

Title: Two nurse teachers reflect on acquiring their nursing identity.

Abstract:

As nurse practitioners, educators and researchers, we all live within a changing landscape of nursing profession. There is a continuous search for a clear definition of what nursing is and what role it plays on the social and political stage. One way to approach the task of delineating our professional identity as nurses is through individual self reflection on and sharing of our personal narratives. This exploration may be attained through Narrative Inquiry, which is at once the method and the phenomenon of study. It is based on Dewey's (1938/1963) notion that life experiences are the building blocks of who we are in the world. Through telling and retelling of these life experiences, we are then able to gain deeper understanding of our place in the world and of who we are as individual nurses. Connelly and Clandinin (1999) also postulate that we bring all of our personal life experiences into our professional life. Consequently, by examining what each of us brings to the profession we learn about our professional selves and become clearer on what nursing is and what it does. Similarly, by striving to understand our individual professional identity we as nurses contribute to the creation of nursing profession as a whole.

Key words: identity, nursing, personal, professional, narrative

Introduction

Nursing, as a profession, has struggled with its identity since its inception as an organized professional endeavour. The caring aspect of Nightingale's nursing, in the late 1800s, fell short of distinguishing nursing as a profession of value and respect in society at large. Throughout the early to mid-twentieth century nursing, along with other sciences, turned towards "applying the achievements of science and technology to the well-being of [human]kind" (Schon, 1983, p. 31), where the ill person was treated simply as a body void of emotion, feelings and spirituality. From this viewpoint, often referred to as the medical model, the sick individual became something of a scientific specimen to be studied in terms of disease and hence, advancement of scientific knowledge. The alignment with the medical model of technical rigour, however, seemed to help nursing become valued and recognized as a scientific discipline (Schon, 1983). Kenny writes, "being engaged solely with patients' physical needs aligned with the medical model, to an expression of an humanistic care, an interpersonal process which took account of wider psychological needs." (2002, p. 66-67). The increased societal and political profile seems to have resulted in weakening of the caring component of nursing (McSherry, 2000, Watson, 1996).

In the latter part of the twentieth century, with the mushrooming of various health disciplines, nursing as a profession, became aware of its need to clearly delineate its boundaries of practice and to differentiate itself from other healthcare professions. The general consensus on this issue was to distance the nursing profession from that of the

medical. From our perspective, two major views on how to achieve this goal and in which direction to move seem to emerge. One viewpoint appears to focus solely on reinstating caring as the key component of nursing as that, according to its proponents, is what differentiates nursing from other healthcare professions (Bevis & Watson, 1989, Watson, 1996, 1999, 2000). The other perspective seems to turn towards advancement of technology and distance learning. Its subscribers are convinced that this is a sure way for nursing to achieve its rightful place in the future of healthcare (Atack 2003; Sanderson & Atack, 2004). We suggest however, that in order for nursing to find its path to a healthy future, we first try to comprehend its professional identity before heading down any one predetermined path. From the narrative standpoint, we propose that nurses ought to look at nursing's component parts, individual nurses and their personal stories. In other words, we ought to "begin with ourselves" (Hunt, 1987).

There are several theories on how nurses acquire their identity. For example, Fagermoen (1995) asserts that the nurse comes to understand who s/he is based on what is considered as meaningful in her work, which is guided by her beliefs and values. According to Shuval (1980), on the other hand, there are three stages in the process of professional socialization. There is the pre-socialization stage of which the nature of the students and the cultural image of the [nursing] profession are the considerations. The formal socialization consists of the cognitive realm during which students search for the "right" answer and learn to behave in an appropriate professional manner. Finally the post-socialization stage depicts the time after formal socialization in one's schooling until retirement, during which the "outcomes" of socialization are examined. The formation of nurses' professional identity can be understood from their stories. Stories are tools, which

