful examination of motivations, assumptions and interests (Finlay, 2002; Mills, Bonner & Francis, 2006). The interpretation process in narrative inquiry is a joint venture between the researcher and the participant. Therefore, the researcher must not only look inward but also look at the dynamics of the researcher-participant relationship and all influencing factors on the research such as the greater research/academic community and socio-political climate in which the questions are being explored. Reflexivity in research is not an easy task especially when a researcher may occupy several different positions in relation to the world, the research, and the participants (Deutsch, 2004). Reflexivity should not be solely about the researcher but about the process, the interactions, and the many influences. Reflexivity is also of central importance in representation of research findings which must also be linked to epistemological perspectives.

There are many levels of reflexivity for a researcher to consider depending on the type of research they are doing (Guba & Lincoln, 2005). As Denzin and Lincoln assert (2005), all qualitative researchers are philosophers in that we are guided by beliefs about ontology, epistemology and methodology, that ultimately shape how we do research. This interpretive framework both guides and places demands on the researcher in the process of interpreting phenomena. The narrative researcher must ask the question, “What are the implications for accountability and honesty within a narrative inquiry?” Throughout the process of this narrative research, I utilized a reflexive approach to all aspects of the research process, demonstrating an

awareness of epistemological issues and considerations, and providing an account of how subjectivity and intersubjectivity influenced the interpretation of meaning. Throughout my course work and proposal development I have also maintained a chronicle of my writings and a self narrative to chronicle the evolution of my thinking, emerging ideas and insights. These writings represent an ongoing reflexive process and also provide an audit trail for decision making.

The ultimate goal of validation in narrative research is not to assert that there is but one possible interpretation but to convincingly articulate how the presented interpretation is viable, sound and grounded in the narratives. One final statement concerning validity of interpretive research relates to the ethics of our research endeavours. Ethical validation in interpretive narrative inquiry requires that researchers provide "practical, generative, possibly transformative and hopefully non-dogmatic answers" to our research questions (Angen, 2000, p. 389). Consideration for the ethics of our research, from the inception of ideas to the collection and interpretation and dissemination of the data, is essential.

Ethical Considerations

The ethical issues that arise from narrative research are complex (Josselson, 2007). Asking individuals to tell their life stories and sharing them with a larger audience carries several ethical considerations. Interpretive inquiry plays an ethical role in moving beyond the current understanding of a phenomenon (Angen, 2000). The very nature of narrative inquiry and subsequent emplotment and configuration often does not enable the participant or researcher to know the essence of what unfolds. Atkinson (2007) suggests that one solution to this is that the researcher should describe the nature and focus of the study in clear yet general terms. Informed consent must include clear descriptions of the purpose and what will be expected of the participant. Participants should also be informed of all data collection methods, including

recording equipment and journals. Within the recruitment letter/invitation to participate (Appendix C), and informed consent (Appendix D), I provided a detailed description of why this study is important along with the expectations for participation.

Given the personal nature of sharing one's life stories, events and experiences in narrative research, a significant emphasis needs to be on establishing a trusting relationship in addition to assurances of privacy and confidentiality. To ensure privacy and confidentiality, participants were given an opportunity to choose a pseudonym and all references within any documents, including data, audio-files, transcripts, publications and presentations, were coded to protect their identity. The participants' real names only appear on the consent form and on the master list of participants with corresponding pseudonyms. These identifying items are kept separate from all other information and data. All data is being kept in a locked in a filing cabinet. Password entry is maintained on computers containing research data.

Narrative inquiry is also a relational journey and every aspect must consider the ethics of the relationship (Atkinson, 2007). In addition to their professional responsibilities, the researcher in narrative inquiry enters into an intimate relationship with the participant. Trust and rapport are essential in relationships where disclosure of personal experiences and memories occur (Polkinghorne). Narrative researchers are challenged to maintain equilibrium between listening to the narrative and responding empathetically to any emotional experiences expressed during the interview. It is important for the narrative researcher to support the participants within the sharing of their stories. This support should include assurances that they may refuse to answer questions, share details and may stop the interview at any time. In addition, the privilege of knowing personal details of participants' experiences, requires attention to words they use and recognition that they are the experts on their life experiences (Atkinson, 2007). Atkinson cautions that researchers must be cognizant of the implicit aspects of informed

consent, such as the participants' unstated expectations of the researcher-participant relationship. Another ethical consideration in narrative research is interpretive authority. Interpretive authority is informed by the purpose and design of the project, and the paradigmatic stance of the research. It needs to be clear within the representation of findings, whose voice is being presented. In addition, within the presentation of findings, narrative researchers should describe how narrative excerpts are chosen and how they view it as representative of a larger narrative (Mishler, 2007). Researcher reflexivity is central to the inherent ethics in narrative research and narrative researchers are challenged to chronicle their bias, aims and positioning throughout the interpretive process (Atkinson).

Informed Consent

The process of attaining informed consent in this study is based on the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 1998); the Guidelines on Use of Human Subjects (University of Toronto, 1979) and the Policy on the Ethical Conduct of Research Involving Humans (Dalhousie University, 2008). Ethical approval for this study was sought from the University of Toronto and Dalhousie University. Individuals who expressed interest in the study were contacted and provided a full explanation of the study including its purpose, methods of data collection, expectations of participants, voluntary nature, benefits, risks and assurances of privacy and confidentiality. Participants were given the opportunity to seek clarification and ask questions. Participants were assured that they may decline participation, or withdraw, without negatively affecting their status as a student. After verbal consent, I reviewed the written consent form (Appendix D) and obtained written consent from those persons interested in participating. I provided each participant with a copy of the consent form and

provided them with necessary contact information in the event that they have any questions or concerns. In addition, approval for the study, specifically recruitment of incoming nursing students from Dalhousie University School of Nursing was sought from the Associate Director of the BScN program and the Chair of the Nursing Research Committee.

Summary

This study employed an interpretive narrative methodology to understand the experience of choosing nursing as a career among individuals of the Millennial generation. Participants were recruited from Dalhousie University among the group of incoming BScN students for the 2009-2010 calendar year. Participants were interviewed twice using a semi-structured interview guide. Between the first and second interviews, participants were invited to keep a journal of any additional thoughts or aspects of their career choice experiences they wished to share. A narrative analytic strategy, which focused on the process of narrative emplotment, was used to analyze the interview and journal data.

CHAPTER FIVE: RESULTS PART ONE

EMPLOTTING CAREER CHOICE AROUND THE VIRTUES OF NURSING

> "The meaning and identity of an event is not an isolated phenomenon located in the single event itself"
>
> (Polkinghorne, 1988, p.19)

In the following chapter, I provide the first of two parts of the findings from my analysis. The findings present how the choice of nursing as a career was emplotted differently within the participants' narratives. In order to adequately present the distinction between plots, the results of this narrative analysis are presented in two separate chapters, the first of which is titled "Emplotting Career Choice Around the Virtues of Nursing".

As Polkinghorne (1988) identifies, different plot organizations within one narrative can provide a meaningful constellation and evolved understanding of the same event. Within each narrative, career choice was represented as a course of discovery and understanding more than a static moment in time or definitive event. The narratives are organized not only around specific events but in how the participants' stories are told; what is foregrounded, what is backgrounded and what is reconfigured over time. The way the participants tell their story, tells a story. The narratives are an evolution and unfolding of career choice both over time and in relation to time. The participants' narratives reflect a storied and temporal movement between telling one story, and coming to know another. The findings present a narrative shift from understanding career choice within a virtuous plot to one of social positioning.

The narratives commence with a tale of nursing and nurses as routinely, and historically, depicted in the social world. The participants initially emplotted their career choice around a traditional and stereotypical understanding of nursing as a virtuous profession: altruistic, noble, caring, and compassionate. Furthermore, the participants' characterization of nurses, role models, points of inspiration and the process of choosing nursing were narratively grounded in the perceived virtues of the nursing profession.

The findings within this chapter will be presented within the following subthemes: (1) Making a Difference; (2) Identifying Self as Nurse; (3) Locating Inspiration; (4) Characterizing Role Models; (5) Imaging Nursing as the Ideal Career; and (6) Constructing Choice as a Calling.

Making a Difference

In making sense of their career choice, all of the participants started by locating their story within the context of making a difference. Their stories were framed by their understanding of nursing as a virtuous profession; honourable and noble. The stories were narrated in a way that emphasized a caring and helping orientation to the choice of nursing. Within the narratives, the desire to make a difference in people's lives and 'help others' was forefront in the participants' stories of how they came to choose nursing. The narratives positioned career choice as an altruistic decision and portrayed nursing as a 'helping' career. As Judy shared:

> It's probably years....years wanting to help people. It was always that 'wanting to help'...Working as a medic- It made me feel so good to be able to make a difference with someone. These moments gave me such joy to see how much difference you can make in someone's life.

Several participants described a life-long desire to help others. Although the stories identify several sources of external inspiration, the narratives also position the choice of nursing as an intrinsic need to make a difference in the lives of others. Beth's mother's decision to become a nurse during her teenage years was a source of inspiration for choosing nursing yet she initially stated that her career choice followed a lifelong desire. As Beth shared:

> Just like being able to like help people. I don't know, I've always just wanted to do that....even when I was little....So it wasn't like I was picking something now. It's something that I wanted my whole life.

Although the narratives also demonstrate the role of pragmatics in career choice, the participants initially framed their decision within a helping orientation. Nursing was emplotted as a helping, caring and people oriented profession and the choice of nursing as a career was positioned as a meaningful and altruistic act. As Allison shared, her connection to people and desire to help was central to her choice of nursing:

> I want a job where I work with people. ...So you have to take certain aspects of your personality to like help people in different situations. I am pretty good at reading people

> so I know how to act around them... .I feel like in nursing, you have like the medical part of it but then there is also the compassion aspect to it. And so because I have an understanding of people and what they go through and being there for them.

Allison's desire to make a difference and help others was derived in part from her experience as an immigrant from Africa, where there was an emphasis on contributing to the larger community. Tina, who was motivated by her family's service as missionaries, also framed her choice of nursing as virtuous; as a way to make a meaningful contribution and "tangible difference". As Tina shared:

> I wanted a job that is rewarding, that I can see direct results. Direct results where you make a difference. Like either you stop pain... Like you can see something, even if it's not direct but it's within a week...I think thinking of those and knowing that I wanted to be in a role where I am in a position to – I am using this phrase a lot – help others.

It was evident from the participants' stories that there was a tendency to narrate and create meaning for their career choice that fit with their perceptions of nursing as a helping career. As evident in Tina's quote, nursing was often identified as being a fit with their desire to make a difference, in a meaningful way. The narratives often positioned nursing as superior to other careers. The participants' choice of nursing over other options was often narrated in terms of the helping potential of one career over another. Several participants described feeling uninspired by non-health related work experience and used this as a turning point in choosing a career that made them feel as though they were making 'more of a difference'. Nursing was often positioned as a career that enables a more meaningful contribution than jobs within other sectors such as retail or business. Lauren, who considered a business and law degree for a short time, explained her choice of nursing over these other degree options:

> I had no idea where I would be going with business. Like it was really kind of stressful because I didn't even know the different avenues of business...I wasn't interested in learning them either... it's just I felt like I wasn't doing anything to like directly help people. And that is just really what I like to do, like help out people.

Participants who had a delayed entry into nursing, explained past choices/jobs by characterizing them as 'helping' but not fulfilling. In her quest to help people, Verna considered

and experimented with careers in audiology, political science, law and biotechnology. Verna retrospectively made sense of her past roles by reasoning how she was able to, at some level, help people yet she described a void that existed with these other choices:

> It took me a long time to decide where I wanted my career to go. I also knew that helping people was my goal. I always told myself that I wanted a job that would allow me to make a difference...I tried so many things....And none of them made me...gave me that sort of excitement or happiness that I think I have been seeking.

Caroline's experience working in retail for one year following high school served as a critical turning point in her story. Caroline described how her experience in the workforce upon graduation validated her desire to 'help others' and equally important, gave her insight into what she definitely did not want to do. Within the narratives, a distinction was made between assisting people generally and helping in a meaningful way. As Caroline shared:

> I really like working with people. I like helping people out. I want to do it in a more positive way other than selling toasters, selling blenders. And maybe actually helping them with their health.... people with health need me for...I couldn't work at a minimum wage job for the rest of my life, like retail. I can't sell blinds. I can't... It seems too petty to me. Like I know some people do that for a living so I don't mean to judge them. Like if that is what they want to do, that is fine.

Caroline's career choice not only centered on her desire to help people in a positive way but was also informed by pragmatics, especially salary. The desire to make a difference was highlighted over other considerations also identified as important to career choice. Caroline's narrative evolved from being centered on her desire to help others to identifying that her choice of nursing was also inspired by her family's past financial struggles, her past experience as a recipient of nursing care and her mother's work in the non-profit sector.

The narratives were shaped by the historical and stereotypical portrayal of nursing in society: both in how the participants' narrated their perceptions of the profession and in how they positioned their career choice. As Polkinghorne (1988) maintains, the story teller often highlights aspects of the story that may be better received by the listener or a fit with the perceived intent of the story. All twelve participants' were interviewed by a faculty member

with the school at which they were just accepted into the nursing program. This context may have influenced the foregrounding of altruism with their career choice stories.

Identifying Self as Nurse

Storytelling provides an opportunity for individuals to describe who they are. The location of self, and concept of self identity, is central to narrative structure and is organized along a temporal whole. Within the narratives, the participants' experience of self is organized temporally in that the 'whole of who they are' arises from their past, present and future roles. The participants commenced their storytelling with a description of self that emphasized personal virtues and validated why they chose nursing and why they are a 'good' fit for the profession. There was a sense that the participants constructed their personal attributes to fit with what they perceive nursing to be. The narratives recreated traditional images of nursing and nurses, often with an emphasis on personal virtues, attributes and interpersonal skills: caring; compassionate; attentive. As Ava shared:

> I am a really big people person in general. I mean no matter what I did, it had to be with people. I find I am very empathetic in a way almost. Even if I am watching when people get hurt or when they are sad, I really like to be around people and help comfort them. Because I feel like that is so important. And then I also really like science and how behind all of that, there is really complicated stuff that you have to learn and know.

Central to the virtuous plotline is an emphasis on interpersonal skills and attributes over other defining personality traits and characteristics. In making sense of her decision to choose nursing Allison wrote in her journal:

> What makes me a good nurse is I'm a huge people person; I'm a fabulous listener and good with advice; I have the social and compassion aspect; I am assertive; organized; academically inclined; determined; hard worker; can read people and their emotions; emotionally very strong; experience volunteering.

Allison's journal entry is an example of the participants' tendency to make sense of the choice of nursing and define one's self in a way that fits with a traditional image of a nurse. Allison's story also characterized her as intelligent, ambitious, adventurous and confident. She

seeks a career that has prestige, respect and power: power to make a difference on a global level. Yet, when she made sense of her choice of nursing, Allison focused on being a "people person" and a "fabulous listener". In her above list of personal attributes befitting a nurse, interpersonal skills take precedence over other defining characteristics (ambitious; leader; decision-maker).

Descriptions of nursing and nurses' roles were also constituted in terms of gender discourses as evidenced by the emphasis on traditional feminine characteristics: motherly; caring; kind; compassionate; soft; comforting; talkative, patient and reassuring. Within several narratives, the participants' choice of nursing as a career was positioned as somewhat predictable and fitting, given their 'motherly' tendencies. As Jane shared:

> A lot of my friends weren't surprised when I picked nursing just because they all like... They are always like teasing me and saying, "Oh, you are like such a mom. You are always telling me don't do that, you are going to hurt yourself," and stuff like that. So my friends weren't really like shocked when I chose that, I guess.

Personal virtues such as kindness, thoughtfulness and caring were central to the participants' self-identity as a nurse. The description of self was emplotted in a way that positions the choice of nursing as a logical and expected career path. As Beth explained, her friends validated her choice of nursing by stating that it fit with her tendency to take care of everyone:

> I've always been like the one who takes care of everyone else anyway. Not like the mom of the group but kind of, I guess. So they were just like, "Well, now you are going to be paid to take care of people." People always joke around, and like I'm the mother of the group... So it's just like it suits you to like want to take care of people because you've already been doing it for so long.

The participants' stories create images of nurses as 'motherly'; women who possess traditionally female attributes such as loving, nurturing and compassionate. The participants' self-identification as a nurse is narratively scripted around virtues; the perceived personal characteristics of a nurse valued in society. Personal virtues are often emplotted as the genesis of career choice. Although other personality traits surface in the narratives, the choice of nursing is positioned in relation to more virtuous attributes such as kind, empathetic and caring. The

participants make connections between academic performance and general career choice however the narratives place emphasis on interpersonal attributes in relation to nursing.

Coming to know, define and understand 'self' arose from opportunities to explore interests and abilities. Within the narratives, school was a central setting for self discovery and awareness. Although the participants' interests were explored from early childhood and informed by their immediate surroundings, this exploration evolved in the school setting. As Ava shared:

> In junior high, we didn't have to pick courses. But that is when you really started thinking about what you were going to do in high school. It was finally you were getting specifically like a social studies course and a science course. Whereas in elementary, it was all mixed together. So you were starting to realize what you were really interested in. And you had to start thinking about what you were going to go towards...

The plotlines identify that early life exposure, and opportunities to engage in extracurricular activities assisted the participants in coming to know their interests and know 'what they were good at'. Exposure to different activities in childhood provided an avenue for expanding interests and also as a way to gain confidence in their abilities. Lauren revealed how she came to know her interests and strengths and her parents' role in that process:

> From early on, like they asked me what I was interested in. Like you know, putting me and my sister in different sports so that we could see what we liked or see what we don't like. Maybe we were sporty, maybe we weren't. They put us in a lot of different things so that we could [decide]... Pushing me to like do like everything that I wanted to do, and like supporting me with decisions that I made and stuff...

Within the school environment, interaction with peers, guidance from teachers and academic performance informed the participants' exploration of interests. Self-efficacy, as well as others' impressions of personal attributes and abilities, was narrated by the participants to have a central role in career choice. Although intelligence was not highlighted in the narration of essential nurse attributes, several participants identified that having an aptitude for science

paved the way towards realizing nursing as a career option. As Judy shared, being identified as smart could "set you up" for a career in sciences:

> By grade 10, you have to pick your courses. And it kind of sets you up. It's kind of your track then. Because those of us that were encouraged strongly to go to university, pretty much you are taking all the sciences. I had friends from all different areas but once you start kind of going towards the advanced courses, well, that is who you spend most of your days with...And once they start labelling advanced, academic and basic – which is so terrible – but it starts to filter okay, this is my area.

The act of choosing a career was emplotted as finding a fit between self concept (personality traits, interests and abilities) and available career options. The participants' description of their personality served as justification for their choice of nursing and the narratives emphasized attributes that were stereotypical for nurses. As narrative theory maintains, self identity does not equate to any one social role and the narratives provide an understanding that the participants were not defined solely by any one personality trait or interest. The participants' identification of self evolved over time from the confines of a stereotypical view of nurses to a point where they shared aspects of their self that existed outside of being a nurse. Narrative theory acknowledges that the storyteller often shifts their description of self to fit within the context of the story being told. Time is an important consideration in the participants' identification as a nurse. The fact that the participant interviews took place immediately following their acceptance into nursing school may have shaped their stories.

Locating Inspiration

In setting the stage for their choice of nursing, the participants identified several sources of inspiration in becoming a nurse: settings, events, experiences and individuals. Events and stories identified as inspirational closely aligned with the image of nursing as a virtuous profession: caring, compassionate and altruistic. The participants drew inspiration from recent events, personal experience and media that were recounted in positive terms. In narrating career choice, the participants usually started from present day in recalling events that inspired them

towards nursing and would then track backwards through time. Recent experiences with the health care arena and/or nurses were often initially identified as a primary inspiration for the choice of nursing. Two participants described their recent experiences of becoming a mother, and giving birth, as an event that guided them to reconsider nursing as a potential career path. Verna described how her personal experiences in hospitals and with nurses inspired her choice:

> It really hit me...when I gave birth. The nurses were really nice...And I realize that they were really there for you. They kept me going. They were really nice to me...And then my daughter's had 2 procedures done at the [hospital] and she's lined up for her third one...The nurses there were amazing. I find that they do a lot of work....As a parent it's very difficult to see your child in such a state and the nurses were there to see take the time to talk to us and explain what was happening. The nurses were the ones who kept us going and made us feel confident and more comfortable. Something I will never forget... I can't wait to say that I'm one of them.

First-hand experience with nurses was often narrated as a validation of choice and/or a reintroduction to nursing for participants who had at one time considered it as a career. Experiential knowledge was a powerful source of career inspiration within the narratives. As Tina shared, the birth of her daughter provided an opportunity to know the physical, emotional and intimate aspects of nursing in a way that solidified her choice of nursing:

> Having [my daughter] brought me back into that healthcare caring setting....the care I received from the nurses- there is something that I would like to do for other people. I guess it hit really close to home. A close experience. I would like to share that with other people...That was definitely an experience that let me see the entirety of it.