help us to unravel the meanings within our life experiences that we bring into our professional situations. In narrative inquiry we speak of *personal practical knowledge* and its significance in our professional lives (Connelly & Clandinin, 1988). For Connelly and Clandinin (1988), research, life and learning are intimately related: “thinking is inquiry, inquiry is life and life is education” (p. 10). Experience does not only occur within the person for her/his formation of attitudes of desire and purpose but also changes the objective conditions under which subsequent experience takes place (Dewey, 1963). In this manner, nursing has built on its experiences and thus has evolved over time in its scope of practice as a self-governing professional body. As is the experience for a profession, so it is for its component parts, the individual nurses. To use the metaphor of a woven rug, each nurse’s story is a thread that, on individual basis, is simply a piece of thread. However, weaving these threads together creates a colourful pattern of a rug. Thus, following this metaphor, individual nurse stories may create meaning for the whole and so shape the identity of nursing profession itself.

In this article we, the authors, share with you our own threads in the form of two stories on how we each attained our nursing identity. By looking at our personal stories we explore our own views of who we are as nurse teachers, and what each of us brings to the profession. In this way we may become clearer on the issue of what nursing is and what it does. Our two narratives illustrate a snippet of our in-depth reflective process as we journey to a deeper understanding of our professional identity.

Although unique to each of us, we understand that aspects of our stories may resonate with familiarity for others. Jasna shares a story of her orientation week at a

hospital-based nursing program on the west coast of Canada, while Angela explores her challenge in intermingling her nursing identity with that of her ethnic one.

Methodology

Clandinin and Connelly's narrative inquiry (2000) underpins our exploration into our personal and professional stories of experience. The lineage of Connelly and Clandinin's narrative research reaches back to John Dewey's (1963) philosophy on experience. Dewey (1963) writes, "every experience enacted and undergone modifies the one who acts and undergoes, while this modification affects, whether we wish it or not, the quality of subsequent experiences" (p. 35). Connelly and Clandinin (1988, 1999) build on this notion of experience and suggest that it is through the telling and retelling of our life stories, and reflection upon these, that we learn about who we are, where we have come from and the possible directions of our future actions. These researchers further suggest that if every experience impacts all future experiences, and if we learn our personal identity through the stories of these experiences, then knowing who we are personally allows us to understand ourselves professionally. Additionally, Clandinin & Connelly (2000) assert that what we know as a teacher and as a person lies in the expressions and understandings of our own and others' stories. Consequently, these stories of experience consist of both personal, reflecting a person's life history, and social, reflecting the professional contexts in which teachers live. This implies that nurse educators' perspective of nursing is shaped by both the personal (internal) and the social (external) influences, thus impacting what and how they know (Chan, 2001).

In this article we apply Connelly and Clandinin's (1988, 1999) narrative inquiry framework as we explore how nurses' personal life stories contribute to the shaping of professional identity of nursing education and practice. More specifically, we address the relationship between narrative, experience and identity as they played out in the professionalization of nursing. Through narrative as a methodology, we bring light to our construction, *telling* of our stories, and the reconstruction, *retelling* of our stories, with the intent to learn about our own professional identity and through that knowing, to learn about the identity of the nursing profession as a whole.

Following our two accounts we explore the common threads that run through both of our experiences, while noting the uniqueness of each. In the manner of narrative inquiry, we, the authors, reflect on these stories with the intent to deepen our understanding of how our nursing identity was formed. We conclude by looking at how our personal stories may shed some light on the nursing's professional identity.

As narrative researchers we believe that "it is the reader who bestows her/[his] unique meaning onto the story as related to her/[his] own present life situation, her/[his] history, and her/[his] desire for the future unfolding of events" (Schwind, 2004, p. 197-198). The following stories then, may call up the reader's own personal narratives to be examined and explored (Schwind, 2004). In this fashion we hope to inspire our colleagues to explore their own stories of "becoming nurses".