Participants who did not have first-hand experience with nursing care located inspiration from depictions of nursing in the media. The influence of media was ubiquitous across the narratives. The participants often traced the origin of their interests in nursing and health care to media such as: being intrigued by the mystery, science and problem-solving in mystery diagnosis programs; craving the excitement and high pace of real-life ER stories and humanitarian documentaries and seeking the 'feel good' moments depicted on birthing shows. The images of nursing obtained from these programs fell towards two extremes: life saving, high adrenaline emergencies and comforting, supportive emotional care. Media exposure came

during adolescence, when the participants started to think about future career goals. As Allison shared:

> I watched a documentary or something about Doctors Without Borders. And that is like what completely changed my mind. I was like that is what I want to do....I must have been like a teenager, like in junior high. Like 14 or something, or 13...I just remember like the extreme situations and like people who were really grateful, I guess. And you know that you are really needed... So you have a great purpose there. I'm always the type of person, like I like extreme situations.

Although all of the participants referenced popular medical dramas/soap operas, they did not identify this as a source of 'real' understanding of nursing. They were quick to dismiss the content of these dramatic television programs as 'unrealistic' however they were less apt to critique/analyze the portrayal of nursing and healthcare within the 'educational' or 'real-life' programs which also tend to focus on the drama and excitement. Beth, who asserted that one of the most popular medical dramas on television was unrealistic in its exciting portrayal of nurses' work, acknowledges that these programs would not be successful if they depicted "the boring stuff that [nurses] have to do every day". It was apparent from the interviews that 'educational' or 'real-life' programs were often taken at face value and most of the participants spoke of these televised series as educational in providing insight into the role of nurses.

Although the participants recognized the limits of television in portraying the 'reality' of nursing, the positive depictions of nursing within these programs played a central role in making sense of their career choice. The narratives provide an understanding of how this media exposure informed the participants' narration of nursing as a career full of exciting, fun and rewarding moments. Sara's narrative portrayal of her future career in nursing was informed both by recent life experience and her understanding of nursing by watching "a lot of 'A Baby Story'":

> I guess if I am just thinking of my job, I think of the [local maternity hospital], and I think of holding the babies and seeing the happiness. And of course I don't think of the negative areas. And just like being there for the new mothers, like when they are scared

> and when they don't understand why this chid isn't breastfeeding...I've been around so many women who have had babies, especially lately. And they all go through the exact same thing when they have a child. And they don't understand why... I mean all these little things that people never talk about or never told. And I want to be there to help them, to show them that you are normal. Don't worry about it, this happens to everyone.

Sara provided an example of how participants' location of inspiration is temporally influenced. Sara had intimate knowledge of nursing and the challenges of the profession through her mother's terminal illness with cancer. Sara's knowledge of nursing as a teenager through her mother's illness served more as a cautionary tale than inspiration and that experience distanced her from the choice of nursing following high school. Sara's most intimate knowledge of nursing came at a time in her life that was very uncertain: she was a rebellious teenager; she lacked focus in high school at a time when she was expected to choose a career path; she was losing her mother who was her main support in decision making and her knowledge of nursing depicted more the pain and stress than reward of the profession. Sara's narrative demonstrates the importance of timing, both in the experience and meaning of events in relation to career choice.

Narrative methodology involves attention to setting. As their storytelling evolved from the most recent past to childhood, the participants recognized inspiration within their communities and narrated the role of setting in shaping their choice of nursing. The community settings were different across narratives and the experiences were at times very disparate yet the meaning derived from the settings and one's sense of community was similar. The participants described how the community setting in which they were raised had an impact on their developing identity and also helped shape their future aspirations. Allison was the only participant who was born and raised outside of North America, and it was her experiences growing up in Southern Africa that had one of the greatest impacts on her decision to enter

health care. Allison spoke of how her mother has paved the way for her to have choices and make a difference in the lives of others. As she shared:

> I moved here from like a really poor country when I was younger. And like my mom went to [university], and she like lived in [small rural community] and she commuted, and she worked two jobs, and took care of us.... now the road is paved for you that you should do a lot with that, and like make something of yourself....I should take all the opportunities that come my way.

Central to Allison's story is how setting, both geographical and social, influenced her career choice. Participants from rural areas spoke a great deal of how their community influenced their career choice with an emphasis on values and virtues. More than half of the participants grew up in small rural communities and their career choice stories drew heavily on examples of giving and helping at the community level. This was at times narrated as an obligation and part of the 'natural socialization' in small communities. Judy described how everyone in her rural community helps one another. Judy attributed her 'caring' orientation and desire to help others in large part to inspiration within her community:

> It kind of goes without saying that you volunteer and be part of your community. It's a huge part of where we came from. So that was just engrained in us. We always help out...That is your role. That is your job as part of a small town. You look after each other...it was just part of small town community. That was a big role in my life.

Similar to Judy, Tina was raised in a rural community and she described how her search for the right career, and knowing what was important to her in a career, arose in part from growing up in a close-knit community in which many of her immediate relatives were missionaries. Tina described how this environment informed her values and inspired her decisions personally and professionally. As she shared:

> My grandparents were missionaries. I guess knowing that they were out helping people in dire situations...My mom would tell us stories and just help explain what they were doing. A few values that she instilled in us I think still hold strong to me in how I live my life. And I think that makes me want to be in a role where I can live those values in my job rather than just outside of work. So I guess helping others, for example. Being in that capacity to do that.

The participants' often made sense of their choice of nursing by identifying inspiration, and examples of caring/helping behaviour most available to them in daily life and most fitting with their perceptions of nurses and nursing. The participants' interpretation of events as inspirational was temporally influenced. The same setting narrated as inspirational at one point in their life could be rejected or presented as a barrier during another. Polkinghorne's theory identifies that narrative configuration involves the process of narrative smoothing whereby details may be omitted, condensed, elaborated or exaggerated in the process of producing a coherent story. It was evident during the interviews that the participants were actively constructing stories and plot lines that made sense of their career choice. Recognizing inspiration initially focused on recalling and sharing only positive events and happenings. The depth of exploration that occurred over the course of the interviews allowed previously 'hidden' events to surface as important plots within the participants' career choice experience. Despite an initial default to the positive as inspirational, other events throughout the participants' lives provided cautionary tales that also informed their career choice.

Characterizing Role Models

In addition to events and settings, individuals were also characterized as inspirational in the participants' choice of nursing. Role models were narrated as characters that had a central role in inspiring and guiding the decision to enter nursing. Despite the prevalence of media influences in the narratives, the participants identified that real-life role models had a greater impact on their career choice. Role models were often individuals encountered in everyday life whom the participants admired, as opposed to television characters. Parents were central to the career choice experience yet the participants often spoke of being inspired to choose nursing by members outside their immediate families. Their parents' career examples were narrated more as cautionary tales than inspiration for the participants' choice of careers. Parents' professional

choices provided a means of learning the day to day struggles, challenges and flaws associated with careers. The participants' had a tendency to recognize the careers held by someone outside their immediate family in a more positive light. Within the narratives, role models were identified based on a projected a pride, happiness and fulfillment in their careers. Within her part-time job, Kate described coming to know several nurses who loved their jobs. A point of inspiration in Kate's narrative was the positive comments she received from other nurses in relation to her own interest in nursing. Comments such as "That is fantastic. That is so exciting. It's such a great career...I have been doing it for this many years and I absolutely love it". Although Kate also spoke with nurses who were unhappy in nursing she spoke of identifying more with the women who had a positive perspective. As Kate shared:

> So I talked to a lot of [nurses]. And especially I think it was when I was doing my third year of my undergrad that I really put back into focus the whole nursing thing as a career. So I would mention it to some of the ladies that were working out that I knew were nurses. And, "Oh, I am thinking of doing nursing," and sort of got their opinion and their view on it...I think some of the things they said about... Like some of them did say it was thankless in the sense that you get very little reward for all the hard work you do and stuff like that. But other people found a lot of thanks... in what they did in dealing with people and stuff. I think it depends on your personality. And I think that I had more similar personalities to those who liked their job than those who didn't. I like talking to people. I like interacting with people. I love helping people, and helping them reach their goals.

Kate believed nursing was a good choice for her because she identified with these positive role models. In choosing nursing as a career, nurse role models were identified as central characters. Individual nurses were often identified and characterized as role models based on how optimistic and encouraging they were about the choice of nursing. Interactions with nurse role models often centered on promoting the virtues of the profession. Two of the participants' had mothers who were nurses; however, only one readily identified that her mother was her primary role model for wanting to choose nursing as a career. Beth had come to see nursing through her mother as a career that enabled their family to overcome the hardships of

divorce. Through her mother's example, Beth understood nursing to be a rewarding and well respected career that provided financial stability and supported work-life balance. Living in a small rural community in which her mother worked as a public health nurse, Beth often overheard positive comments from others about her mom. Beth also worked part-time in health care centres where she was surrounded by other nurses, watched their work and aspired to have the same 'camaraderie' she witnessed among her mother's friends. Beth's narrative positioned her choice of nursing around her mother's love of the profession. Having a love of nursing was central to Beth's narrative and her choice of nursing was informed by her mother's words, "If you are going to do this, it has to be something you love." Beth's personal knowing informed her perception that nursing enabled a positive home life, something she aspired to in her own life:

> Nursing supports my life choices....I want to be well rounded in life...Nursing is not just a job, it compliments your life and what you hope for...I've always wanted to be a mom. Like I've always wanted to have kids. Like a lot of kids. And like my friends laugh at me but I've always wanted like the minivan and like the chocolate chip cookies and like the soccer runs and stuff...And I just feel like being a nurse will better suit that lifestyle.

Allison's mother was also a nurse, and although Allison was proud of her mother's accomplishments as a single mother and a nurse, Allison's narrative positioned her own choice of nursing as separate from her mother's. Allison did not want her choice of nursing to be regarded as simply following the path of her mother; a path that was fraught with struggle. Allison wanted a future for herself that looked different than her mother's and she looked for a role model whom she believed closely resembled herself. Allison identified a classmate as her main role model in choosing nursing. As she shared:

> She is not exactly from the same background as I am but like has some of the same parallels in how she grew up. And like she is really smart. She is even smarter than I am. And like everyone [told her], "Be a doctor." Like all her family and like everyone. And she is the type of person who doesn't do anything because everyone expects that she should. She just does whatever she is happy with, even if it's not like what people want. I identify myself more with her than some of my other friends. That is she can do [nursing] then I can do it too.

Although the participants often did not identify their parents as role models in choosing nursing, several participants came to recognize the 'helping' nature of their parents' career choices, as inspirational. After stating that she was "not influenced a whole lot" by her mom to choose nursing, Jane described her mother's role in educating special needs children and makes a link between her mother's career and her choice:

> I mean obviously it's care of people. And some people have disabilities and special needs and stuff which you obviously see as a nurse. And so I mean, yes, I didn't really think of it then but I suppose looking back on it, yes, it did impact my decision....I liked the fact that she gets to help people and stuff. But I mean I don't think I want to work in a school setting for the rest of my life. And I don't necessarily want to work with the same people every day or see the same thing every day. So that kind of is different too, I guess.

Kate, Judy and Jane all reflected upon aspects of their mother's professional roles that inspired them to choose nursing. However, these reflections only came after much consideration of ways in which they came to know about careers and made sense of their interest in 'helping' others. In fact, all the participants except Beth initially dismissed the possibility that their parents served as role models, or inspired their choice of nursing in any way.

Role models who inspired the participants' career choice were individuals characterized within the narratives to have derived pleasure and fulfillment in their own work and/or endorsed the virtues of a nursing career. Participants drew from their perception of others' career fulfillment in crafting their own stories and in defining what they wanted for the future. Nurses played an important role in validating the participants' choice of nursing as a career by providing validation that (1) nursing is a rewarding career and (2) the participants would make 'good nurses'. The characterization of inspiration and role models evolved in the narratives over time as the participants reconfigured events and experiences to have new meaning.

Imaging Nursing as the Ideal Career

With roots in linguistics, narrative as a theoretical approach requires attention to language. The participants' choice of words within their stories painted a picture of nursing and nurses that initially emphasized their career choice in a positive light; with an emphasis on the virtues of the profession. The participant's perceptions of nursing are embedded throughout the plotlines of their narratives and provide distinct insight into how nursing is portrayed in society, reflecting both traditional and contemporary images. Although altruistic reasons were accentuated in the choice of nursing as a career, practical considerations such as salary, job security and work-life were also central to their decision and reflect recent messaging in relation to the profession. Nursing was narrated by participants as an "all in one" career. The narratives provide an image that nursing was a career that 'had it all': noble, rewarding, secure and diverse. The participants narrate the choice of nursing as having great benefit personally and professionally. Evident in Tina's narrative is the fact that she has a vision of nursing that is not only altruistic but also a career that enables the lifestyle she seeks for her family. Throughout Tina's story, she described several attractive features of nursing as a career that fits with her values, her personality, her family's needs and her future plans. As Tina stated:

> ...the non-profit world doesn't pay all that great either. So I think that is a factor as well, knowing that it is good pay and it's job security as well. ...But the pay, I think that is a huge deciding factor for us right now – for me to pursue [nursing]. Is that right now, it feels like we are just living pay cheque to pay cheque. We are trying to save to get a house but it's challenging... I guess in the back of my mind is that we would like to eventually move back to Cape Breton. And there's not much there. So I mean in a rural community, nursing would be a career that I could fall back on easily. That I could do in any environment or any location. So that was one that I was thinking about.

The timing of Tina's choice played a significant role in her decision making. Tina described how at this point in her life, while she was raising a young family, the job and financial security of nursing made this an attractive choice. Tina emphasized that nursing was a career that provided a guaranteed job at the end along with job security, something that was

lacking in her and her husband's current employment. In addition, she recognized that nursing would enable her family to own their first home and even return to her home town someday.

As evidenced in all of the participants' narratives, nursing was perceived as one of the few reliable career choices that ensured stable employment and this was often linked to the participants' home/family life. Even for participants who did not yet have spouses or children, nursing was often described as a career that enabled a family-centered lifestyle. Kate, one participant who came to know several nurses in her role at a weight loss clinic, described how intrigued by the many options nursing presented in relation to work-life:

> A lot of [nurses] had families, which I thought was really appealing. It is a career that you have the opportunity to have both those things – a career and a family. And it works really well. You can go part-time, you can go casual, you can go full-time, you can work nights, you can work weekends. All that sort of... There's a lot of flexibility in it, I think. And so a lot of these ladies talked about how they loved it and it was really great, and it allowed them to spend a lot of time with their kids when they were kids, and that kind of thing. And that is sort of appealing because I've always wanted to have a family.

Kate's emphasis on finding a flexible and family-friendly career was informed by her personal experiences within her own family, especially the lack of job flexibility her mother experienced. Several of the participants' described being encouraged by their parents to choose a career that enabled them to 'be all they could be' and have a life outside of their work. Nursing was narrated as a career that offered diversity and enabled both personal and professional fulfillment. The narratives portrayed career choice as a dynamic and ongoing process of growth, especially in nursing given the wide array of roles and settings. As Beth shared:

> I wouldn't want to sit in a cubicle and do the same thing every day. But like with nursing, you could like work in a children's hospital and work with children, or you can go to a manor and work with old people, or you can move up North and work there, or you can work on a helicopter for like the transports. Like there's so much you can do and so much... You can always learn new things...It's exciting that you can change. You are still a nurse but it's like all new kind of.... Because like everyone else's job, it's like they just go and do the same thing every day, and then go home. But nursing is like no, I can fly in a helicopter for a couple of years and then go up North or work in a children's hospital or work in the ICU.

The narratives provided insight into the fact that the participants did not want to be 'bored' with their career choice; that they wanted evolution and continued growth. Nursing was portrayed as a career that could provide lifelong professional diversity within the same career. Most of the participants spoke of being able to advance their careers within the profession and also anticipated having several different careers all within nursing. Career change could be conceived within the choice of nursing given the diversity in roles. As Ava shared:

> Nursing is a career path that allows you to go in almost any direction you choose....it makes me so excited to know I'm going in to a field that gives me so many choices. If I'm looking for a career for the rest of my life, then I don't want to get bored. Nursing is going to be so exciting and different everyday...I like that I can go on and get my Masters and I can specialize in something like intensive care or neonatal. And then there is the nurse practitioner aspect that I could do if I wanted. I just like all of that. And then also you could teach if you wanted to.

The participants often rejected the idea of doing one thing for the rest of their life and nursing was portrayed as a choice that could provide several careers within one. As Kate shared:

> I like the idea of doing something different and learning more about different things. And then if I find something that I really love, that I am really passionate about, then I'll stick with that and I'll pursue that even more, and I'll learn as much as I can about it. But I really like the idea of not being narrowed down to one specific thing, and this is your job and that is your role, and you have to do it. I like the idea of constantly being able to learn about different things and working with different people and different opportunities.

The participants had formed an image of nursing as a career with endless job options, including the opportunity for travel. Nursing was narrated as a career in which you could see the world while making a living; a career that was always exciting and new. As Lauren described:

> Being able to work in different areas. Like they said you can either work in hospitals or you can work in homes. You can do research. There are just so many things that you can do. And then my friend was like, "They need nurses down at Jacksonville, Florida". She's like, "We are going there after we graduate"...I've never really travelled. I've never gone outside the country. I'm going to the Dominican this winter so I'm like excited. But yes, like it would be fun. I've never really done it so I think it would be new and exciting.

Plotlines centering on the choice of nursing for pragmatic reasons, financial and job security, were informed from the coverage of the nursing shortage in the news over the last few years. All of the participants referenced the nursing shortage within their stories, using language and descriptions they had heard reported in the news. The narrative scripts often emulated what was presented in the media. As Ava asserted:

> I also love that with the shortage, I will be able to work anywhere. I can travel if I would like to or stay here.

Challenges associated with a career in nursing were backgrounded in the narratives. Identified challenges were often neutralized by the perceived rewards. For example, the responsibility of ensuring an individual's well-being was acknowledged as daunting, yet the challenges were often constructed as rewards. The participants balanced perceived challenges with the rewards of knowing they would be helping others in their time of great need. The inherent challenges of nursing were often narrated in terms that the good outweighed the bad. Jane, who had a first-hand understanding of the frustrations and challenges of nursing through her grandparents' illness experiences, focused her narrative more on the rewards of the profession. As Jane shared:

> It's a very difficult job and you need to be well prepared. It's not always fun but that's what makes it rewarding.

The participants' language in describing their future work as a nurse conveyed an anticipated sense of pride and accomplishment for a job well done. The narratives portray nursing as a virtuous and honourable career choice. The rewards and virtues of a nursing career were often narrated to include feeling fulfilled by making a 'real' or 'tangible' difference in the lives of others. Pauline, who worked in a nursing home and also identified nursing as "not easy, but rewarding" described how the feeling of helping others should be reward enough despite the challenges of the profession:

> It makes me feel so good about myself. If I can make somebody happy like that then I should be happy. I don't know, it is rewarding because you see somebody down or they are not in their right state of mind, and you can go over there and do something to lift them up and make them happy.

The narratives were not void of perceived challenges inherent in nursing however the positive aspects of the profession were emphasized. There was a tendency to accentuate the positive even when acknowledging shortcomings in the profession. The participants engaged in encouraging self-talk when they reflected on perceived challenges in nursing. As Verna shared:

> I think nursing is a beautiful career choice that will be very rewarding and motivating... Unfortunately, from what I have heard, sometimes nurses are underappreciated and that can easily lead to frustration. However, I think if you stand with your head held up high and keep pushing all the same, in the end you will be happy with yourself and that is reward enough. Don't get me wrong, I'm sure it's not always going to be easy and I'm sure I'll have my moments but as long as I remind myself why I chose this career I think I'll be able to focus on the positive.

In the above quote, Verna described nursing first as a beautiful, rewarding and motivating career and followed with an acknowledgement that nurses are underappreciated. The frustrating aspect of the profession is hidden in between the description of nursing as beautiful and positive. Aspects of nursing that were less desirable were backgrounded in the narratives. Even when identifying the prevalence of stressors and strain within the nurses' role the participants presented an optimistic perspective on their own future as a nurse. They believed they could create a better reality for themselves even when acknowledging that this outlook seemed 'idealistic'. Several of the participants acknowledged burnout as a concern among nurses yet stated that they believed they could overcome it by focusing on the positive contribution nurses make. Kate worked in a health care setting and had come in contact with many nurses with whom she would discuss her interest in nursing. Kate had heard many stories of nursing that both inspired and scared her, yet she focused more on the positive. Kate described her view of nursing as idealistic yet she believed this was attainable. As Kate shared:

> I've heard it said that new people in any occupation are so idealistic and have these optimistic ideas of what it's going to be like and I know I'm definitely one of those

> people who really believe that they're going to make a difference. I really think that giving 100% is what you should do and will really make you love what you do. And I hope I can stay that way. I don't want to become one of the jaded ones and ever think it is ok to give less than my best. I'm sure some days will be harder than others but I'm very optimistic that it will be very rewarding and will make up for the bad days.

Kate goes on to share how she recently read an article on nurse burnout in the newspaper and although she acknowledged that such stories could serve as a deterrent for entering the profession, she construed that perhaps "it encourages people to become a nurse to make a difference". A common subplot among the narratives was that participants believed they could overcome the challenges that other nurses experienced; most notably burnout and cynicism. As Ava shared, after witnessing less than ideal care by a nurse:

> I couldn't believe a nurse could be so mean....but that really inspired me to become an awesome nurse.

Participants would often speak of a desire to not become this type of nurse; one who was 'jaded' or who no longer enjoyed nursing. The participants' belief that they could prevent burnout was positioned around having a love for nursing and a focus on the rewards of helping others. The participants wove a story that accentuated the positive virtues of nursing and also served as validation for their choice. Having an idealistic perspective was narrated by the participants as a preferred state of mind. The narratives created an image of nursing as the ideal profession for the participants to fully realize their personal and professional aspirations.

Constructing Choice as a Calling

Within their stories, the participants' narrate the decision to become a nurse as both a calling and a choice. The former reflects an attempt to make sense of their career choice as destiny. Further reflective of a virtue plot within the narratives is that the participants often reference the choice of nursing as something they were 'meant to do', or 'supposed to do'. Inherent in this phrasing is an understanding of career choice as a vocational calling. Although the narratives clearly portray the participants' career choice as an informed decision, the

participants often reference this event as something destined to happen. Especially among those participants who did not choose nursing immediately following high school or university, there were references to the belief that life would eventually get you to where you needed to be, or where you were meant to go. Verna's core story, detailed her choice of nursing as a long journey filled with many 'wrong' turns. In the process of journaling Verna reframed her understanding of her past decisions as a road that eventually brought her to nursing. As she shared:

> Every step that I took, I think got me to this point. And that eventually I was going... I think maybe my subconscious knew that at some point... I know it sounds a bit crazy but that at some point, I was going to end up in nursing. And maybe all those choices that I made before were to lead me up to this choice. Which I think is the right one. I can't afford to make any more wrong choices.

Narrative theory attends to understanding how the past, present and future are interconnected and how individuals make sense of these interconnections. Each of the participants demonstrated a need to make sense of past life choices within the context of choosing nursing. Verna constructs her past career choices, and 'wrong' decisions, as a journey to the 'right' place. Like Verna, several participants spoke of coming to know their decisions all in due course, that the choice of nursing came to them at the best time, even if they had struggled to make the decision for years. Participants spoke of life being a journey to get to the place they needed to be in order to make the difference they wanted to make. Delayed career choice, or a non-linear path to nursing, was often framed positively and depicted as a process of 'finding their way' with an acknowledgment that everything happens for a reason. Tina's story reflected her belief that faith guided her choice:

> I think that I believe that everything happens for a reason, and that God has a plan for everybody...Knowing that there's certain things beyond our control that we can't alter, that you just accept it and have to do the best with what you have...Like it makes me know that the gifts and talents that I have, I am not being selfish with them but I feel like we all need to share those. And together, it makes our society and community a better place when we can put everything together and use each other's strengths. So I feel that

> is sort of what I am supposed to do...And I guess that comes from my faith...To give back.

Only two of the participants specifically referenced spirituality and/or religion when making sense of their 'choice' of nursing, and stated that they were guided by their faith. Even when these participants recognized a 'higher' power guiding their decision, they also spoke of making a conscious choice. These participants positioned their choice of nursing in terms of religious servitude; being called to serve or help others. As Allison shared, she believed she had an obligation to serve others as part of God's community:

> I would never say that I am religious in the sense of like fundamentally religious because it's not really me. I just really like focus on love and compassion, like all those things that people should focus on. Like I don't really focus on judgement or any of that kind of stuff. And so with that, like in the Bible, it says about that if you are full of love in your life, and I feel that I am a very loving person, and that you will help like the poor. Because like you are all God's children and so...I don't deserve like my lifestyle any more than anyone else does. And like I just feel because I focus so much on like God and like God's love for us....love thy neighbour and all that kind of stuff. That we should love each other. Like we are all in this together, and we should all help each other.

Allison narrated nursing as an avenue toward helping the greater community and the connection she made between her career choice and God's work conjured an image of nurses as angels caring for others. This image of nursing reflected Allison's spiritual belief however, it also competed with her desire for status and to be acknowledged for her knowledge and skill. This disconnect contributed to Allison's uncertainty about her choice of nursing. Tina, who was at first very reluctant to make direct references to religion, God or faith, described how she relies on her belief system for guidance especially times when she is confused about what she should be doing with her life. As she shared:

> Throughout my life when I came to points where I am like "okay, what am I supposed to do now?" I've done this. And people and family would say, "Have you prayed about it?" And it always brings me back because I always feel like I am the one who is supposed to be in control but really I am not. I feel that the Lord is in control and has a better plan than I could ever have...I prayed a lot....I was really at a crossroads. And I think I really relied a lot on my faith. So that led me to...the youth program. So I did that

> for 2 years. And it was a wonderful learning experience. I met a lot of great people. And then that opened other doors, I think, to different life paths that I could take.

Career choice is characterized as a pre-destined path yet the narrative plots also portray that the participants navigate and negotiate their own decisions. This contradiction may represent the participants' process of making sense of their career choice, especially within the context of nursing as a virtuous career choice. The choice of nursing, and careers in general, was narrated as though all the 'pieces' (experiences, events, characters) fell nicely into place. This may also reflect the process of narrative smoothing and the desire to produce a coherent story of career choice. As the narratives evolved it became more apparent how the participants' played an active role in choosing nursing, a decision that was guided and/or channelled by others and involved a life-long processing of experiences, knowledge, input and inspiration.

Summary

The participants' storytelling commenced by emplotting their career choice within a tale of nursing as virtuous. Through the course of the interviews, journaling, the passage of time and recall of life experience the narratives evolved from a stereotypical story of nursing to uncover the complexity of each participants' own story of career choice. The findings represent a narrative movement from locating career choice within a larger social story of nursing as virtuous to reconfiguring choice as social positioning. The temporal nature of narrative knowing is reflected in the evolution of the scripts. Timing is an essential component of narrative configuration and the participants' story telling initially took place upon acceptance into nursing school; a period of time when they had to 'sell themselves' as potential nurses and still sought validation of their choice. This timing had relevance to how the stories were told and how the narratives were emplotted. The configuration of the narratives culminated as the participants were preparing to start their nursing programs, a time point which elicited previously backgrounded doubts and uncertainties about their career choice. The narrative understanding

evolved as the participants both trace their experiences back in time and simultaneously move closer to becoming a nurse. The narrative turn from a virtue plot to reconfiguring choice in relation to social positioning, as represented in the second chapter of findings, provides a deepened understanding of career aspirations, expectations and perceptions of this group of Millennial nurses.

CHAPTER SIX: RESULTS PART TWO

CAREER CHOICE AS SOCIAL POSITIONING: A NEW CONFIGURATION

> "Emplotment is concerned with drawing out from the flow of events those that significantly contribute to the story under construction"
>
> (Polkinghorne, 1988, p. 145)

In the following chapter, I provide the second half of the findings from my analysis. The choice of nursing as a career was emplotted differently within the participants' narratives, with two distinct plotlines; the first centered on virtues and the second, social positioning. This chapter presents the emergence of a new narrative script: career choice as social positioning.

The following discussion reflects a transition in how the participants narrated and understood their choice of nursing and careers in general. Polkinghorne (1995) identifies that narrative configuration may uncover a story that is different from the one that was lived and told. The story in which the participants first situated their choice of nursing centered on virtues. Through the process of emplotment, reconfiguration and analysis came a new understanding of career choice in relation to social positioning. The narrative scripts evolved from positioning nursing as virtuous towards understanding the meaning of career choice in relation to one's position in the social world. Within this new configuration, the narratives position career choice in relation to the participants' desire for autonomy, respect and quality of life. Pragmatic considerations such as lifestyle, job security, salary and status are emphasized within the narratives. The participants' desire to make a difference, foregrounded in their initial stories, was not more central to their choice of nursing than their need to make a living and their desire to have a 'good' life. The evolution of the plots provides insight into how nursing is perceived to be positioned in relation to medicine and how the participants struggle to locate themselves within this social hierarchy.

The following subthemes represent the participants' movement away from locating themselves within a societal understanding of nursing to realizing the entirety and complexity of their own career choice journey; one that conveys challenges, fears, doubts and uncertainties. The findings within this chapter will be presented within the following subthemes: (1)

Reframing Choice and Inspiration; (2) Choice Timing; (3) Uncertainty of Choice; (4) Nursing as Second Best and (5) One Option Among Many.

Reframing Choice and Inspiration: Making a Living; Having a Life

As the participants traced their career choice back through time, certain experiences and events once backgrounded in their stories became central. Polkinghorne refers to this process as emergence, where new levels of reality emerge by noting the contributions actions make to a particular outcome. Even when situated within a larger social story of nursing, the participants' narratives were grounded in personal experience and knowing that arose from their unique being in the world. The narratives reconfigured career choice around the participants' understanding of social position; their past experiences; present situation and hopes for the future. In addition to the desire to 'make a difference', the participants also narrated the need to make a living and position themselves for a 'good' life. Pragmatic considerations were narrated to be just as central to career choice as altruistic reasons. The participants' stories evolved from lauding their choice of nursing to making sense and justifying choices in relation to the social world.

Finances figured prominently within the narratives and participants often referenced the recession and global financial crisis. The participants were very aware of the financial implications of their career choice: how much it would cost; how long they would be in school; the likelihood of finding a job and the starting salary. Several students identified that personal experiences close to home informed this understanding. As Sara shared:

> I've always been very independent. Like I said, my mom got sick when I was 16. So from 16 on, I've pretty much been taking care of myself. And I guess I just want to be able to enjoy my life, see the world. And I know that I can't do that without an education and without having that job to rely on. And also, especially with the economy the way that it is now, like you don't know what is going to happen with your job.

Parents were central characters in each of the career choice narratives however the participants often did not readily identify them as influential in their career choice. It was only

during the second interview, following the journaling exercise and considerable reflection that the stories told of the central role parents played in the understanding of both social positioning and pragmatics of career choice. Their parents, and more often fathers, were identified as the main source of information regarding the financial implications of career choice. When speaking of their parents' role in their decision making, participants would often identify that their mothers just wanted them to be happy but that their fathers wanted them to have a secure future. Sara provided insight into why her father focused more on the pragmatics of her career choice:

> My mom wouldn't have cared if I was a busker down in Halifax every summer and that is what I did. As long as I was happy and I was taken care of and that kind of thing, she wouldn't care. My dad definitely... I think that is just because he's had a lot of struggle with his life. Not having his high school degree. He's done sales his whole life, and it's not easy. It's stressful. You know, raising a family and never knowing if there is a paycheque coming because it depends on how many vehicles you are selling or this or that. And I think he just doesn't want that for me or for any of his daughters.

As Sara's story demonstrates, the focus on job and financial security often arose from the participants' experiences of, and reflection on, their parents' professional roles and the social positioning of the various career options most prominent in their day to day lives. Parents' careers served an important role in the narratives, providing an intimate example of professional options. Whether the participants viewed their parents' carers as an inspiration or a disincentive, their parents' career choices were always narrated as motivational; motivating them to choose either similarly or differently. The participants often narrated their own career aspirations within the context of their parents', or familial, experiences. As Jane shared:

> A lot of my family isn't in healthcare. So in a way, them not being in healthcare helped me decide that what they are doing isn't what I want to do sort of thing. Like seeing what they do every day, I am not like "No, I definitely don't want to wake up every morning and have to go do that every day". That is not for me.... So I mean just seeing what other people do kind of helped eliminate things if nothing else.

Within the narratives, career choice is shaped by the participants' perceptions of their parents' career experiences: how empowered they were; how much enjoyment they derived

from it; their salaries; potential for growth and level of stress. The awareness of parental happiness and fulfillment served a role in whether the participant considered their parents' careers as viable options. As Lauren shared:

> (My parents) both work in an office, and they are both always stressed. ...I don't think I want that.... I hate being in a bad mood. Like oh god, I hate it. I hate it. I don't like to use the word hate but I don't like it at all when people are in bad moods and when they are miserable. And it's like life is stressful obviously. But a career is just one more way that I can make my life positive. Like I can choose a career that is not going to make me happy or I can choose one that is going to make me happy most of the time.

As Lauren's quote suggests, through their parents' examples children came to understand that career choice directly impacts personal/family life. The narratives depict an early awareness that career choice relates to social positioning and is central to overall happiness, well being and quality of life. The participants first and foremost drew from their parents' career experiences to validate this understanding. Several participants spoke of being motivated to attend university and choose a career/profession over a job as a result of witnessing their parents' struggles. Ava, who initially did not identify her parents as having influence on her choice of nursing, shared how her parents' employment history informed her career aspirations:

> Both my mom and dad worked at the theatre downtown....And then it closed down like 5 years ago. So that was a big thing because they both had to look for work. And then mom became the secretary for a doctor...But I think it is the same thing again, that she sometimes comes home from work and she's like "I don't want to go back to work, I don't want to go back to that job. I'm going to look for a new one." Or sometimes she won't be sure if she is going to be able to work the next year. And I want to know that I have a job and I can keep it.

In reflecting upon what is important to her in a career, Pauline asserted that in addition to wanting to help people, she wanted a job that she could have all year round. Several of the participants grew up in rural areas where seasonal employment was common; an experience that shaped the understanding of career choice and social position. Pauline's quest for stable employment came from her experience of her father's work as a fisherman. As Pauline shared:

> Dad is just kind of carefree...one year there could be fish, the next year there might not be fish...I want to have a job that I know what I am getting into when I get into it.....it's just so stressful when you think about fishing. It's nothing I would ever want to get into. We are all excited one year and everything is all hunky-dory. Everything is like, "Wow, dad made a lot of money." And the next year, it's like, "Oh!" Like it's just like you've got to play it by ear. So it's so hard...I want a secure job. I want a job that I know that I'll have and that I'll be able to maintain. And I want a family and a house.

Parents were the main source for understanding the interrelationship between personal and professional life; how work-life and career affects lifestyle and determines one's position in society. The participants were equally motivated by what they wished to avoid in life (hardship; stress; unemployment; uncertainty), as well as what they wish to achieve (make a difference; help others; fulfillment). The participants also narrate a social distinction between work categories: jobs verses careers. Participants viewed university as the road to a career and limitless opportunities. Jobs were often portrayed in the narratives as a dead end. This orientation to jobs verses careers arose in large part from their parents. As Kate shared:

> My mom doesn't love her job. She has a job, not a career. And she's made that clear to me several times. She doesn't want me to follow in those footsteps either. That is why she always encouraged me to go to university. She wants me to have a career that I can make enough money to support myself, not have to rely on anyone else. Something that I enjoy getting up, and going to every day. Yes, not like what she does.

Attending university was often identified as the difference between having a job or having a career. As reflected in the narratives, parents who were unsatisfied with their work were often described by the participants as being stuck or having no other place to go. The participants were socialized, in part by their parents, that attending university was the only path to take to ensure a good position in life, both personally and professionally. Consistent across the narratives, the choice to enter a nursing program was described as a degree with a guaranteed job at the end of four years of education. The fact that a nursing degree provided a direct link to a career was an attractive feature of the profession. Tina describes how the

pragmatics of nursing made it a better choice than other career options she found interesting. As Tina shared:

> I guess some of the [careers] that I thought would be neat or cool was massage therapy... I thought that would be kind of neat. But I didn't really research it or look into it. I just thought it would be kind of cool. It would be something that would be fun to go into. But I guess in the back of my mind is that...we would like to eventually move back to [home town]. And there's not much there. So I mean in a rural community, nursing would be a career that I could fall back on easily. That I could do in any environment or any location. So that was one that I was thinking about..... And then nursing, you would come out and you would have a job right away. Whereas other ones, you would have to continue, unless you went to a community college or a trade school in order to guarantee a job.

Most of the participants spoke directly of the nursing shortage as an incentive to choosing the profession. In addition to media, the primary sources of information regarding the nursing shortage and the demand for nurses came from parents and grandparents. The language of the nursing shortage as scripted in the media was evident in how the participants narrated the pragmatics of their choice. The current economic situation provided context to the participants' focus on finding guaranteed employment and a secure salary. It was evident from the narratives that this economic emphasis arose in large part from experiences at home. Several participants recalled having nursing presented as a career based solely on economics. As Caroline states:

> My grandfather and my mom, and like my whole family, have been pushing me to be a nurse forever. Forever. They talk about the shortage of nurses, how there's going to be so many jobs. And I was always like "no, I'm just going to do what I want to do". And so it was really funny when I actually wanted to.

Several narratives portray how participants were directed to choose nursing based on the security it provided. Caroline's story demonstrated how career choice was channelled or guided by others, especially parents. Sara, who was in high school when her mother died, described how her father's focus became ensuring that his daughters were "taken care of". Sara described being "pushed" towards university and nursing based exclusively on practical reasons:

> [Dad] always wanted me to be a nurse. But he wanted me to be a nurse because of the pension, the benefits and there would always be a job. And that is because he's a

> salesman, and he's had to work extremely hard for what he's done. And he doesn't have those kinds of things. You know what I mean? He knows how it is. And especially after mom got sick, the health and medication and that kind of stuff. He just really realized how important it was.

The emphasis on pragmatics within their career choice decisions provided a source of conflict within several narratives. The narrative move from nursing as means to make a difference to nursing as a means to make a living served as tension for several participants. There was a tendency for the participants to counter discussions of pragmatics by narrating how practical considerations alone did not provide sufficient rationale for a career choice. Career choice was emplotted as a struggle to balance pragmatics and passion. The choice of nursing was at times narrated as a dichotomy between virtuous and pragmatic. As Sara shared:

> It sounds funny but I think that practical reason is almost part of the reason why I hesitated for a bit. Because I am like, "am I only seeing it in a practical [way]?" I don't want to only go into nursing because it's practical. I don't want to only go for the benefits and the pension. Like those aren't good enough reasons to do a career. You have to be happy. And even though you have good money and you have these good things, if you are not enjoying your life and you are not going home to your family and being happy every day then there's no point having it.

The choice of nursing evolved in the narratives from making a difference to the lives of others to also acknowledging the participants' aspirations for their own lives; career satisfaction, job security and work life balance. The plot to find personal and professional fulfillment was shaped by the participants' experiences at home and their perceptions of their parents' lives. Ava's desire for a career that provided both job security and fulfillment was shaped by witnessing her parent's routine struggle to find work they enjoyed. As Ava shared:

> Dad is an actor so he's like constantly going away, wherever he can work. And it will only be for like a few months. And it doesn't usually pay very good. And sometimes he likes it; Most of the time he does. But sometimes you wind up sort of settling for a job just because it's a job. And you are doing plays that aren't good, and you just have to do it. And that was a big part, is that I get to do a job that I can keep for a really long time just straight. I can get to know the people. And I can enjoy it every day. I don't have to deal with just settling for things because I have to get a job. Which is good.

Evident in Ava's recall of her parents' struggles is the consequence of 'settling' or choosing a job just because it earns a pay cheque. Ava's career choice was greatly informed by her parents' experiences. Her choice of nursing was shaped not only by her passion to help people but also by the positioning of her parents' jobs and her pragmatic orientation to various options.

Choice Timing

Timing played an important role in the career choice experience. Through the process of narrative configuration, the experience of time was recognized by the participant's as a mapping of their own history. Polkinghorne's narrative theory is built on an understanding that time is humanized within narratives by portraying temporal existence. Understanding career choice required the participants to make sense of the past, present and future in relation to their choice. Timing of career choice was initially storied by the participants in terms of chronological sequencing: childhood was when they first became aware of available options and high school was when they were pressured to make a choice. Yet, the plot of the stories involved both chronological and non-chronological happenings.

High school and university attendance were portrayed as a crucial time point in the participants' choice of careers however the meaning of this experience was socially influenced. High school and university was often narrated as being the 'time' for choice however, this was influenced by several dynamics: the participants' socialization to the purpose of their schooling; their parents' experiences and expectations; social norms and finances. Across the narratives high school was narrated as the setting for initial career choice decision making. As Judy shared:

> All the teachers and guidance counsellors focused towards university. Make sure you have everything for university....I don't recall exactly an exact career. It was more this is where you are headed now. Now go.

University, as opposed to high school, was narratively positioned as the new launching pad for this generation. University was referenced as “the new high school”; as the basic level of preparation needed to have a good job, or more specifically, a career. It was evident in the narratives that university attendance was positioned as the most socially accepted choice following high school. Furthermore, type of post secondary schooling was also linked to social positioning within the participants’ narratives. Verna described her parent’s insistence on university despite the fact that she did not have any idea what degree she wanted to pursue:

> And my parents keep telling me, “You have to go to university”. College is not an option. University is the option.”...All we were told was to go to university, “You are going to get a job. You are not going to get a job if you don’t go to university”. That was what all that was implied to us. But never was I asked once by my parents what I want to do.

Verna’s parents’ perceptions of college as inferior to university provided a source of conflict in her narrative. Furthermore, her parents’ timelines for career choice differed from her own. A discrepancy in time expectations created tensive moments in the narratives. For some participants, university years were referenced as a venue for ‘finding yourself’ and exploring options. The timing and experience of schooling and career choice were socially constructed. Attending post-secondary schooling and choosing a career were informed by many experiences: parental pressure, family obligations, personal interests and finances. For the students who completed undergraduate studies (partial or in full), university experience was narrated as an opportunity to expand horizons, build confidence and attain focus. Kate described how university provided a period of growth she believed necessary for career choice:

> I think most people these days do think of [university]as a stepping stone to get to somewhere else that you want to be... Figuring out what you want to do. I think a lot more people are using it as that now. Because they need that time to figure it out. You know, you need like the university experience and the life experience of going to school and meeting different people and branching out a little bit to sort of figure out what your niche is and where you want to be.