Jasna's Story:

It is 1975. Having immigrated to Canada six years ago, I am still looking to belong. I apply to nursing school as it promises to offer me a

tangible space where I may recapture my sense of inclusiveness once again. Living in nurse's residence with my classmates will allow me to study about health and illness while surrounded by a supportive family of friends.

September 6, my very first week in the nursing program. I don't know anyone yet. This morning all the students are invited to attend the general information session. The large room where we are gathered is full to the brim with energetic bodies. We are a class of hundred-six young girls most of whom are recent high-school graduates. The director of nursing, a mature woman with graying hair and an imposing figure welcomes us into the program. She gives us the rules and regulations of what is considered to be proper and professional conduct by student nurses. The director tells us that we each represent the school and the nursing profession, and thus must follow strict professional code of conduct so as not to bring disgrace to either. Professional appearance too, is addressed: the hair cannot touch the uniform collar; the watch has to have large readable numbers. Personal grooming is discussed in embarrassing detail.

One of the exciting tasks that takes place this first week is uniform fitting. The light blue uniform with short, white-cuffed sleeves, is to be my first visible identity as a nurse in training. This clear identification prevents anyone to mistake me for any other healthcare professional. At

this time I am also given a pair of nursing scissors and a stethoscope, each engraved with my name. All these are to become part of my full uniform, my visible identity.

On Friday afternoon, I find a note on my residence door from my Big Sister, a nursing student three months my senior, that welcomes me and tells me about the “initiation night”. Probies, being “baby” nurses, are to dress as such, and that evening our whole class is to parade around the neighbourhood declaring to the “outsiders” that we are coming on board into the field of nursing.

On Saturday I go home to share my excitement with my family. My mother’s friend, Mara, comes over for a visit. She has just recently had abdominal surgery and, now that I am a nurse, she is happy to show me her relatively fresh incision. Mara asks me what happens to the area where the body organs are removed. She feels that, now that I am a nurse, I should know the answer. After feeble protests that I just started my nursing program I feel compelled to hazard a guess. Mara smiles, satisfied with my speculation.

Within that first week I am immersed into a new, professional family. I have a sense that I am being groomed to “fit in”. Very quickly the receptors of the profession open, those of us who fit are attracted to them and so latch on. Some classmates do not last past the end of the month. They discover that nursing is not for them.

Angela's Story:

I emigrated from Hong Kong during my early adolescent years. The Chinese cultural identity was intertwined with my Canadian schooling in both high-school and university. There is an intricate link in my learning between who I am as a person with a Chinese origin and who I am as a nurse educated in Canada.

Prior to our immigration to Toronto, mother gave me a jade bangle. She said, "It is a Chinese tradition to wear it, and it will protect you from any danger." Initially, this bangle was a burden for me. I worried about accidentally damaging it during my daily chores and activities. But as time passed, I grew accustomed to its presence. The bangle became very much a part of me. It clung to my left wrist and accompanied me everywhere.

It was at the end of our first year nursing program that we began our "real life" nursing practice in the hospital. I was excited and listened attentively to my professor's instructions. Each of us received a handout, written in bold black print, about the uniform rules and regulations. The professor told us about the expected professional conduct and appearance. We were to purchase a "nursing watch" which was to be pinned to our uniforms. Her statement, "No nurse, with a proper attire, should be wearing any jewelry" caught my attention as it projected clearly to the back row of the room where I sat. Hearing those words, I experienced a sense of uneasiness. I did not quite know the reason for the

feeling but soon realized it had to do with my bangle. I do not recall the professor's exact words, but the rationale for possible transmission of micro-organisms lingered in my mind. I tried to understand the rule from her point of view, and yet, I did not want to part with my bangle.

After class, I walked home, feet dragging on the concrete pavement. When I arrived I quickly ran upstairs to the bathroom. I lathered and lathered my wrist and the bangle with as much soap as I possibly could, thinking that perhaps the quick decision to remove it could ease the pain. As my wrist was turning more and more red, the tears welled up in my eyes and streamed slowly down my cheeks. The bangle would not come off my wrist. It had truly become a part of me. There was so much pain – a mixture of what I felt in my heart and on my wrist.