The identification of high school and university as the time period to make career choice decisions was primarily guided by the expectations of parents, teachers and society in general. This imposed time frame posed a challenge for several participants. At the same time that the decision to become a nurse was narrated as a calling, career choice was also plotted as an active and often pressured process. Verna described feeling an enormous pressure from her parents to choose 'something/anything' and shared how this pressure led her to make a wrong choice:

> They pushed me and told me I had to make a decision because they had found me an apartment. They had found me everything....they had everything lined up for me. So I went. And after a month, I said, no, I am not ready. I need to take time and decide what I really want to do.

Verna's career choice did adhere to an imposed timeline: she needed more time than her parents were willing to offer. Verna had always believed her choices were shadowed by her sister's achievements as a physician. Pivotal to her ability to make a choice was distancing herself from her sister's career choice. Verna's eventual choice of nursing came at a time when that provided distance from her sister's choice of medicine; when she believed her choice of nursing was not positioned as inferior to her sister's.

Ambivalence about career choice also stemmed from developmental milestones, specifically the move to a new stage of independence and readiness to launch. The timing of career choice was influenced by social expectations/norms. Late adolescence and early adulthood was positioned as a time for exploration verses a time for complete independence. Career choice was characterized as a daunting prospect as a teenager: being tasked to choose what they wanted to do for the rest of their lives at the young age of 17 or 18. As Kate shared:

> The school itself, from the teachers and the principals... They really make you think about it hard. And it's really hard because when you are 16 years old and you are in high school, how do you know what you want to spend the rest of your life doing?

More than just ambivalence, the narratives portray a sense of turmoil associated with career choice. Career choice had meaning beyond just deciding on a profession. The social

context of career choice played a central role in the experience of both choice and the timing of decision making. Choosing a career was often depicted as settling into one thing for a lifetime. Career choice also represented the time in which individuals take their first step towards independence from their parents; a milestone that was characterized as intimidating at age 17. For some students, choosing a career meant freedom and autonomy at a time when they were ready. The timing of choice with other life events impacted the participants' interpretation of the 'right' time. Despite being accepted to nursing school with full scholarship, Judy shared that she chose not to attend university at the age of 17 due to several fears. As Judy shared:

> I didn't feel ready for university....it was so overwhelming. It seemed too large. I mean there would have been more in my first class than in my whole community. And it was too much for me...Being a teenager is so... It's like life and death... I don't know if you could ever break that mentality. Teenage years, it seems like everything is the end of the world. And it's such a dramatic point in your life... I wouldn't want to go back there...I just don't care to relive those moments in time.

The timing of Judy's career choice was contextually influenced. For Judy, high school coincided with her mother's life threatening illness. This was a time when she did not feel ready to leave her mother's side or assume the responsibility of being a nurse. Judy eventually returned to nursing 11 years later when her fears were different; she feared that she was running out of time to realize her goal of becoming a nurse. Although the narratives do not identify the 'perfect' age to choose a career, career choice was portrayed as a scary decision to make both at 18, when they were scared to make the choice, and at 30 when they were scared not to. The narratives also position the choice of nursing as more than just choosing a role. Becoming a nurse was narratively linked to the participant's self-identity and the choice of nursing was portrayed as assuming a new identity with a great deal of responsibility. As Sara shared:

> Nursing is a life commitment. I think I did business admin because I wasn't ready to make a commitment....you have to be a certain person to be a nurse, to give that care, to be there for someone.

Knowing what you wanted to do professionally was portrayed as both a blessing and a curse. Career choice was often narrated as the age of maturity and participants' described being forced to grow-up. Despite the focus on her aspirations and desire to 'make something of herself', Allison's narrative also conveyed that she would like to be free of these pressures:

> In an ideal situation, like if I financially could, is that I just want to be like a kid and I just want to be carefree, no responsibilities and not grow up in like 'Neverland'... I don't want to settle down. I don't want to have a career. I just want to be 18.

As Allison shared, she did not have the luxury of 'time-off'. Allison worked hard in high school to obtain university scholarships, all of which imposed timelines. Finances were a significant consideration in choosing a career, especially in relation to attending university. Career choice timelines were often income oriented as evident by the plot theme that 'time was money'. Several participants acknowledged that the availability of funding/scholarships upon high school graduation forced their decisions. Post-high school and university choices were characterized as either 'time well spent' or 'time wasted'. The narratives create an image of career choice as an investment: an investment of time and money. Caroline provided insight into the interrelationship between choice and time:

> Some people feel like they have wasted time. And they are taking like 2 years off and still not knowing what you want to do. And that kind of seems like a waste for some people, especially since they haven't had the information in high school....My year off was great because I decided I wanted to do something more. And then the community college...that got me the marks to get into school.

Deviation from the socially accepted and expected timelines for career choice was portrayed as a perilous decision. Taking 'time off' from school and career planning was narrated as a risky choice, fraught with uncertainty. Several participants spoke of being scared by stories of other people who did not come back to school, and did not realize their dreams. Parents were a main source for cautionary tales regarding delayed choice. Sara's narrative demonstrates how

her father's education and her mother's death influenced her experience of timing for career choice:

> [Dad] was scared that if I didn't go to school right away, I wouldn't go to school...Like that was my father going, "You have to go back to school. You have to." Because he was scared... He hasn't even graduated high school. So he was scared that if I got out, I wouldn't go back in. So he was pushing me. But it was 2 days after my mom passed away so it was pointless to go.

Even though Sara delayed her career choice in relation to her father's expectations, she concluded that her choice of nursing could not have happened at any other time. Despite an interest in nursing since childhood, Sara did not choose this career until 8 years following high school. Sara's narrative demonstrates that the temporal location of events can change the meaning ascribed to them. Sara's intimate knowledge of nursing from her mother's illness, and the proximity of her mother's death with high school and university decision points, distracted her from choosing it at that time. Sara reconfigured her understanding of events to recognize that distancing herself from nursing at the age of 18 enabled her to realize her interest later on.

Counter to the depiction of delayed choice as perilous, the narratives also portrayed how the passing of time helped guide the participants' decision making and their perception and understanding of their career choices. The passing of time was narrated as an opportunity to reflect on what they wanted and what was important which in turn informed the career choices they made. Life experience served several roles in the narratives: to complicate, validate and/or drive career choices. Tina described the interrelationship between past, present and future goals:

> Right now, it feels like we are just living pay cheque to pay cheque. We are trying to save to get a house, but it's challenging. Especially with [daughter]. Not in a bad way. I mean it's just there's extra things that come up, extra costs...when you are single, you don't have very many loans yet. You don't think about RRSPs or thinking about saving for a house. Those are things that you do when you get older [laughs]. And I'm there now so I need to start focusing on those things. Or I am focusing but making sure that financially money is put in the appropriate places for future planning and retirement. Things happen.

The choice of nursing later in life was complicated by new responsibilities (mortgages; spouses; children; aging parents) and the decision was often narrated in terms of "going back": back to school; back to financial strain; back in time to realize dreams. Sara shared how the decision to enter nursing after several years out of school was daunting:

> Leaving a job to do upgrading, you know, to be able to get accepted to nursing. To not know if I would even be accepted. It's scary to be out there and not have something to take care of you and to have the money to be able to do it....Five years of school. It seemed very daunting and a lot.

Timing of choice posed different challenges for each participant yet the participants often framed this as 'no better time'. The participants shaped their stories so that the timing of their decision to become a nurse now could not have occurred at any other time.

Uncertainty of Choice: Emergence of Doubts and Fears

Confidence was a defining feature of the participants' initial career choice narratives: confidence in self, in the profession, in their understanding of nursing and their ability to function as a nurse. Confidence in choice was inextricably linked to perceptions of the nursing profession, both which evolved in the narratives from an emphasis on interpersonal attributes (making people feel good) to critical thinking (the responsibility of saving lives). Although the choice of nursing was initially narrated with confidence, as the stories evolved, doubts and fears surfaced in the narratives. The participants' expression of uncertainty provided insight into perceptions of nursing that were previously backgrounded in their stories. In addition to the positive and inspirational portrayals of nursing, the narratives contain images and perceptions of the profession that incite the participants' uncertainty in their choice and abilities. The narratives reflected the social story of nursing; how nursing is portrayed and understood in society. Confidence was also temporally influenced. With increased exposure to nursing and nurses the narrative scripts turned away from an emphasis on virtues towards recognizing the complexity of care, professional responsibility and life and death decision making.

Despite an early emphasis on interpersonal attributes, the plots in relation to applying for and entering nursing school exposed the participants' perception that nurses also had to be smart, capable and responsible. The narrative turn towards recognizing nursing as more than an interpersonal expression, exposed fractures in the participants' confidence. Even the most academically accomplished students expressed self-doubt about their ability to succeed in nursing school. Allison, who was extremely confident and academically strong with a 95 % average in high school, expressed doubts in her ability to succeed in nursing school:

> Can I do this academically? I'm going to have to do well in school....Like realistically, I think I will be fine because like I've always held like a 95 average like all through high school... Do I think I can actually handle doing a career like that? And like the idea of making mistakes in like a health profession. You are dealing with people's lives!

Even though the participants` initial narration of nursing focused more on interpersonal skill than critical thinking, several participants expressed dismay that nursing was not as difficult to get into as medicine; something they believed fuelled the perception that nurses did not have to be as smart as physicians. The early emphasis on helping, caring, talking and listening within the narratives faded to the background as participants justified their fears by narrating nursing as life and death decision making. Allison, who initially stated that her listening skills would make her an ideal nurse, acknowledged that nursing required intelligence and problem solving.

Confidence in choice was also temporally influenced. As the participants moved closer to the start date of nursing school, doubts regarding their academic ability surfaced. The timing of choice presented different fears. All five of the participants who delayed entry to nursing after high school despite an expressed interest, attributed this decision in large part to a lack of confidence at the time. Judy first attributed her decision to decline nursing school admission, despite full scholarship, to her fear of leaving home. However, Judy was also intimidated by her perceptions of nursing as critical, life and death decision making. As she described:

> Life and death and all these decisions, and medications... I just couldn't take the pressure. I didn't feel ready for the pressure. And to be mature enough to handle all these daily...I was kind of struggling with I didn't think I was going to make it as a nurse. I didn't think I would be good enough or have enough knowledge or have the skills and the confidence. I didn't want the responsibility...The responsibility, the majority that comes with knowing I am responsible for somebody, and every decision I make is that crucial....From 18 I knew that. And I knew that intimidated me...I didn't take it lightly.

Within Judy's narrative, nursing was positioned as a career which had an enormous responsibility for other people's health. The participants' expression of confidence, in both choice and ability, shifted as they moved in time from being accepted into nursing and starting their program. As they came closer to starting nursing school, they questioned their academic ability especially for those who had been out of school for a long time. As Sara shared, "I think I always thought I could be a nurse. It was the school that scared me".

For the participants' who did not have an in-depth understanding of nursing, the "fear of the unknown" also proved to be a significant source of doubt regarding the participant's ability to pursue nursing. Kate, who did not have any experience in a hospital setting, shared:

> I haven't really seen the day to day life of a nurse. Which is a scary thing kind of because I don't really know what I'll be doing long term on a day to day basis... I am nervous about the possibility that I am not going to like it. Yes, I mean I think that I will. I am fairly certain. Like I've done a lot of research. I have put a lot of thought and a lot of time into this so I am pretty sure this is what I want to do. But, I am nervous that I am going to get into it and realize that maybe this isn't for me. It's not for everyone. I know that. And maybe I am one of those people. I don't know... That is one of the scary things about if at some point you realize that "oh my gosh, maybe this isn't for me".

Although work experience enhanced the participants' understanding of nursing, the participants experienced continued uncertainty and fear in whether nursing was the 'right' choice for them. Sara, who chose nursing 8 years after high school, shared her continued doubts despite working in a hospital and considerable consultation with nurses:

> It took a lot...it was kind of back and forth for a while. I always wanted to do nursing but I didn't know if that was like 100% the proper thing to do... And you have to be prepared. Like something like nursing, you don't really have much of a life. For me personally when I get into something like this, I need to 100% concentrate on it, focus on it.

Most of the participants expressed doubt right up to the moment of application and acceptance. The decision to apply to nursing school was often portrayed as a leap of faith. The narratives created a distinction between confidence and certainty. As Tina asserted, she was confident in her choice however couldn't be certain that nursing was the 'right' choice until she actually practiced as a nurse. Several of the participants acknowledged they could never be certain about their choice until they tried it. However, they identified experiences that enabled them to feel more confident in their ability to function as a nurse. As Judy shares:

> I worked with the paramedics and I worked with the nurses. And to see them in action. And literally day to day in a trauma room and on an ambulance, these people... I mean you can't get it wrong. These people... You walk in, like the diabetic coma. If you don't recognize it... Say you had them in a different scenario**.** That person can die. And in ER, you can't save lives necessarily. Like some people were past the point of saving... I remember we had done CPR on a lady who we knew we couldn't bring back. And there was another 27 year old lady who had passed away from cancer. But I remember even then the impact on the ER, it went quiet. This busy, very emergency room in the night-time still had a moment of silence for this lady passing. And so it was the heaviness of it. It was life and death. You tried your best but you had better try your best. Whether you get it right or wrong**.** Sometimes you can't intervene but you've got to be there and you've got to play a role.

As evidenced from Judy's quote, she perceived nurses to "play a role" in the "life or death" of people, in which you "can't get it wrong" and there is a likelihood "that [people] can die". The plotlines relating to uncertainty of choice are centered on the portrayal and understanding of nursing as 'life and death'. In contrast the plotlines relating to certainty of choice placed emphasis more interpersonal dynamics. In addition to kind and caring, the narratives portray nurses as knowledgeable, powerful, and responsible; attributes that were not emphasized in participants' initial identification of nurse attributes. The understanding of nursing as caring, as portrayed both in society and in the narratives, served as a source of tension for participants especially when they positioned their choice of nursing in relation to medicine.

Nursing as Second Best

Within the narratives, nursing was paradoxically positioned as a 'best' and 'second best' career choice. Coexisting with the participants' configuration of nursing as the best career choice given their interests and abilities, was an understanding of nursing as inferior to medicine. The narratives provide insight into the participants' perceptions of how nursing (nurses) are socially positioned, especially in relation to medicine (physicians). The decision to become a nurse was fraught with tension as the participants processed conflicting messages about the profession; virtuous care-givers verses subordinate handmaidens. The participants traced their understanding of nursing as second to medicine to both media representations and commonplace remarks from others such as 'why be a nurse when you are smart enough to be a doctor?' Participants who excelled in sciences and had an interest in healthcare were often encouraged towards medicine as a first choice. As Allison shared, these messages provided an understanding that a career in medicine was more highly regarded than nursing:

> I can't really discern whether I really want [to be a doctor] or if it's just like I feel like I should. Where you are like really, really smart in high school, everyone told you that you should [enter medicine]. And I was like writing down all the reasons why I would choose med school over nursing...And they were all stuff like it's like very prestigious or like people looking up to you....it was like impressed and status and that kind of stuff...To get into med school, it's hard. It's like a hard process. You have to have high marks and you have to be involved. And I feel that sometimes it is a little bit too easy to get into nursing.

The narratives position a career in medicine as the logical choice for students who were smart and science minded. This may have influenced how the participants deemphasized these attributes within their stories of coming to choose nursing. The participants' need to validate the choice of one profession over the other provided a source of tension within the narratives. The choice of medicine was narrated as an antagonist within the plots. Several of the participants describe being deterred from choosing nursing due to others' perceptions that it was second best to medicine. Tina described how upon sharing her interest in nursing with her parents' friends

she received comments that equated with ‘you are smarter than that’. The impact of these statements on career choice was temporally influenced. As evident in Tina’s narrative, disparaging comments about nursing were hard to dismiss in the early stages of career choice:

> There were some people in the community, like some friends of my parents, who said, “Oh, why would you want to do that? You’ll be changing bed pans.” They kind of highlighted the negative parts of it...I think when I was younger, people didn’t, and I didn’t know, all the ins and outs of what nursing is...Like that one person in particular thought, ... that I wasn’t a good fit with [nursing] but that maybe my excelling in high school, that maybe I should go for something else than a nurse. And that was just that one person’s perspective. But I put a lot of weight on what they thought.

Tina’s quote provides insight into how nursing is socially positioned, understood and valued. Pauline shared that only after she firmly rejected the option of becoming a doctor would people say “well, there’s always nursing”. Nursing was positioned as the second choice for health oriented students and this contributed to the participants’ understanding that medicine was perceived among the general population to be higher on the health professions hierarchy than nursing. Ava recalled watching a television show where a group of students touring a hospital all raised their hands in response to the question: “Who wants to be a doctor?” Whereas none of the students raised their hands in response to the question: “Who wants to be a nurse?” Ava shared her interpretation of why people may have assumed she would choose medicine over nursing:

> Everybody, when I say I am a nurse, it’s always surprising almost, like “why not a doctor?”... I think it might be because I’ve wanted to be in a health profession for a long time....I am a very eager student and everything. So they might just assume that I want to go for like the boss of everything.

Apparent from Ava’s quote was the widely held belief that doctors’ are the ‘boss’; the head of health professions. Different life experiences, starting in childhood, also provided awareness that physicians were perceived as both smarter and more successful than nurses. Career progression in nursing was often positioned in the narratives as a move towards medicine. Even after choosing to become a nurse several participants envisioned that future

career advancement would lead to medicine. The decision to pursue medicine following nursing was spoken of in terms of advancing one's career and 'moving' up. Within her narrative, Allison switched between recognizing nursing as her main interest and alternately viewing it as a stepping stone to medicine. As she shared:

> So right now, I kind of have the idea where I want to be a doctor. So I am going into nursing as more of my pre-med. But I am not quite sure after the 4 years if I would still want to be a doctor....I could definitely see myself being a nurse. And like people do Doctors Without Borders as nurses... But I never saw myself as wanting to be a nurse...But now I am thinking that maybe if I decide I don't want to commit to being a doctor, I would definitely do nursing or do like the nurse practitioner thing.

The narratives position medicine as the next step up from nursing on the career ladder among health professions. Nursing was often portrayed as a stepping stone to becoming a doctor. As Beth shared:

> In a couple of years or like 10 or 15 years, if I ever wanted to further my education, I could be a doctor. And I feel like if you were a nurse first and then you were a doctor, you would have a great appreciation for like nurses and stuff...I always have the option of going back to school...it would probably just like maybe being like a nurse practitioner or like just in the same field, just like different. So you could do more as a nurse practitioner than you could as a nurse, but not quite a doctor.

Evident from Beth's quote, and common across the narratives, is an understanding that becoming a doctor means 'knowing more' or 'doing more". Despite the belief that they were 'smart enough' to choose medicine, each of the participants' also expressed doubt and fear about their ability to succeed in nursing school. A degree in nursing was also portrayed as challenging.

The image of nursing as a female profession was inherent in the narrative portrayal of nursing. However, it was also an image that several participants struggled with. Nursing was often socially positioned as the logical choice for women interested in science or health professions. The perception of nursing as a female profession proved to be a deterrent for some

of the participants in choosing it as a career. Several of the participants described wanting to challenge stereotypes and 'break the mould' of what was expected of them. As Allison shared:

> It was the connotation that [nursing's] something that women do. I think that was another thing that I had to move past, like certain connotations. People expect women to do nursing and not so much being a doctor. And so I was like maybe I want to be a doctor because I always like to do things to prove people wrong... I like jobs that aren't like the majority of the people are like women that go into.

Allison described moving past her need to challenge stereotypes especially when it meant not choosing what really interested her. Images of medicine as the peak of health professions and more prestigious than nursing were pervasive in the narratives. An understanding of nursing as physically exhausting, thankless and second-class to medicine mirrored the dominant depictions and discourses in society, especially through media. The portrayal of nursing and medicine in society provided powerful messages to the participants' in relation to the power, attractiveness and importance of professional roles. At the center of Allison's narrative was her hesitation and struggle with choosing a nursing career when she perceived that it did not have the same recognition, prestige and attraction as medicine. As she shared:

> I don't want people to think my job is to do all the ugly jobs and that I am the doctor's personal assistant...there's all these doctor shows but there's no like shows really depicting nursing. It's like all these really hot doctors and they are like getting it on in the back closet room and all this stuff. And they show nurses as kind of like assistants kind of thing. But they don't really depict nursing in any glamorous way. Like people always show nurses as like frumpy, like old women, and not attractive. And the doctors are like hot people, like strutting through the hallways.

Allison's quote represents more than just a struggle to choose a career. Allison's story provides insight into how, by choosing nursing, she is inserting herself into the social position of a nurse; one that is less attractive than that of a physician. Several of the participants described instances where they had to defend nursing to others specifically in relation to perceptions of nurses physician's assistants and views that nursing centers on the 'ugly jobs' such as the provision of personal care/bed baths. Pervasive depictions and perceptions of nurses' as

physician ‘helpers’, which were vehemently rejected by the participants, provided insight into the social hierarchy within nursing and medicine.

The narratives provide an understanding of career choice as social positioning. Choosing a career was narrated as more than choosing a salary range or job description; choosing a career also involved choosing a position in society. The choice of nursing was most often positioned in relation to medicine as ‘less than’; a difficult decision for a generational cohort socialized to be, and choose, the best. The narratives reflect an undervaluing of nursing in comparison to medicine and the stories at times portray the nurse’s role as ‘nothing’ and the physician’s role as ‘everything’. Paradoxical beliefs of nursing existed concomitantly within the narratives with the nurse’s role depicted as both ordinary and extraordinary. One example is how Pauline described the care she received in hospital as a child by both her uncle, who was a nurse, and her doctor:

> The first time that I was really brought in the hospital... my uncle showed me all the rooms, and he brought me around because he was the one that came in when I was put to sleep and he was there when I woke up. So he brought me in all the rooms and showed me everything. I don’t know, I thought it was cool...I was like ``oh, it’s good to have an uncle that is a doctor. And mom was like` No, he’s not a doctor. He’s a nurse``... he was with me the whole time, is why I thought [he was a doctor]. He held my hand. But it was the doctor who was actually sticking everything on me, putting me to sleep and stuff. I didn’t really pay attention to him. I was paying attention to my uncle. But he never actually did anything. He just stayed with me and held my hand.

Pauline’s quote demonstrates a valuing of a physician’s contribution over a nurse’s. Within Pauline’s story it was the physician’s act of doing ‘everything’ that meant nothing to her and the nurse who ‘never actually did anything’ except hold her hand that meant the most. It was evident in the narratives that when describing the importance of nurses, and their significant contribution, participants often used language that downplayed the significance of the act while at the same time emphasizing the importance. In Sara’s story, the nurses’ role in caring for her terminally ill mother was initially downplayed:

> There wasn’t much to do. Do you know what I mean? She was just there so we didn’t have to check the IV...it made us feel better, I think, just to know that she was there.

Yet as Sara's narrative moves beyond mere recall of events and reconfigures the meaning this experience had in relation to her understanding of nursing, she emphasized the significance of this nurses' presence by describing her as:

> "Just so amazing. Like amazing that she could do that, to be there for us.... I don't think she slept in like 4 days. She was amazing".

As Sara's quote demonstrates, the participants often described the virtues of nursing in general terms. The participants experienced difficulty defining the nurses' unique contribution to patient care and this was especially evident in their attempts to make sense of the difference between nursing and medicine. Ava described her struggle to understand the differences while making her choice:

> I kind of felt like maybe nursing was more the path I wanted to go down instead of being a doctor. Because I feel like that is just the first thing that most kids think of when they think of going into the health field-I think it's just like a stereotypical like high ground to think of. I think a lot of it was sort of that was like one of the highest places you could go in my mind when I was younger....that it's like the peak of where you can go in a career. But then as you get older, you realize that it's really not. There's not really a peak. It's more it just branches out everywhere...I feel like careers in general, they are all the same level. I mean I think they all take skills of some sorts obviously, and you have to learn those skills. It just really depends whichever one is right for you is really your peak for you. (Nursing) is the peak for me... I think it's because mainly for me, it was the working with the patients more. I realize that I am less interested in the actual diagnosing of someone and like prescribing drugs and whatever than in dealing with the people.

The participants shaped the portrayal of nursing within the narratives to validate their career choice. In making sense of their choice, the participants tended to position nursing against medicine. The narratives reconfigure the differences between the two professions to fit with the story being told and in validating the participants' decision to become a nurse, nursing is often portrayed as superior to medicine. Lauren shares her evolved understanding of the nurses' role, drawing on her recent experiences working in a long term care facility:

> A lot of people think that nurses are just like doctors' little helpers and stuff. And I was always just like "I know that they are not". They do so much more....I know a lot of the public see nurses as like the little followers that help the doctors. But now that I am in it,

> and I am like seeing everything, I feel like the nurses make sure that everyone has everything. And the doctors are like following them, after the nurses make sure that everything is okay.

The comparison between nursing and medicine served as a climactic moment in narratives and often concluded with the defence of one's choice. The societal understanding of nursing as second to medicine was countered by the portrayal of nursing as having a superior impact on patient care. In defending their career choice, the participants returned to a virtue stance from which nursing was narrated as morally superior to medicine, especially in relation to interpersonal dynamics. The interpersonal nature of nurses was often positioned as the primary motivation for choosing nursing over medicine. Nurses were depicted as the care givers who were always there, taking time and holding hands, and the doctors were referenced to be running in and out of the patients' room with a clipboard in hand. Lauren described how her perception of nurses' care over physicians' was informed by her personal experience:

> I think I would be able to make a better difference being a nurse... I feel like I would be able to spend more time with like the patients and making sure they had everything they needed. Because I feel like if I were a doctor, I would just be called like all over the place, and like I could spend 2 seconds with each patient. And I just want to make sure that they have everything that they need....2 summers ago, I had to go get surgery, it was like the nurses who were really with me the whole time. Like doctors came in and checked up on me but...they never really were the ones to make sure that I had everything. They had their clipboard and their notes, and that is all they had.

Several participants drew from personal experience as a patient to substantiate their assertion that physicians had a minimal presence at the beside. Stories of physician interaction emphasized that they were 'never there'. Even though the participants struggled to describe the nurse's role beyond 'being there' and 'spending time', first- hand experience provided a valuable source for understanding the importance of the nurses' role to overall well-being. Participants' who did not have first-hand experience to draw from also cited the interpersonal connection between nurses and patients as an incentive in their choice of nursing over medicine.

Allison, who had always aspired to the prestige of medicine over nursing, also employed an interpersonal script within her justification for choosing nursing. As she shared:

> I could do [medicine] but I would rather do nursing because of like this reason....the personal level. Like getting to know people. And because I like the social aspect, it's like a good reason and a really good reason to consider nursing as one of my job choices.

The outcome of nursing practice is positioned in the narratives to make a bigger and better difference in patients' lives. However, the participants' descriptions of the nurses' role is narrated in general terms and lacks detail. The narratives provide a sense that the participants have a limited understanding of the nurses' scope of practice. Even when crediting nurses' with having a superior impact, the narratives portray doctors as the thinkers, decision makers and problem solvers. As Lauren's shared:

> I feel like maybe doctors have the answers of what needs to be done but nurses are the ones who do it. Like the doctors have the problem-solving but the nurses are the ones who make sure that everything is solved. It's kind of hard to say. Like if something is wrong with someone, like a doctor will have like the answer. But the nurse is the one that will follow up with that answer. Like the doctor [says], "this is what needs to be done". But the nurse is going to be the one who actually does it.

In each of the narratives, the choice of nursing was positioned against medicine. The participants constructed their stories in a way that justified their choice of nursing despite any reservations they may have had about nursing and in spite of their concerns that nursing was not well regarded. The narratives provide an understanding of career choice in relation to social positioning that exposes uncertainties, misgivings and the necessity for a back-up plan.

Narrating Nursing as One Option Among Many

Having an interest in nursing, or deciding to become a nurse, did not negate the participants' consideration of other career options. Even after the participants had made a definite choice of nursing, the narratives contain subplots centered on having a 'back-up' plans; alternative career options in the event their first choice was unsuccessful. In contrast to positioning career choice as 'destiny', the participants narrate that there is more than one option

suited to their personalities, interests, values and goals. Career choice involved the consideration of endless possibilities. Even when participants strongly identified nursing as their preferred career, they also spoke of other possible professional options in the event that nursing "did not work out". Several participants were reluctant to commit to nursing long term. As Allison shared, despite a present interest in nursing, she is open to changing her mind later on:

> I do want to be a nurse. It's like some days, it kind of just depends on my mood. I am like, "Yeah, I want to be a nurse". And after 4 years, I don't know if I can commit to that long of being a nurse. But like at the back of my mind, I am like open to the idea that afterwards, if I change my mind, I can still have like other pursuits...It kind of depends on the day. I don't have a preference to either.

The language used to describe circumstances in which they would leave nursing, or consider another career, were: "if I don't like it" or "if it's not for me". This plotline was connected to feelings of uncertainty and a lack of confidence, in the ability to succeed in nursing school and/or as a nurse. However, there was also consensus across the narratives that another valid reason for career change would be if they were not happy or fulfilled by their choice.

The need to identify more than one available career option often originated with experiences at home and school. Participants were encouraged by parents and teachers to take a wide array of courses that would enable several different career paths should they decide to explore them. Several participants described being socialized in high school to keep 'their options open'. Several participants were socialized in school and through media that their generation was expected to experience several different career changes in a life time. Although the choice of nursing was often positioned in the narratives as a career for life, focusing on only one option was also portrayed as 'limiting'. Beth described the importance of having other options and not feeling as though "[nursing] is the only thing you can do". As Beth shared:

> I'm a just in case person. I think it's just part of my personality...I need to like be able to know that I am not stuck somewhere.... You always have to have a back-up plan for everything.... because sometimes life just doesn't go the way you think it is going to.

Beth's narrative is replete with references to ensuring a positive position in life; to ensuring she will be well positioned to handle unexpected and stressful life events. Beth's mother, who became a nurse later in life following divorce, emphasized the need to have a 'back-up plan'. A common plot in the narratives was centered on preparing for life events that may necessitate career change; this was especially evident in the narratives of participants raised by single parents. The need to prepare for unexpected events was often informed by experiences at home that caused disruption and discord, such as illness, death, divorce and job loss. Career choice was narrated as a means to minimize the stress associated with these events; often focused on securing social position. Within rural towns, where career options were often limited, career choice was positioned in relation to a social hierarchy and careers were often narrated in terms of the likelihood for job and financial security. Choosing a career involved consideration for how well positioned you would be in times of personal, family and financial stress. Lauren described how the stress of her parents' divorce, her mother's illness and subsequent financial strain placed more responsibility on her and impacted her career choice decisions:

> I am pretty flexible to go around things, like find different ways...I've had to do it a ton in the past...Like we were fine financially... And I always thought that everything was going to be fine-I'll go to university; we'll have enough money. Because I actually had a university account but then...the money had to be spent. So we had to find another way around that. Everything was pretty good before my mom got sick... I am trying to plan ahead like if something like that happens.

The recognition that there was more than one career option was often in paradox to the career choice as finding the one 'right choice'. Career choice was at times portrayed within the narratives as an act of trying things on for size until you get the right fit. Furthermore, in contrast to the notion of being destined for one career, the narratives also position career choice as an ever-evolving lifelong process. The choice of nursing was narrated by the participants as both their career for life and their career for now.

Preferred careers were portrayed as a means to a good life. A good life was defined beyond wealth and employment. For this cohort of Millennials, a good life included personal fulfillment, health recreation, leisure and social time. Career longevity was most often positioned in relation to job satisfaction, professional fulfillment and personal happiness. Nursing was narrated as a well suited 'career for life' given the great diversity of roles and settings. However, the narratives provide an understanding that if the participants were unhappy in their role as a nurse, they would definitely move on to something else. References to securing a happy and/or positive future were ubiquitous in the narratives and central to career choice. As Sara described:

> It sounds funny but I think that practical reason is almost part of the reason why I hesitated for a bit. Because I am like, "am I only seeing it in a practical [way]?" I don't want to only go into nursing because it's practical. I don't want to only go for the benefits and the pension. Like those aren't good enough reasons to do a career. You have to be happy. And even though you have good money and you have these good things, if you are not enjoying your life and you are not going home to your family and being happy every day then there's no point having it.

The participants' definition of what was important in life evolved within the narratives, from interests and financial security to work life balance. Despite an initial emphasis on fit between personality and career choice, the narratives provided an understanding that a career was not 'who you were' but 'what you did for a living'. Experiences at home shaped the participants' definition of what comprised a good life. Within the narratives, careers and family/home life were not mutually exclusive. Parents provided the main source for understanding the importance of work-life balance to overall happiness. Lauren, who experienced her parents' divorce, her mother's chronic illness and subsequent financial stress, described her desire to live and work in a positive environment, drawing from her perceptions of others' positive environments and her 'negative' experiences at home. As Lauren shared:

> A lot of the people I have been talking to who have been in nursing, like they are really positive people. So like it's great just to like add to that list of seeing people that are

> positive and like happy with the choices that they've made in nursing....I just want to feel like I've made positive choices. And like I hope all the choices that I've made will lead up to something positive. Like I'll come home at the end of the day to like a family who is like positive and we are not all fighting because we all had bad days at work. Yes, just come home to like a positive household instead of like fighting all the time. Because I am sure you've been to friends' houses where there's like constant just nagging at each other. And you are like, "I don't even want to be here."

The participants' stories provided an understanding that career choice is an act of social positioning; positioning that went beyond mere job security. Choosing a career also involved making sense of their position in the professional world. The ability to achieve a good/happy life was inextricable linked within the narratives to the career they chose. The participants' parents provided an intimate understanding that overall happiness was informed, if not defined, by career considerations such as type of work, reporting structure, autonomy and level of responsibility. Despite differences in life experiences and developmental stages across the participants, the decision to enter nursing school was positioned as an overall positive choice, leading to positive outcomes for themselves and their families. The narratives provide an opportunity for the participants' to make sense of their choice of nursing in a way that supported their dreams for the future. In the end, the narratives shifted once again to a scripting of nursing as a virtuous choice; an undervalued and stressful, but highly virtuous choice.

Summary

The participants' stories of career choice were initially positioned within a tale of virtues; personal and professional. Over time, the narratives also provided a forum for the participants to construct the meaning of their career choice within the context of the social world. The narratives ordered events and experiences along a temporal dimension which enabled the scripting of career choice to evolve from virtues to social positioning.

The complexity of career choice became increasingly evident in the reconfiguration of narrative meaning. The process of narrative emplotment enabled the participants to reconfigure

the meaning of events and experiences and come to understand their career choice in a new way. The portrayal of career choice as both virtuous and social positioning converged within the analysis to provide an in-depth understanding of how the participants made sense of their choice of nursing and their perceptions and expectations of their careers as nurses. Narrative configuration enabled the understanding of career choice as more than deciding on a career. Societal rules and expectations in relation to careers had an impact on the participants' decision making, their career expectations and the way they constructed their narratives. The narrative reconfiguration of career choice positions the participants within both the societal story of nursing and their future social world. The narratives accomplish this positioning by weaving elements of personal, parental, discursive and experiential knowledge of the working world and nursing work environment.

The temporal nature of narrative knowing is reflected in the evolution of the narrative scripts. As the participants tracked their experiences back through time, while at the same time moving forward towards entering the profession, the narratives shaped career choice as a complex consideration of social positioning, fraught with hopes, dreams, doubts and tensions. Despite differences among the participants' experiences, each of these twelve women converged on choosing nursing as a career. The narratives provide a means of understanding how the participants make sense of their career choice in the context of their past experiences, their present choice of nursing and their future positioning, both personally and professionally.

CHAPTER SEVEN: DISCUSSION, IMPLICATIONS AND CONCLUSIONS

> "[Narrative interpretation] draws out implications in the text for understanding other texts and for revealing the impact of the social and cultural setting on people's lives"
>
> (Polkinghorne, 2007b, p. 483)

The writing of this dissertation commenced with an exploration of my own career choice journey. The completion of a self-narrative was inspired by my choice of narrative methodology and also served as a preface to understanding my interest in the topic of career choice. This self exploration provided an opportunity to understand my early exposure to nursing and the various experiences that informed my decision to be a nurse. This personal knowing (as a patient, a student and a nurse) grounded my exploration of the career choice experiences for Millennial nurses. In keeping with the ontological epistemological stance of this inquiry, the understanding derived from this research was relative to the experiences of both myself and the participants and constructed within our interactions together. As Polkinghorne (1988) attests, individual lived experience is central to the interpretive process in narrative inquiry. It is through the act of storytelling and the construction of narratives that individuals come to know both themselves and others (Ricoeur 1991a; Polkinghorne, 1995). In preparation for this chapter, I returned to my personal story and was surprised to discover several similarities with the participant narratives; the emphasis on caring; a foregrounding of virtues; the positioning of nursing in relation to medicine and the importance of experiential knowledge in coming to choose nursing. The first section of this chapter provides an interpretive discussion on three salient findings from my study: The Imaging of Nurses and Nursing in Society; The Positioning of Nursing in relation to Medicine and The Social Context of Career Choice.

This interpretive discussion also provides an opportunity to consider the findings within the context of the research questions which guided this inquiry: (1) How do participants explain, account for, and make sense of their choice of nursing as a career?; (2) How do participants narrate personal, social, and organizational influences within their career choice narratives?; and (3) How do these narratives reflect an understanding, or create images of, nursing as a career; as a profession?

The subsequent sections of this chapter will present the implications of the findings for nursing education, practice, research and policy. The chapter will close with a discussion of study strengths and limitations and concluding statements.

The Imaging of Nurses and Nursing in Society

This inquiry sought to explore how the participant narratives reflect an understanding, and/or create images of, nursing as a career. The use of narrative theory, and coming to know career choice through stories, provided a venue to understand linguistic patterns and images that are mediated through our culture, communities and institutions (Ricoeur, 1984; 1991a). As the findings demonstrate, the participants' stories provided remarkable insight into their perceptions and understanding of their chosen profession. Their career choice narratives were fraught with images of nurses and the nursing profession as virtuous: caring, compassionate, noble and altruistic. The depiction of nursing and nurses within the participant narratives were derived from both personal experience and socialization through popular media. In the absence of personal experience with nurses and/or healthcare, the participants' understanding of nursing arose predominantly from depictions in television, novels, movies and the internet. Images portrayed in mass media have been shown to influence individuals' perceptions of the social world. Narrative theory, with roots in linguistics, enables the examination of how human meanings are interpreted through life stories and language (Polkinghorne, 1988; Ricoeur). A proliferation of observational research in the 1970s demonstrated that mass media influences attitudes about professional/occupational roles and promotes stereotypical thinking about certain groups, such as women (Bridges, 1990; Busby, 1975; Kalisch, Kalisch & McHughs, 1980).

In the last decade, a focus on the nursing shortage and emphasis on recruitment and retention has incited an examination of how the social image of nurses and nursing may inspire or detract individuals from choosing the profession (Bridges, 1990; Gordon & Nelson, 2005;

Kasoff, 2006; Seago, 2006). The imaging of nurses has also been theorized to have implications for retention, job satisfaction, work behavior and inter-professional relations (Cohen, 2004; Lusk, 2000; Takase, Maude & Manias, 2006). The centrality of virtues within the participant narratives mirrors the historical and ongoing imaging of the nursing profession in society today. As Nelson and Gordon assert, the prevalence of a virtue script in the imaging of nurses, which centers on characteristics of kindness, passion and caring, can trivialize the complexity and knowledge base of nursing practice. Furthermore, the stereotypical image of nurses as virtuous can serve as both a barrier to choosing a career in nursing and a source of discontent for those entering the profession (Grainger & Bolan, 2006; Miers et. al, 2007; Porter et al., 2009). The following discussion provides an examination of past images of nursing and a contextual appreciation for how nursing was positioned within the historical patriarchy of hospitals and healthcare. Such insight can provide an understanding of how nursing is imaged today and holds implications for future recruitment and retention within the profession (Lusk, 2000).

The image of nursing in the media has been studied for decades (Bridges, 1990; Hughes, 1980; Kalisch & Kalisch, 1982, 1983, 1987; Kasoff, 2006; Stanley, 2008). The portrayal of nursing in communication media such as television, news and magazines has been theorized to influence not only society's perception of the nurses' role and status, but also inform a nurses' own professional identity (Lusk, 2000). Narrative configuration is recognized as a central form of self-interpretation (Polkinghorne, 1988; Ricoeur, 1991a) and as the findings demonstrate, the participants' stories reflect traditional images of nurses prevalent in society. Stereotypical portrayals of nurses can influence nurses' self image, work behavior and job performance (Kalisch & Kalisch, 1983; Takase et al., 2006). Several authors also propose that an examination of the portrayal and perceptions of nurses and nursing may enhance our understanding of issues and conflicts within the profession, such as the nursing shortage (Kalisch, Begeny & Neumann,

2007). Lusk suggests that negative messages and images of nursing have shaped the status of nursing in society; many of which persist today. Kalisch & Kalisch's (1982a; 1982b; 1983; 1986) extensive program of research on the image of nursing in popular media found that the nurses' role in novels, television programs and motion pictures were less central to the plotlines and patient outcomes. Nurses are often depicted as secondary characters in the storylines and physicians are often given credit for the work that nurses would perform in real life. Images of nurses in media have varied across the decades with nurses being at times portrayed as heroes, harlots, harridans and handmaidens (Bridges, 1990; Darbyshire, 2010; Kalisch & Kalisch; Lusk, 2000; Stanley, 2008). Although the role of the nurse may no longer be understood in these terms, these stereotypes are perpetuated in the media today (Bridges). Certain characterizations of nurses may be perceived as less offensive than others however even images of nurses as angels and/or heroes detract from ones' understanding of the skill and knowledge required in the role (Gordon & Nelson, 2005).

The most positive imaging of nurses has often occurred during times of war, when nursing was portrayed as a high regarded and heroic profession (Kalisch & Kalisch, 1987; Lusk, 2000; Stanley, 2008). Nurses were often positioned as central character in the care of wounded soldiers yet depictions of nurses in wartime still presented an image of nursing as pure and maternal. Although the wartime imaging of nurses is less present today, some of the discourse remains, especially in descriptions of the nursing work environment: "front-line"; "in the trenches"; "battlefield". Furthermore, there is still a trend towards emphasizing the 'life and death' and heroic nature of nursing practice within social media, especially within popular television dramas. There is a need to critically analyze the impact of this characterization of nursing, especially in relation to the working conditions and work-lives of nurses and examine how it may perpetuate the image of "virtuous hero as victim" (McGillis Hall et al., 2003, p.215).

The characterization of nurses as angels is the most popular depiction within the media and remains a trend even within the nursing profession itself (Gordon & Nelson, 2005). The label ‘angel’ implies the possession of innate virtues: a caring, comforting female servant of God (Bridges, 1990). The participants’ narratives provided an image of their choice of nursing as a vocational calling, often with an emphasis on self sacrifice for the good of others. The participant narratives perpetuate the historical image of nurses as virtuous and noble caregivers. The participants’ narratives also positioned some of the negative features of nursing work, such as the long shifts, workload and stress, as an acceptable sacrifice given the associated reward of helping others. The hardships endured by nurses have historically been positioned so as to further contribute to the virtue and nobility of the profession. The participants’ narratives demonstrate that the historical and stereotypical imaging of nursing is not only perpetuated in contemporary society but also remains influential in how the upcoming generation understands the profession. The problem with a virtue script and virtuous imaging in nursing is that it only conveys one part of the story; one aspect of the profession. As recent research highlights, even when virtuous views of nursing inspire career choice, these ideals can become a source of dissonance especially among the upcoming generation who want to be recognized for more than ‘caring’ (Erickson et al., 2005; Grainger & Bolan, 2006; Miers et. al, 2007; Porter et al., 2009).

The nursing profession itself has perpetuated this virtuous imaging in recent campaigns and despite the intent to attract a new generation of nurses, they perpetuate the stereotype of nurses as good, kind women (Fealy, 2004; Gordon & Nelson, 2005). Images and messages of nurses replete with angelic references create a social feedback loop that reinforces a virtuous image even among the profession itself (Buresh & Gordon, 2000; Gordon & Nelson). For example, a 2008 commemorative postage stamp marking the centenary of the Canadian Nurses Association was intended to depict “a modern nurse, her capabilities and significant role in the

Canadian health-care system" (Canada Post, 2008). The stamp, which portrays a young nurse in green scrubs, holding a tray of instruments upward and outward towards a glowing light, could be interpreted to portray nurses as glowing, subservient assistants. Stories of nurses as angels also remain prevalent in the media targeting the Millennial group and several participants recalled the influence of a popular series of novels on their career choice; novels which have direct references to nurses as angels within the storylines and titles (McDaniel, 2011). These images and messages are so pervasive that they become part of the very language nurses use to describe and define their nursing practice; a language that often neglects the critical thinking skills and knowledge base of nurses (Fealy, 2004; Gordon & Nelson). A de-emphasis of the knowledge base required in nursing can be an obstacle in recruitment (Porter et al., 2009).

In contrast to the angelic imaging, there was also a trend staring in the 1960s involving the sexual objectification of nurses, especially within movie portrayals (Kalisch & Kalisch, 1982a). Although this trend diminished in the 1980s with feminist influences on the portrayal of women professionals, the identification of nurses as sexual objects has had a resurgence in the last few decades and can be seen in popular television programming today (Kalisch & Kalisch, 1982b; Kalisch, Begeny & Neumann, 2007; Lusk, 2000). Participants who were aware of the past sexual objectification of nurses' rejected the notion that society still held these views today. Past media depictions of nurses have also included the nasty, authoritative battleaxe (Bridges, 1990; Darbyshire, 2010) and although the participants' narratives did not reflect these images, nurses were often characterized in their stories as either good or bad. The notion of being good/ doing good is part of the historical shaping of the nurses' professional identity and of nursing as an ethical and moral practice (Armstrong, 2006; de Araujo Sartorio & Pavone Zoboli, 2010; Fealy, 2004). Within contemporary stories of healthcare, the ability to be a good nurse is often positioned against and threatened by the constraints of the workplace, especially workload

demands (Fagerstrom, 2006). In the participant narratives, nurses were usually positioned as good or bad based on interpersonal skills and time spent at the bedside. Some scholars have argued that the ability to be a 'good' nurse, and provide quality care, centres on possessing personal virtues which enable an individual to act, think, and feel in morally excellent ways (Armstrong). Caring and compassion are often identified as core values and personal virtues desired in nurses (Murphy, Jones, Edwards, James & Mayer, 2009). As Armstrong asserts, virtues such as caring and compassion, often provide the moral foundation for the nurse-client relationship, advocacy, empowerment and moral decision making. However, as Dombeck (2003) asserts, nurses do not want to be acknowledged solely for the attribute of 'caring': an attribute that proves "impossible to reject yet difficult to embrace" (p.360).

Personal characteristics and virtues have always been central to the story of nursing. The participants' narratives focused heavily on the interpersonal qualities of a nurse. However images in society that focus more on the relational attributes of the nurse often background the role of academic aptitude or intelligence may prove to be a deterrent in choosing nursing (Bridges, 1990; Gordon & Nelson, 2003). As seen in the participant narratives, nursing is often not presented as first choice in careers for students who excel in sciences. Portrayals of nursing in television, especially in 'medical' dramas, position the nurse as less skilled and less knowledgeable than physicians (Kalisch & Kalisch, 1982). Nurses are often presented as the hand-holder and less skilled helper to the physician. Negative or inauspicious images of nurses in social media may inform the publics' opinion that nursing is an undesirable career choice (Kalisch, Begeny & Neumann, 2007). The focus on personal qualities versus knowledge and skill in depictions of nursing may make students feel as though their intelligence may be wasted in this career or that the profession will offer little intellectual challenge (Bridges, 1990). As seen in the participant narratives, individuals often have difficulty describing nursing practice

outside of a virtue script. Personal virtues are often positioned as the unique contribution of nurses and the sole source for professional status, respect and self esteem (Gordon & Nelson). Future recruitment strategies need to ensure that the images and language used to convey the essence of nursing practice provides a comprehensive depiction of the profession: one that emphasizes both the art and science: highlighting personal attributes, knowledge and skill.

There has been a recent focus on reshaping the image of the nurse in media, especially given the prevalence of mass media influences from internet use; a growing feature of daily life in the 21st century. Kalisch, Begeny and Neumann (2007) studied the images of the nurse on the internet and found that 70% of the content depicted nurses as intelligent and educated, and 60% showed nurses as respected, competent and trustworthy. Recent media exposure of nurses' involvement in healthcare crises, such as the outbreak of SARS in 2003, has made great strides in conveying the complexity of nursing practice and nurses' work (McGillis Hall et al., 2003). Yet for the most part, nurses have been all but invisible in the coverage of healthcare issues, especially in the news, where physicians are often sought to provide commentary (Buresh, Gordon & Bell, 1991). Positioning nurses as central characters in stories of healthcare can enhance the image of nurses as knowledgeable experts. Furthermore, enhancing the image of nursing and nurses can bring attention to critical professional and practice issues to both the public and policymakers (Kalisch et al.). Such strategies can elevate the perception of nursing as a desirable career choice and provide a more comprehensive understanding of the profession, both of which can enhance recruitment and retention among the upcoming generation (Cohen et al., 2004; Porter et al., 2009; Starr & Conley, 2006; Whitehead et al., 2007).

Positioning Nursing in Relation to Medicine

In this next section, I discuss the positioning of nursing in relation to medicine; a central plotline in the participant narratives. This inquiry sought to understand how the participants

made sense of their career choice. The theoretical framework of this inquiry enabled the transformation of events and experiences into a narrative through emplotment. Narrative analysis attends to the ways in which individuals organize events, characters and settings and provides insight into the rich social and cultural influences embedded within career choice (Polkinghorne 1997). In addition, the attention to temporality within narrative theory reveals the significance that certain events have for one another (Polkinghorne). As the narratives demonstrated, a central plot in the participants' stories was that the choice of nursing as a career did not occur outside of the consideration of medicine. Images of nursing practice were intertwined with the participants' perceptions of the role differences between nurses and physicians and their interprofessional relationship. Despite the fact that few professional disciplines work as closely as nursing and medicine, the participants' narratives often portrayed nurses in opposition to physicians; as adversaries. Furthermore, the narratives paradoxically position nursing practice as both superior and inferior to the practice of medicine. As evidenced in the narratives, perceptions and conceptualizations of nursing often reflect the social positioning of the profession throughout history (Liaschenko & Peter, 2004). The social positioning of nursing, both within the healthcare arena and in relation to medicine, has implications for how the profession is perceived and experienced as a desirable career choice (Cohen et al., 2004; Miller & Cummings, 2000). The following discussion provides an understanding how nursing is positioned within healthcare today with consideration for the historical and social context in which the profession was formed. Such an understanding can provide insight into how nursing may be imaged and perceived as a desirable or 'ideal' career choice for upcoming and future generations; informing both recruitment and retention initiatives within the profession.

The nurse-physician dyad has been conceptualized in many different forms throughout the history of healthcare: a hierarchy, a dominant-subordinate relationship and a game (Stein, 1967; O'Brien-Pallas, Hiroz, Cook, & Mildon, 2005; Pilliterri & Ackerman, 1993). Nurses have been positioned in conflict with physicians since the early 19th century. From the inception of formalized healthcare, the relationship between nursing and medicine was hierarchical, with doctors being superior to nurses (Stein, 1967; 1990). Traditionally nurses were positioned as doctors' handmaidens, which reflected the social positioning of women in relation to men at the time (Oakley, 1984). The relationship was not only hierarchical, it was patriarchal (Sweet & Norman, 1995). Several scholars made comparisons between the roles of the nurses and physicians and the roles of women and men in society (Oakley; Keddy et al., 1986). Role differences between nurses and doctors mirrored the sexual division of labour within society, with women (nurses) tending to the emotional environment and men (physicians) making the 'important' decisions (Oakley; Sweet & Norman).

Medicine has also historically held a monopoly on knowledge based practice in health care. Nurses were positioned as physician servants and their contribution to patient care was deemed to only be a result of the physician's knowledge (Gordon & Nelson, 2005). Physicians were also originally in control of nursing education and employment (Sweet & Norman, 1995). The physician's omniscient status was threatened by the movement in the late 1800's to position nursing as a profession, led by early nurse leaders such as Florence Nightingale. For the first half of the 20th century, nursing continued to position itself as a knowledge based profession while at the same time fighting to gain control over the practice and education of nurses. Despite advancements in nursing's professional status and enhanced recognition, physicians continued to be revered for their knowledge. As seen in the participants' narratives, medicine is still understood today in terms of academic excellence. Students who excelled in sciences were often

channeled towards a career in medicine more than nursing. Different educational requirements between the two disciplines, with medicine requiring a 4-5 year university degree and nursing requiring a 2-3 year vocational training, contributed to the imbalances of knowledge and power between nurses and physicians (Stein et al., 1990). Despite several social changes within the two disciplines which have advanced the position of nursing, nursing knowledge continues to be conceived as less than that of medicine. The continued perception and portrayal that physicians know more, perpetuates the social hierarchy between the two disciplines today. The positioning of nursing in relation to medicine has implications for recruitment for students interested in health care. As the participant narratives and recent research demonstrates, although nurses continue to be admired for their commitment to 'caring 'and 'making a difference', nursing is not always perceived by younger generations to fit with their professional aspirations for higher education, challenging work, autonomy, prestige and respect (Cohen et al., Erickson et al., 2005; Miller & Cummings, 2009). The social positioning of nursing in relation to medicine, and the interpersonal relationship between the two disciplines, also has implications for retention.

In Stein's (1967) seminal work on the interpersonal dynamics between nurses and doctors, he described their relationship as an interprofessional game in which the power of the physician was maintained at the expense of the nurses specifically by attenuating nursing's intellectual contribution. Within the doctor-nurse game, the physicians' clinical decision making is covertly guided by subservient nurses. The educational system in which physician and nurses are educated has been theorized to inculcate omnipotence in medical students and subservience in nursing students (Stein, 1967; Sweet & Norman, 1995). In the historical tale of this dysfunctional relationship, nurses and physicians often regard one another as an obstacle to realizing one's own objective (Henneman, 1995). Several important social changes have altered the doctor-nurse game in the last 50 years most notably: the decline of public esteem for

physicians; increasing number of women doctors; improved status of women in society and the workplace; expanded educational requirements for nurses and the development of specialty and advanced practice options in nursing (Stein et al., 1990; Sweet & Norman). Although the relationship between the two professions has evolved and become more collegial over time (Weller, Barrow & Gasquoine, 2011), the historical positioning of nursing in relation to medicine continues to shape the social roles and power relations of nurses and physicians today. As evident from the participant narratives, the physician is still portrayed and understood as the 'boss' and primary decision maker in health care today.

Stein et al. (1990) state, "The relationship between the doctor and the nurse is a special one, based on mutual respect and interdependence, steeped in history, and stereotyped in popular culture" (p. 546). Despite improvements in the nurse-doctor relationship over the last few decades, nursing continues to be socially positioned and understood as inferior to medicine. Emulating a dated image of nursing, popular media has perpetuated the positioning of nurses in a less favorable light than physicians: less intelligent, less rational and central to patient outcomes (Kalisch & Kalisch, 1986). In positioning physicians as central characters in stories and dramatic depictions of healthcare, doctors are often credited for the work of nurses and other health care professionals. Evidence of the continued social hierarchy, where medicine is positioned at the top, is ubiquitous in the organization of health care today. For example, health care is still often referenced as medicine or medical care, terms that overlook the contribution of nurses (Belcher, 2003). Furthermore, health professionals continue to follow "doctor's orders" in clinical practice. Certain efforts to legitimatize nursing as a profession revealed ambivalence in how nurses position their knowledge in relation to medicine. As Liaschenko and Peter (2004) assert, strategies aimed to secure professional status, such as the development of nursing diagnosis, often served to position nursing paradoxically as both similar to and distinct from

medicine. Despite the professionalization of nursing over the past century, nursing still lacks a key feature of a profession: autonomy. Nursing practice occurs within a complex hierarchy where nurses are subordinate to not only medicine but organizational structures as well (Liaschenko & Peter). Much of nursing's 100 year history tells a tale of a struggle for respect, autonomy and mutual interdependence (Stein et al., 1990). The participants' narratives indicate that autonomy and respect are central considerations in career choice yet their perceptions of nursing practice often contrast with this aspiration. The continued perception and understanding of nursing as 'less than' has implications for recruitment to the profession, especially among Millennial cohort who demonstrate a desire to achieve 'more than' their parents' generation in terms of career success; including job and workplace satisfaction (Laschinger et al., 2009).

A paradoxical portrayal of nursing as superior to medicine also exists within the participant narratives; a theme reflective of trends within the profession. In struggling to define nursing's unique contribution to patient care, nurses are frequently positioned as the most diversified health professional, champions of primary health care and the foundation of the health system (Canadian Nurses Association, 2002). Nurses often present their unique contribution to patient care by emphasizing their caring and holistic approach and the importance of the nurse-patient relationship to positive health outcomes (Gordon, 2005). Moreover, nurses claim to have a superior connection to patients; that they are central to humanizing the increasingly impersonal quality of health care (Gordon & Nelson, 2005). Nurses sometimes use descriptions of their practice to contrast their approach with that of physicians. The participants' narratives reflect this divisive discourse within the process of explaining and making sense of their choice of nursing. Caring and holism often present a moral platform upon which to promote, defend and validate both the nursing profession and the work of nurses (Benner & Wrubel, 1988; 1989; Gordon). Caring has been extolled as the foundation of nursing

practice (Benner & Wrubel) and nursing practice has been storied in such a way that nurses are positioned to have a monopoly on caring and compassion (Buresh & Gordon, 2000). Within the participants' narratives, in defense of their choice of nursing, the work of nurses was often positioned as morally superior to that of physicians. In reviewing nurses' stories of their work, Gordon identifies that nursing's claim to holism represents a 'new kind of Cartesianism that counterposes nursing and medicine, the emotional and the physical (2005, p. 221). The movement to convey the worth and contribution of nursing, often places nurses at odds with medicine, a position that counters the recent trend towards recognizing the importance of collaboration between the two disciplines (Henneman, 1995; O'Brien-Pallas et al., 2005). Given the centrality of the nurse-physician relationship within healthcare and the importance of collegiality to professional satisfaction, attending to how nursing and medicine are represented in career messaging has implications for both recruitment and retention.

The research literature also tells a unique story of the nurse-physician dyad; one that emphasizes the benefits of collegiality and collaboration. Collaborative nurse-physician relationships have been identified as a fundamental characteristic of magnet hospitals (Hinshaw, 2002; Kramer & Schmalenberg, 2003; Laschinger, Almost & Tuer-Hodes, 2003) and there has been a wealth of research that correlates the quality of nurse-physician relationships with the quality of patient care (Aiken, Smith & Lake, 1994; Armstrong & Laschinger, 2006; Kramer & Schmalenberg; Laschinger et al.). In addition to improved patient care, collaborative nurse-physician relationships are associated with positive outcomes for nurses, physicians and organizations (O'Brien-Pallas et al., 2005). Enhancing the quality of nurse physician relationships can enhance recruitment, improve nurses' work environments, increase job satisfaction and promote retention (O'Brien-Pallas, Hiroz, Cook & Mildon, 2005; Laschinger et al., 2003; Rosenstein, 2002; Zangaro & Soeken, 2007). Inter-professional collaboration has been

lauded as the cornerstone for the delivery of safe, effective and optimal patient care (Health Canada, 2007). Nurses and physicians have always been the key players in the health care arena and although the health care team is comprised of a number of other health professionals, the status of medicine and sheer mass of nurses position these two groups at the center of inter-professional, collaborative care (Reeves, Nelson & Zwarenstein, 2008).

Despite the fact that collaborative nurse-physician relations have been espoused as keystone for effective care and healthy workplaces, true collaboration remains elusive. Depending on the definition of collaboration, certain antecedents may be impossible within the current structure of health care, most notably equality between the disciplines (Henneman, 1995). Certain scholars have argued that collaboration alone is insufficient as “collaborative” merely denotes mutual respect but unequal power (Kramer & Schmalenberg, 2003). The way that healthcare is organized and health professionals are socialized continues to present significant barriers to collaboration. However as Henneman posits, despite being steeped in tradition, knowledge and power relations between nursing and medicine are not fixed and can be altered. The story of interprofessional relations continues to evolve and the nurse-physician relationship is increasingly central to discussions in healthcare especially in relation to the current crises in the nursing workforce and workplace conditions for nurses (Rosenstein, 2002). Individuals who are choosing nursing as a career are also choosing to enter into a complex interprofessional dynamic. As evident from the narratives, the historical positioning of nursing in relation to medicine permeates the modern day story of coming to choose nursing. The storying and imaging of nursing today continues to perpetuate stereotypes of the nurse-physician dyad which has implications for both career choice and retention within the profession.

The Social Context of Career Choice

In the following section I discuss the social context in which career choices are made. This inquiry sought to understand how the participants narrate both personal and social influences within their career choice stories. Narrative theory recognizes that the past and our personal history continuously shapes our identity and our understanding of self (Polkinghorne, 1997; Ricoeur, 1991a). Narrative knowing centers on the interpretation of how our life stories have shaped our actions, experiences and identities (Ricoeur). As the participant narratives demonstrate, career choice was narrated as a process of social positioning; understanding derived from past social learning which informed the participants' future aspirations; both personally and professionally. Career choice was narrated as more than a decision making process or decisive moment in time. Career choice involved a complex consideration of a variety of life-long social learning and experiences, in which social networks, particularly parents and family, were central.

Career choice has been studied for almost a century and research has often focused on how to find the best 'match' between an individual and a career. Early career theorists were grounded in logical positivism with a focus on appropriate fit between the person and work environment (Holland, 1959; Strong, 1927). Despite the recognized limitations of personality-environment fit theories, this theoretical approach provides the framework for the most popular self-directed career search tools still in use today (Srsic & Walsh, 2001). Each participant described using these 'career search' tools and identified them as one of few career choice resources available to them. The participants generally regarded career search tools as unreliable and as the narratives portray, the matching of interests and aptitude to occupational options was only a small part of their career choice stories. The reflexive work the participants

engaged in throughout the study, over the course of two interviews and journaling, revealed that their choice of careers, and nursing, was grounded in their social world.

Understanding career choice over the last few decades has evolved to the point where researchers are asking important societal questions that recognize and respect the influence of contextual and relationship factors (Betz & Hackett, 2006; Chope, 2005; Lent et al., 1994; McIlveen & Patton, 2006). As Guichard and Lenz (2005) assert, career choice research needs to focus more broadly on "how can we help individuals direct their lives, in relation to the contexts in which they are embedded" (p.18). Career choice is more than choosing an occupation, it involves the consideration of the personal, social and cultural context of one's life (Guichard & Lenz; McIlveen & Patton). Narrative approaches recognize that people do not make career choices separate from the rest of their lives and involves understanding what matters most to people and what gives meaning to their lives (Chope). Career choice is informed by social life. As the participants' narratives portray, career choice involved choosing a life direction in relation to their past, present and future. Individuals construct themselves and their choices in a specific way, in a given society, influenced by their social identity (McIlveen & Patton).

The narratives provided an avenue for participants to explore and construct their career choice in a way that resonated with their lives and social world, not just their chosen profession (Ricoeur, 1991a). Career decision making is shaped by an individual's social world, which includes culture, race and class (Guichard & Lenz; Huppatz, 2010; Karunanayake & Nauta, 2004). An important influence on life planning is social environment and experiences in childhood in relation to class or socioeconomic status can be reproduced in their expectations for the future (Greenbank, 2009a; Huppatz). Within the participants' narratives, their social world played an important role in their choice of nursing, especially in terms of finances and economic considerations. Socioeconomic or class status has been shown to influence personal

values, career choice decisions, future aspirations and strategic life planning (Greenbank, 2009a; Greenbank, 2009b; Huppatz). Class background can inculcate values that mitigate or enhance career decision making. Recent research suggests that students from lower socioeconomic backgrounds may lack the social capital to assist career exploration and choice (Greenbank, 2009b). Although the participants did not make direct reference to class distinction, the consideration of finances and livelihood were central plotlines in their career choice narratives. In making sense of their choice of nursing, the participants narrated the importance of 'fit' with future financial expectations; socioeconomic status and salary were central to choice. Within the narratives, a nursing education was constructed as a path to a guaranteed career with a secure salary and comfortable living; a rare find during the current economic recession. As evident in the narratives, consideration for both passion and pragmatics is important in career choice and should be emphasized within career counseling and recruitment strategies.

Choosing a career also involves forming a coherent and meaningful identity and making choices in accordance to that identity (Flum & Blustein, 2000). As Polkignhorne (1988) and Ricoeur (1991a) maintain, narratives are a central form of self-interpretation and relate to the experience of self-identity. The internalization of histories, practices and aspirations of a social group can often shape the realm of possibility for each individual and informs future social positioning. Different groups possess different economic and educational wealth, which is an important element of social distinction and identity. The participants often referenced their parents' careers in relation to their own choices; often making comparisons between the two. Several participants spoke of being encouraged toward a better way of life than their parents and/or family members, especially those whose families struggled financially. As Huppatz (2010) states, career choices are often made in consideration of how one's economic or social position may be maintained or improved. Certain careers hold gendered and class meanings that

are perpetuated in society and nursing, as a caring professions, has historically been situated as a middle class occupation for women (Huppatz). The narratives portray that the historical positioning of nursing as a career for women often served as a deterrent for choosing nursing for participants who sought to challenge the 'status quo'. The choice of nursing in this study was often narrated as a means to achieve economic security, stable employment and a 'good' lifestyle; three qualities that the participants valued in an occupation as a result of their experiences at home and the positioning of their parents' careers.

The family unit is a child's first social network. Family and home life greatly inform a child's understanding of social positioning and their definition of what is important in life. Despite the focus on fit in early theories, the family context has also been recognized an influence among early career theorists (Ginzberg et al., 1951; Osipow, 1997; Roe; 1956; Super; 1980). Understanding historical patterns and definitions in regards to the family's meaning of success is central to choosing a career (Chope, 2005). Parents may not seek to influence their child's occupational choices however they play an important role in career decision making (Flouri & Buchanan, 2002).Children receive messages from parents, both directly and indirectly, about how to think about careers and how to define success (Stringer & Kerpelman, 2010). Within the narratives, the process of being channeled/guided towards nursing by family members was evident. Extended family members also inform a child's understanding of career success and can broaden a child's exposure to occupational options and learning opportunities (Greenbank, 2009b). Individuals first identify career options through their childhood environment, starting with their experiences of what their parents' careers and lives were like. As seen in the participant narratives, career choice was often influenced by stressful experiences within the home, especially in relation to divorce or significant family changes (Huppatz, 2010). Illness and health care experiences within the family unit were also identified as a central plot in

coming to choose nursing. Such experiences enhanced the visibility of nursing as a career and often incited social interaction between participants and family that channelled their choice of nursing, often within the context of meeting the family's current or future health needs.

The participant narratives also demonstrate the centricity of future lifestyle aspirations to career choice. Exploration of how certain careers positioned them for work life balance was central to choice decisions making. Understanding the aspirations of future generations in relation to career-family balance has been a focus of recent research. Work life balance has been shown to be one of the most important criteria the newest generation of professionals use to select not only careers, but also places of employment (Bosco & Bianco, 2011). Expectations in regards to work-life is informed by the home situations in which this newest generation came of age; a time when the majority of mothers worked outside the home (Bosco & Bianco). As the participant narratives portray, observation of parent lifestyles informed their future aspirations. Socialization to employment within the home was a strong influence on lifestyle aspirations. This generation exhibits confidence in the ability to have both parents work outside the home while successfully achieving a balanced life. This is a generation that experienced the benefit of flexibility in order to achieve balance and this is what they want for their future families. This cohort also views life as much more than a career. Offering flexibility, self scheduling and family leaves will be key features in recruitment and retention of this next generation.

The parent's role in career choice is often overlooked by children yet parents are most often identified as the main support person for career decision making in adolescence (Diertrich & Karcke, 2009). Family members, especially parents, were central characters in the participants' narratives. Although the participants were reluctant to identify parents as role models or as being influential in their career choice, parents were positioned in the narratives as the main source of support in major life decisions. Parents offer both emotional and instrumental

support and a lack of parental engagement can contribute to career indecision (Flouri & Buchanan, 2002). Parental attachment can facilitate complex and challenging decision making, can enhance self esteem, identity development and career exploration (Emmanuelle, 2009). Parents provide support through career modeling, instrumental assistance and verbal encouragement (Bardick et al., 2005). Parental involvement in career decision making has also been linked to career maturity, commitment and professional identity formation (Diertrich & Karcke, 2009; Flouri & Buchanan). The participants in this study described being encouraged and supported by their families to 'reach for the stars'. Interference by parents, as opposed to support, has been linked to career indecision (Dietrich & Kracke; Stringer & Kerpelman, 2010). Within the participant narratives, encouragement, emotional support and validation of their choices were the key roles parents served. As the literature identifies, and the narratives portray, mothers are often more central to emotional support in career decision making. In addition to emotional support, parents can be most helpful to their children by focusing less on which career they should choose and instead assist them in self appraisal, gathering occupational information, goal setting and planning (Stringer & Kerpelman). Future career counseling and recruitment initiatives may need to consider the pivotal support role that parents play in career choice.

Career choice decisions are informed within a complex network of relationships and these networks represent social capital (Greenbank, 2009b). Social networks provide access to formal and informal learning. Role models are key characters within these networks and are central to career decision making and positive career outcomes (Quimby & DeSantis, 2006). The career choice literature has not historically focused on role models however recent research has shown that positive career role models play a significant role in career choice, especially individuals who have been successful in the student's area of interest. Positive career role models may be portrayed in children's lives as mentors, role models or heroes (Flouri &

Buchanan, 2002). Providing inspiration and work related skills are key functions of role models and are recognized predictors of career maturity. Role models can also provide vicarious learning experiences that can increase interests, choices and self efficacy (Quimby & DeSantis, 2006). Learning about careers occurs at both formal and informal levels and students often value direct and vicarious experiences to inform choices (Porter et al., 2009). Individuals who have expertise and appear knowledgeable about career options and/or whom are successful in their own careers are often identified as powerful role models (Greenbank, 2009b; Sonnert, 2009). As seen in the participant narratives, learning about potential career options through first-hand experience or direct observation of others provides a social and cultural understanding that is valued more than a cognitive processing of information on a website (Greenbank, 2009a). Most of the participants in the study had identified nurse role models or had been in contact with nurses. Participants who lacked contact with 'real' nurses expressed an uncertainty about their choice and a lack of understanding about their future role.

Despite access to information on web-sites and through social media, the participants narrated the value of speaking with a 'real' person about such important life decisions as career choice. Access to role models can be limited depending on an individual's social network and the level of diversity within an occupational group. Role models that hold similar characteristics or values can mirror one's own success in a given field (Karunanayake & Nauta, 2004). A scarcity of role models, especially individuals that reflect one's culture or race, can provide a barrier to career choice and development. Positive role models and mentors within nursing have been shown to not assist recruitment but can also enhance professional socialization, transition and retention (Boychuk-Duchscher & Cowin, 2004). As we seek to recruit and retain future nurses to the profession, attention to the social context in which career choices are made is essential. Career counseling initiatives need to occur within the social networks and

relationships that support career choice. Acknowledging the role and impact of social learning can enhance career choice and fulfilment.

Study Strengths and Limitations

The purpose of narrative inquiry is to deepen the understanding of meaning conveyed in the narratives, drawing out implications and revealing the impact of social and cultural settings on human experience over time (Polkinghorne, 1987). In keeping with the original purpose of this inquiry, this study provides an in-depth and contextual understanding of the experience of choosing nursing as a career among Millennial nurses. The findings provide insight into how the Millennial generation make career decisions and social context in which career choice occurs. The use of narrative theory and methods were a significant strength of the study in that this approach elicited unique insight into the participants' perceptions, understanding and expectations of a nursing career, all of which hold implications for recruitment and retention.

There are several strengths of the study design which contributed to the generation of a new understanding of career choice; insight that can be used to recruit and retain the upcoming next generation of nurses. One of the strengths of the study was having repeat interviews with each participant over a period of two months. The participants were asked to recall events from childhood and reveal self-explorations of feelings and their personal life and the use of multiple interviews allows time for reflection, recall and the building of trust. It was evident from the first interviews that the participants felt compelled to share a story they believed I wanted to hear, one that focused on their personal virtues and positive impressions of nursing. If the data collection stopped following the first interview, half of the participants' story would not have been captured. One limitation of the study was that my affiliation with the nursing school may have influenced the participants' storytelling. Disclosure of my relationship with the school was

made in the consent and assurances of confidentiality were provided, along with an assurance that I was not currently teaching within the nursing program.

The timing between interviews was also a strength of the design in that it provided an opportunity for participants to reflect, further explore and deepen their responses. The timing of the interviews also enabled attention to the temporality of the participants' experience and the narratives captured how their thoughts, perceptions and expressions in relation to career choice and nursing evolved as they moved closer to starting school. An additional strength of the study design was the use of participant journals and reflective questions in between the two interviews which enriched the understanding and storied meaning of their experience by contextualizing it. The opportunity for participants to journal their thoughts and feelings enhanced their own understanding of career choice. The second interview, which also explored the journal content, enhanced the interaction between the participant and myself in a way that evolved the meaning of the texts and facilitated narrative emplotment. The use of Polkinghorne's method enabled the participant to be active in the construction of the narratives and come to know their career carer choice in a new way.

Reflexivity was central to the interpretive process and great attention was taken within the analysis to ensure that the narrative texts reflected the expressed, experienced meaning. An audit trail throughout the analytical process enabled me to trace how my situated embeddedness informed the interpretation. My field notes and audit trail demonstrate how I was an active participant in the structure and configuration of narrative meaning and also made clear how analytic decisions were made. I documented the evolution of the participants' narratives from the raw transcripts to storied visual maps to emplotted themes and plot lines. The method of analysis and emplotment enabled an understanding of each unique narrative and also demonstrated how the findings were derived from and grounded in the participants words.

Another strength of the study was that the written findings, particularly the use of terminology, reflected congruence with the narrative theory and methodological approach.

Although this narrative approach was well suited to guide this research inquiry there are several considerations to be recognized in relation to this methodology and methods. Qualitative research is not intended to show causation or be generalized to other populations. The findings from this study are not necessarily transferable to all individuals entering nursing school or all members of the Millennial generation. However, this research provides an in-depth, contextualized understanding of career choice among Millennial nurses that does not currently exist in the published literature. Narrative inquiry provides an opportunity for individuals to reflect on and construct personal stories inclusive of various personal and societal influences however this type of inquiry is retrospective and is dependent on the participant's recall. Given that the participants' recall, reflection and meaning making evolved over time, a longitudinal approach may provide an even deeper understanding of career choice. Furthermore, although the decision to interview the participants prior to entering nursing school was made to isolate pre-education socialization to nursing, following the students as they are formally socialized to the profession may elicit additional memories and experiences that informed their choice.

Study Implications

This research provides insight into the career choice experiences of the newest generational cohort of nurses. Although the career choice experiences were unique to each participant, similarities across their narratives exist. The narratives provide insight into how nursing is imaged and positioned today. Furthermore, the plots provide a new understanding of career choice as social positioning. Understanding how individuals perceive and come to choose nursing holds implications for recruitment, education, socialization and retention at a time when

the nursing shortage remains a central concern to the profession. In the following sections, I discuss the education, practice, policy and research implications of this study.

Education

The study findings have implications for education before, during and following nursing school. As this study demonstrates, individuals learn about nursing before they enter the profession. Informal learning about occupational choices starts in early childhood yet most formal career learning and recruitment initiatives start in the last year of high school or during university. The focus of early career learning should not be centered on choosing a career but instead on career exploration; providing general information on careers that is age appropriate and which can evolve in detail through the school years. Images of nurses and nursing are pervasive in society. Professional nursing organizations, especially those involved with recruitment, need to be involved in the creation of positive images and messages about nurses; images that emphasize both knowledge and skill. There is also a need to ensure that nursing is positively imaged in media directed towards all age groups, from kindergarten to high school. Websites for professional nursing organizations can have links to videos and other interactive options to receive a variety of information about nursing such as educational preparation, professional development, job opportunities and the role of nurses in different settings. Nurses and students in high school and nursing programs can be involved in the development of websites and social media tools that would meet a variety of learning needs.

Real-life exposure to nurses and nursing practice is an important strategy in coming to know nursing and forming a professional identity. Professional nursing organizations, including educational institutions, could provide an opportunity for students to ‘meet’ real nurses and nursing students either through social media or in-person to further explore nursing as a career option and access additional information. Having access to a variety of nurses and nursing roles

could also assist career exploration and choice for students broadly interested in science and/or health professions. One strategy is to have practicing nurses from a variety of health arenas and practice specializations present at career days or ‘career fairs’ during junior high and high school. School nurses could also provide a source of career information for students; providing both formal and informal learning about the nurses’ role for students with an interest in nursing and health care. Nurses could also serve as knowledgeable experts on a variety of topics within the school curriculum in relation to body systems, nutrition and health related course content.

Adolescence is also a time when students begin part time employment. Work experience is one strategy long recognized within the discipline of nursing to bridge the gap between education and practice however formal education to the practice of nursing only starts in nursing school. Having work experience that is relevant to occupational interests is helpful to career choice yet most jobs for high school students are low skilled and often unrelated to interests. An alignment of recruitment and educational initiatives between secondary schools, university schools of nursing and health care facilities can enhance early socialization to nursing. Even outside of paid employment opportunities, having opportunities for students to shadow nurses in the clinical area or interview nurses for school assignments can be beneficial to career exploration. As the narratives demonstrate, the transition between high school/adolescence and adulthood/career launch can be made easier with work placements in post secondary education. Work placements within nursing and healthcare arenas can assist students interested in nursing to make an informed choice about their career options. Paid undergraduate or student employment programs have also been shown to enhance understanding about the nurses’ role and ultimately increase retention among new graduates (Gamroth, Budgen & Lougheed, 2006).

As the participant’s narratives demonstrated, individuals who were interested in nursing often choose to work in long term care facilities however they had limited exposure to registered

nurses within their work experience. One strategy to assist career decision making would be to ensure a better quality work experience for individuals interested in nursing; one that is more representative of the reality of the practice setting. Given the current nursing shortage and workload demands on nurses in clinical practice, organizing work placements and shadowing opportunities may present a challenge. One innovative strategy for providing learning opportunities to students interested in nursing may be the use of summer camps.

Nursing summer camps can provide an avenue for junior high and high school students to learn more about nursing and foster interest and enthusiasm for the profession. Summer camps can also be targeted specially for underrepresented groups as a strategy to increase diversity within the profession. Camp content can promote positive images of nursing and an awareness of career opportunities within the profession. Furthermore, the camp experience can provide an opportunity to explore, critically analyze and challenge images and perceptions of nursing and nurses gained through media exposure. Summer camps can offer access to nurses and hands-on skills that provide an understanding of nursing that cannot be gained through traditional recruitment strategies like brochures and websites. Camp programs can be a collaborative effort between professional nursing agencies, local hospitals and even other health disciplines. Even if students do not choose to become nurses, summer camp experiences can provide an enhanced understanding of nursing and/or healthcare. Moreover, inter-professional camps, with curriculum focused on health professions broadly can provide an enhanced understanding on roles and responsibilities of the team and members of each health discipline.

Additional initiatives towards enhancing the image of nursing in society include educating student nurses within their training to analyze and interpret media messaging about the profession. Opportunities to work with media and have media training could be offered as part of the nursing curriculum. Working more closely with media is a skill that nursing students

and practicing nurses can use as a strategy to make visible the work of nurses and also to ensure that an accurate and realistic profile of nursing is being conveyed to the public. Professional nursing organizations and continuing education programs for nurses can partner to provide this media education to nurses and also serve as a support to nurses interacting with the media. In the United States, the Center for Nursing Advocacy offers a database of nurses as sources for media interviews and also monitors and analyzes the portrayal and involvement of nurses in the media, including dramatic depictions in popular television programming.

The study findings also have implications for interprofessional education both during and following nursing and health professional training programs. Having opportunities for nurses to learn with other disciplines during university education, especially with medicine, can improve collaborative relationship and interdisciplinary team work. The historical status and hierarchy among the health professions does little to serve the needs of the public and has been shown to negatively impact career satisfaction and retention within nursing. Health professionals are socialized informally within their educational programs and clinical practice settings about how to relate to other members of the team. Interprofessional education within health professional training presents an opportunity to plant and nurture seeds of equality. Curriculum within all health professions needs to focus on providing formal education on: the unique contribution of each discipline, collaboration, communication and conflict management. Furthermore, this education needs to be followed by policies and actions within the practice setting that optimize interprofessional collaboration and effective team work.

Practice

The study findings have implications for practices both within nursing/health human resources and the clinical setting. The insight provided by this inquiry has direct implications for human resources practices in nursing; specifically the ways in which we recruit nurses into the

profession. At present, several prominent health human resources planning frameworks and policy documents outline the need to increase nursing recruitment and enrolment as a strategy to address the current nursing shortage (CNA, 2009; O'Brien-Pallas et al., 2008). The findings from this study suggest that it is important to provide updated and realistic imaging of nursing within recruitment efforts. Attention to how nursing is represented within recruitment notices and brochures is needed at the university/nursing schools, professional nursing organizations and health centres. As the findings demonstrate, career choice takes place within social networks and relationships. Students want the opportunity to interact with and speak to nurses during the process of considering nursing as a career. Recruitment practices may need to extend beyond mere marketing and explore ways to link potential recruits to real nurses in a variety of settings. Some innovative recruitment strategies may also include the use of technology to provide more insight into the realities of nursing practice. For example, computer programs which provide simulated, yet realistic, practice settings and clinical situations may assist career choices among individuals interested in nursing.

Hospitals and practice settings also provide a venue for individuals to learn more about nursing and other health professions as career options. The culture within health centres and practice arenas has to be one that fosters interest and encourages exploration of career options within healthcare for potential, future health professionals. Signage in waiting rooms and public places can present positive imaging of health professionals within a variety of specialities with links and contact details for further information. Human resource departments could provide an entry point for interested individuals to access information and speak to a representative from various disciplines in order to gain more information about health professional career options.

Given the insight provided by this inquiry into the perceptions and expectations of the nurse-physician dynamic, the study also holds implications for clinical practice. The practice

environment is also the place in which health professionals receive training and mentorship. The benefits and strategies of interprofessional collaboration taught in nursing school must be reinforced within the practice settings. A culture of interprofessional learning and collaboration needs to be carried through from the universities to the practice settings. Collegiality and effective collaboration must be incorporated within the socialization process as health professional students move into the practice setting. Hospital/health centre orientation can include components specific to interprofessional goals and initiatives within the organization. All disciplines should be included in the development of standards and best practice guidelines in relation to interprofessional collaboration. Professional evaluations should also include expectations and assessment of positive/collegial relationships and effective collaboration among team members. Although there has been improvement in the level of respect and collegiality among the newest generation of nurses and physicians, the practice settings often have outdated practices in relation to communication that perpetuate a divide between the disciplines. For example, patient rounds in some hospitals are still discipline specific and often health professionals are predominantly corresponding indirectly with one another. There exists a need to enhance communication among nurses and physicians from education to practice.

Despite the fact that the nurse physician relationship continues to positively evolve, there remains a need to raise awareness of the importance of quality nurse-physician relationships at all stakeholder levels from educational institutions, healthcare agencies and professional organizations. Health centres need to provide messaging that makes the link between collaboration and patient outcomes and should set priorities in relation to the establishment of healthy workplace environments. There is a need to incorporate collaborative education and practice models within universities and practice centers, including continuing education curriculum. Strategies to enhance communication and foster collaborative nurse-physician

relationships within the practice setting may include: training workshops in collaboration and communication skills; interdisciplinary rounds; journals clubs; research or special interest groups; and continuing interprofessional education, including workshops. Interdisciplinary forums are another strategy to promote open discussion and dialogue among health professionals the organization of these groups should be shared among the disciplines. Committee work addressing the broad issues of the organization should be interdisciplinary. Attention to how the disciplines are presented within communications is essential to ensure that historical hierarchies within the system are not perpetuated. Hospital websites, communication materials and all social media need to reflect a culture of interprofessional collaboration.

Policy

Several of the strategies identified for education and practice require policy changes in order to implement them. Professional nursing organizations, including educational and practice settings, should have policies in place regarding how nursing and nurses are portrayed and presented in communications to both the lay and professional public. Professional nursing associations may also provide direction, support and advocacy in regards to nursing's portrayal in popular media. The Center for Nursing Advocacy in the United States is one such group committed to exploring nurses' images in print media, television and motion pictures. Regulations in regards to how nursing is imaged on professional and organizational websites is also imperative given that the internet is a valuable tool in conveying the role of nurses and value of nursing practice. Website marketing is often touted as a strategy for recruitment however it is important to ensure that nursing is imaged in a positive way. Recently developed criteria and tools to evaluate and enhance the portrayal can be utilized to evaluate website messaging. Despite an abundance of positive nursing websites on the internet, many do not appear in the top websites identified through search engines. For instance, schools of nursing,

which often depict nurses in the most positive and progressive light, do not appear in the top results from search engines. One recruitment and imaging strategy is to have dedicated financial resources to pay search engines to ensure websites appear more prominent in internet searches. Policies regarding images and messaging should also ensure that diversity and representativeness a feature in websites and all communications, especially for recruitment. Quality representation of nurses on employment agency websites is another area of need.

Education and practice initiatives to improve interprofessional relations cannot exist separate from policies to support them. Universities and healthcare agencies need to establish collaborative education and practice models in order to ensure effective interprofessional collaboration. Policies regarding code of conduct need to outline specific criteria for interprofessional collegiality and collaboration. In addition, education and employment agencies should establish and implement policies in regards to abusive and uncivil behaviour, including bullying. The establishment of zero tolerance policies for incivility and aggressive behaviour are not alone enough. Workplaces need to establish reporting structures and have supports and resources in place to address uncivil and abusive conduct. Establishing these policies from the onset of professional training can promote a culture of respect that has the potential to reconfigure the story of nurse-physician relations for a new generation of health care providers.

One last policy implication is in relation to promoting and supporting career exploration in nursing and among the health professions for interested students. Hospitals need to have policies regarding the employment and/or volunteer work of students. Current hospital policies may have to change to allow for shadowing opportunities in the clinical settings for high school or university students. In addition, nursing schools and other clinical learning centers can establish policies that support engagement with potential students and provide work experience that is reflective of RN practice (Neilson & Lauder, 2008; Neilson & McNally, 2010).

Research

An initial extension of this research would be the replication of the study in other geographical areas, and/or universities, to explore how geographical context may influence the findings and the experience of career choice. The participants in this study were from predominantly rural areas and given the social context in which career choices are made it would be beneficial to understand the experience in more urban areas. Future research could explore how lifestyle in different geographical and cultural groups affects career aspirations and expectations of the upcoming Millennial generation. Another extension could be to explore career decision making and choice of nursing in underrepresented groups within the profession such as visible minorities and aboriginal populations.

This study only provided a brief snapshot in time and a natural progression of this research would be to track the students' perceptions of nurses and nursing, along with their career expectations as they proceed through schooling and transition to practice. Given the prevalence of a virtuous positioning of nursing in students prior to entry in nursing, it would be insightful to explore how their perceptions evolve overtime. The distinct differences in generational cohorts and contemporary workplace environments also warrant future longitudinal study in order to understand how these differences translate into long-term organizational and career outcomes. Further longitudinal research could explore career development, satisfaction and fulfillment for this generation of nurses.

These findings provide insight into the career expectations of Millennial nurses. Given the wealth of generational and new graduate research, there will be a need for future research to evaluate strategies aimed to enhance socialization, job satisfaction and retention among this cohort. Such evaluations could employ mixed method approaches to provide a comprehensive understanding of workforce recruitment and retention initiatives targeted for Millennial nurses.

It will also be important to explore how nursing recruitments initiatives and the imaging of nurses/nursing in other geographical areas and universities may influence perceptions and images of nursing. With an increased focus on reimaging nursing to provide a more 'realistic' portrayal there is a need to examine whether or not new portrayals of nurses create a new understanding of nursing. Furthermore, there will be a need to explore if recent and future portrayals, within and outside the profession, represent more 'realistic' images of nurses and nursing. There is also a need for future longitudinal research to determine the impact on public perceptions, nurses' professional identity and professional outcomes.

With an emphasis on context, interpretive and constructivist research approaches provide a significant contribution to our understanding of career choice. In seeking to understand the social world and the influences of education and organizational socialization, future ethnographic approaches may also provide considerable insight. Ethnography is well suited for studies yielding information from the social world, including the examination of socio-cultural influences over time. The use of both interpretive and structural approaches could be one way to provide a more comprehensive inquiry. For example, the use of feminist post-structural approaches may be beneficial to understanding nurse-physician relationships and can provide insight in 'real' verses 'official' thinking about collaboration (Henneman, 1995).

Conclusion

This study provides a unique understanding of how Millennial nurses narrate their choice of nursing as a career. The participant narratives tell a story of how nursing and nurses are imaged today and socially positioned in relation to other careers. Furthermore, the narratives provide insight into how the upcoming generation's expectations of nursing, and careers in general. The portrayal of career choice as both virtuous and as social positioning converged within the narratives to provide an in-depth understanding of the participants' perceptions and

expectations of their careers as nurses. In keeping with decades of research in this area, nurses today still receive, and are inspired by, images of nursing as a virtuous career choice. However, the virtues of the profession were only one part of the story of choosing nursing as a career; the other was understanding career choice as social positioning. As the narratives demonstrate, the prevalence of virtue scripts and virtuous imaging within nursing conveys only one aspect of the profession that alone can prove dissatisfying. The problem with a virtue script is not necessarily that it exists but that it is the often the only way we speak about nursing; a discourse that deemphasizes knowledge, skill and expertise. Future generations of nurses need help making career decisions that do not only 'feel good' or sound noble but that also fit with their life goals and expectations for personal and professional fulfillment. The narratives emphasize the need for a realistic understanding of both the rewards and challenges of a career in nursing. Obtaining such an understanding upfront, before deciding upon a career, has the potential enhance job satisfaction, career fulfillment and retention among the future generation of nurses.

This study has significance for the individual who is embarking upon a career in nursing, the nursing organizations that educate and employ them and the health care system as a whole. Dissemination of the findings from this inquiry may assist educators, preceptors, employers and other key stakeholders to understand the early experiences and influences of career choice and the decision to become a nurse. Such understanding has the potential to influence recruitment initiatives, socialization strategies, and orientation structures which may enhance professional satisfaction and fulfillment within the nursing profession. These findings also provide an understanding of the Millennial generation's career choice experiences and can contribute to the growing body of generational literature. Understanding career development of the emerging generation of professionals may provide insight into how to enhance professional satisfaction and fulfillment for the Millennial cohort, both within and outside of nursing.

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Appendix A – Search Strategy Matrix

Appendix B- Study Information Form

Title of Research Project:

The Experience of Choosing Nursing as a Career: Narratives from Millennial Nurses

Principal Investigator:

Sheri L. Price, MN RN, PhD Candidate,

The purpose of this qualitative study is to further understand the experience of choosing nursing as a career among individuals of the Millennial generation. Given the critical and growing shortage of nurses, it is important to gain a further understanding of how the newest and upcoming generation of nurses comes to choose nursing as a career. This information can add new knowledge to the body of literature on career choice in nursing and may also be used to inform future recruitment and retention strategies.

This research is being conducted by Sheri Price, a PhD student at the Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, and adjunct faculty with Dalhousie University School of Nursing, as part of her PhD requirements. The study will be conducted under the guidance of PhD supervisor, Dr. Linda McGillis Hall, PhD, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto. The project will involve interviewing 10-16 incoming Dalhousie, first year students, born in 1980 or later and for whom nursing is their preferred career choice.

If you have any questions about the study or any concerns you may contact Sheri Price (416-978-7165) or by email at sheri.price@utoronto.ca or Dr. Linda McGillis Hall at 416-978-2869 or by email at l.mcgillishall@utoronto.ca

If you have questions about the ethical approval of this research, please contact Zaid Gabriel, Health Sciences Ethics Review Office, University of Toronto, at telephone 416-946-5806 or by email: zaid.gabriel@utoronto.ca or Patricia Lindley, Research Services Human Research Ethics/Integrity Coordinator (902-494-1462) email patricia.lindley@dal.ca.

Sincerely,

Sheri L. Price RN MN (PhD Candidate)
Lawrence S. Bloomberg Faculty of Nursing
University of Toronto
130 -155 College Street, Toronto, ON, M5T 1P8
(T)- 416 978-7165

Appendix C- Recruitment Letter

Invitation to Participate: The Career Choice Experiences of Millennial Nurses

You are invited to take part in a research study which exploring the experience of choosing nursing as a career among individuals of the Millennial generation (those who were born in 1980 or later). Given the current shortage of nurses, it is important to gain a further understanding of how the newest and upcoming generation of nurses comes to choose nursing as a career. This information can add new knowledge to the body of literature on career choice in nursing and may also be used to inform future recruitment and retention strategies within the profession.

For this study you will be asked to share your career choice experiences during two face-to-face interviews. These interviews will take place at a time and location convenient for you.

If you have any questions or you are interested in participating please respond by email to sheri.price@utoronto.ca or by phone at (902)-470-6939 and provide contact number where you can be reached.

Thank you.

Sincerely,

Sheri L. Price RN MN (PhD Candidate)
Lawrence S. Bloomberg Faculty of Nursing
University of Toronto
130 -155 College Street, Toronto, ON, M5T 1P8
(T)- 416 978-7165

Appendix D- Consent Form

Title of Research Project: The Experience of Choosing Nursing as a Career: Narratives from Millennial Nurses

Introduction

You are invited to take part in a research study being conducted by Sheri Price, a PhD student at the Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, and adjunct faculty with Dalhousie University School of Nursing. Your participation in this study is voluntary and you may withdraw from the study at any time. The study is described below. This description tells you about the risks, inconvenience, or discomfort which you might experience.

Purpose of the research

The purpose of this qualitative study is to further understand the experience of choosing nursing as a career among individuals of the Millennial generation. We want to explore your experiences with choosing nursing as a career. Given the critical and growing shortage of nurses, it is important to gain a further understanding of how the newest and upcoming generation of nurses comes to choose nursing as a career. This information can add new knowledge to the body of literature on career choice in nursing and may also be used to inform future recruitment and retention strategies. This research is part of the PhD work of the main investigator (Sheri Price) and will involve interviewing 10-16 individuals for whom nursing is their preferred career choice.

Who can take part in this study

This study will focus on the career choice experiences of the Millennial generation of nurses. To take part in this study you must have been born in 1980 or later. Individuals for whom nursing is their preferred career choice will be invited to be interviewed following acceptance to a nursing program and prior to starting their first year of nursing study.

Participation in the Study

If you agree to participate, you will participate in 2 face to face interviews. The time and location of the interview will be negotiated with you and will take place when and where it is most convenient and comfortable for you. Both interviews will last approximately 60 – 90 minutes. The principal investigator will facilitate the interview. A tape recorder will be used to record the interview so that none of the information you give will be forgotten. In the first interview, you will be asked to share how you came to choose nursing as a career, and to describe some of the influences on your career choice. The second interview will take place 4 to 6 weeks after the first. In between the interviews, you will be asked to keep a journal of any additional thoughts or aspects of your career choice stories that you wish to share. Journal entries can take shape in any form (point form, sentences, short stories, diary entries or artwork). You can use the journal as much or as little as you want.

Risks of taking part in this study

It is your choice whether or not to take part in this study. The decision to not take part in the study or to withdraw will not negatively affect your position as a student. There are no anticipated risks related to your involvement with this study. Although there are no obvious harms associated with taking part in this study, participating will involve some of your time and discussing personal experiences associated with your choice of nursing as a career. If at any time you feel uncomfortable answering any of these questions, you may choose not to answer them or you may ask for the interview to be stopped.

Benefits of taking part in this study

There is no direct benefit to you for taking part in this study, other than you may enjoy sharing and talking about your experiences with the investigator. Your contributions will provide greater understanding of career choice among the upcoming generation of nurses. Sharing your experience will contribute to our understanding of both the process and many influences on career choice.

Costs and reimbursement

There is no cost to you for taking part in this study. At the end of the interviews you will receive a $20 gift card to thank you for sharing your experiences with us.

Privacy and confidentiality

To ensure confidentiality, you will be given the option to choose a pseudo name that will be used for all documents including audio files, transcripts, computer files, journal documents, publications or presentations. Your name and other identifying information will be removed and kept separate from the data. All papers will be identified only by your pseudonym. Identifying information will not be emailed to anyone at any time. All data, including tapes, transcripts, journals, and computer disks will be kept in a locked filing cabinet in a locked location, and all computer files will be pass word protected, which can only be accessed by the research team. The audiotapes will be erased after the discussion has been written out on paper. You will be given the option to maintain the hard copy of your journal. In this case, the researcher will ask permission to make a photocopy of your journal. Results of this study may be published and presented. Aspects of your story may be retold and/or particular quotes or items from your journal or interview may be used however, at no point will your name, or any other identifying information, be used. All paper files related to the study with identifying information will be held for 7 years and then will be destroyed/shredded. Audiotapes will be erased following transcription and analysis. Information will not be shared with anyone outside of the research team. No information that could reveal your identity will be given to anyone else, unless the investigator is required to do so by law. Only the principal investigator and PhD committee will see the records. The Research Ethics Boards at both the University of Toronto and Dalhousie University may also inspect and receive information from the study file for auditing purposes.

Study results

The results from this study may be shared through scholarly publications and presentations at conferences. If you wish to receive a copy of the final report for this study, please provide an email address or a mailing address where you would like the results sent.

_____

Non-participation or withdrawal from study
Participation is this study is voluntary. Decisions concerning participation or non-participation are confidential. If you do not wish to take part in this study, this decision will not negatively affect your position as a student. If you initially choose to participate and later decide to change your mind, you may terminate your involvement at any time and do not need to give any reason or explanation for doing so. Such a decision will not negatively affect you either academically or professionally.

Questions or concerns
If you have any questions about the study or any concerns after you take part you may contact Sheri Price (416-978-7165) or by email at sheri.price@utoronto.ca or Dr. Linda McGillis Hall at 416-978-2869 or by email at l.mcgillishall@utoronto.ca. You will be also provided with any new information that might affect your decision to participate or to continue ongoing participation in the study.

If you have questions about your rights as a research participant, please contact Zaid Gabriel, Health Sciences Ethics Review Office, University of Toronto, by telephone at 416-946-5806 or by email: zaid.gabriel@utoronto.ca or Patricia Lindley, Research Services Human Research Ethics/Integrity Coordinator, Dalhousie University by telephone at 902-494-1462 or by email patricia.lindley@dal.ca.

Thank you for your time and contribution to our study.

Sincerely,

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Project Title:

The Experience of Choosing Nursing as a Career: Narratives from Millennial Nurses

Voluntary Consent

I acknowledge that this study has been explained to me and that any questions I have asked have been answered to my satisfaction. I have been informed of my right not to participate and my right to withdraw at any time. I have been informed that I can decline any question during the interviews. The potential harms and benefits have been explained to me and I understand these. I have been assured that my personal identity will be kept private and confidential. I acknowledge that the interviews will be audio-recorded. I have been provided with a copy of this consent form.

Having read, understood and had a full explanation of this consent form, I voluntarily consent to participate in this study.

Participant Name (Print)	Participant Signature	Date
Name of Person Witnessing Consent (Print)	Witness Signature	Date

Appendix E: Demographic Form

Participant Pseudonym: _____

Date: ☐☐☐☐ / ☐☐ / ☐☐
Year Month Day

Date of Birth: ☐☐☐☐ / ☐☐ / ☐☐
Year Month Day

Sex: Female ☐ Male ☐

Education Level: _____

Focus of Post-Secondary Education: _____

Employment History:

Current Employment: Full-time ☐ Part-time ☐ Casual ☐

Other ☐ Specify _____

Previous Employment: Full-time ☐ Part-time ☐ Casual ☐

Other ☐ Specify _____

Were you born in Canada? Yes ☐ No ☐

If no, where were you born?_____

Did you complete secondary education (high school) in Canada? Yes ☐ No ☐

If no, where did you complete high school?_____

Appendix F- Journal Instructions

What to write in your journal:

- Write about your career choice experiences
- Write about your feelings regarding your career choice
- Write about your thoughts regarding nursing
- Reflect on the influences on your choice of nursing; the influences on your perceptions of nursing and your perceptions of careers in general
- Write about how you are feeling as you prepare to enter nursing school

Tips on writing:

- Write as neatly as you can
- Try to write in your journal once a week, and feel free to use as often as you like
- Write freely
    - point form (single words; brief statements; bulleted points)
    - sentences
    - stories
    - art work (sketches or drawing)
    - poetry

Appendix G: Semi-Structured Interview Guide #1

Thank you for agreeing to participate in this study. I am interested in hearing about how you came to choose nursing as a career. A large part of the interview will focus on the experiences, events and influences on your decision to be a nurse.

Do you have any questions before we begin?

Questions:

1. When I ask you to reflect on choosing nursing as a career what do you think about?

Potential prompts: Can you tell me how you got to this place of entering nursing school?
How did you come to think of nursing as a potential career choice?
What did you know about nursing: how did you come to know nursing?
What is the first thing you remember learning about career options?
In what ways do you believe these experiences influenced your choice?

2. What do you think were some of the influences on your choice of careers?

Potential prompts:
Who were the people that most influenced your career choice?
What roles did they play?
In what ways did they influence your decision?
What were the events that you believe most influenced your career choice and how did these events impact your decision?

3. Can you describe your experiences with other career options?

Potential prompts:
What experiences and exposure have you had with other careers?
How have these experiences influenced your decision?
How did you decide what was the best choice for you?

4. What was important to you in choosing a career?

Potential prompts:

What were the factors you considered in choosing a career? (training, salary, employment security, flexibility, nature of the work etc.)
What was it about nursing that fit with your expectations of a career?

5. Can you describe your process of choosing a career/choosing nursing?

Potential prompts:

When did you first start to think about what you would be when you grew up?
What were the first steps you took towards exploring this option?
How did you go about making this decision? Was there one decisive moment?
Who did you speak with? What information did you access or refer to?

6. What do you think of when you think of entering nursing school; becoming a nurse?

Potential prompts:

What do you think it will be like?
In which ways do you think it may be similar or different to your expectations?

7. If you knew someone who was interested in nursing as a career, what would you tell them?

Potential prompts:

Has your own interest in becoming a nurse influenced any of your friends/peers?
How would you advise someone who was interested in nursing?

8. Can you think of any other events, people, experiences that have influenced your decision to be a nurse?

9. Is there anything else about your career choice experience you would like to tell me about?

10. Do you have any questions before we finish?

Thank-you for sharing your story and for participating in our study

Appendix H- Semi-Structured Interview Guide #2

Preamble:
Many questions during this interview will be based on the participants' journal entries and preliminary analysis of the first interview. I will use this interview to discuss points that need further exploration. In addition, the participant will be given time to elaborate on items from the first interview of from their journal items that are significant for them. I will also use the first interview guide to seek further clarification on items.

Introduction:
Thank you for joining me again to explore you experiences in choosing nursing as a career. There are so many experiences across our lifetimes that can influence career choice that it is often helpful to come together for another session once you have had time to reflect.
Today's interview will provide an opportunity to discuss your journal and also review some of the experiences you shared during the first interview.
Do you have any questions before we begin?

1. Can you tell me about your experience in keeping a journal

Potential prompts:

Is there anything that you wrote about that stood out in your journal?
Is there anything that surprised you in keeping your journal?
Is there anything that you did not write in your journal that you would like to talk about now?
What are your thoughts and feelings as you go through your journal with me today? Does anything stand out for you? Does anything surprise you?

2. Can you share any other memories you have had about coming to know and choose nursing as a career since our last meeting?

Potential prompt:

Have you been able to recall any other events, people, experiences that have influenced your decision to be a nurse?

3. How has sharing your experiences in choosing nursing impacted you; your view of nursing; your expectations of entering nursing school?

Potential prompt:

Has it changed your perspective of nursing in anyway?

4. Can you describe anything that may have been helpful to you in choosing a career?

Potential prompts:

Is there any information you wish you would have had?
Are there experiences that you believe are important for individuals thinking of choosing nursing?
Can you identify any resources that may be helpful in choosing careers in general?

5. How do you believe your career choice experiences will impact your career?
6. Do you have anything else you would like to share?

Thank you for sharing your story and participating in our study.