When mom finally learned about my predicament she suggested I speak with the professor. I responded to her in a weeping voice that those were the rules and regulations and my professor would not be pleased if I did not abide by the code for the "proper attire". I knew what I needed to do but felt trapped.

It was a confusing and difficult moment when I finally realized that my bangle had become two morsels of hard, cold stone lying lifelessly by the sink. I sat there in silence, wondering about why I broke it. (EAC journal entry, May 1978).

Meaning-making: Exploring the Threads

In re-reading our stories one of the common threads that stands out for us is that in both of our nursing classes we were predominantly “young girls”. In Jasna’s story nursing is represented by an old crone, the director of nursing. Jasna has an image of young girls being given away to this wisewoman to be put under her wing and to be trained to become just like her: proud servants to fellow human beings in need. For us, this notion alone speaks to who looks after our ill. In today’s landscape of healthcare it seems to be more and more difficult to find mentors, nurses with years of knowledge and experience, for our new nurse-graduates to emulate. Although a deeper issue in and of itself, in the context of nursing identity, we feel that lack of mentoring negatively impacts nursing’s identity.

On a related note Angela’s student, a recent nursing graduate, told her of the stress she experienced as part of her transition from being a senior student to become a full-fledged graduate. The student said that as soon as she put on the “graduate” uniform she experienced a tremendous amount of self and other imposed expectations. We believe that an ongoing opportunity for her to engage in a reflection of her personal narrative within her professional context, would enable her to manage the transitional period between student and graduate nurse.

Another thread that comes through for us is one of belonging. Both of us are immigrants, one from southern Europe and the other from China. We came to Canada at a very critical age in our personal and social development: early teens. This is a challenging time for everyone, even those kids who grow up in one community, let alone

for those of us who change countries, cultures, and languages. During the teen years, where young people strive to develop their own identity, both of us had an additional challenge of bridging the gap between our birth cultures and the new adopted one. By entering the nursing school we added a further dimension to our struggle of trying to belong and to fit in. This concept is vividly demonstrated by Angela's story where her inner conflict became personified in the jade bracelet which she tried to desperately force off her hand. Angela wanted to be what the culture of nursing demanded of her. She wanted to belong. Eventually the bracelet broke into pieces, and Angela belonged. But, at what cost? To her it felt like a sacrifice that she had made in order to fit into another culture, that of nursing. Angela experienced with intense emotions, the feeling of crossing yet another cultural boundary, from being who she was --- to who she is ---to what she wanted to become professionally. There was a conflict in wanting to be the same as others but also wanting to preserve some part of herself, which honours her uniqueness.

When Angela retold the story of her bangle she realized that there was an assumption that she had made about the two cultures, nursing and her unique cultural heritage, as being different and dichotomous. Unequivocally, at a first glance, it made logical sense for them to be different, and thus to not coexist. But, through her clinical experience as a student and her ongoing search for what nursing means to her, Angela realizes now that this lived tension became the impetus for her to query where she is in the care of the patients. She recognizes, as she continues to work with patients in their vulnerable states, that the nursing culture is in fact a human culture. Nursing is not only about the systematic process, the biomedical model, represented by natural science but

also the existentialism and humanism found in nurses' everyday encounters with patients and their families, the human science. While these two paradigms/cultures are seemingly opposite, they are complementary. For Angela this notion is underpinned by the Chinese philosophical perspective, the Yin and Yang polarity (Rawson & Legeza, 1995). The coexistence of these opposing forces is only possible because of their unity and balance. The retelling of her story brought out for Angela the learning about the dialectic relationship between the natural science and human science embedded in nursing (Chan, 2002).

Today, as an adult, she has revisited her original story and reflected upon it. She has since then created a new identity for herself, based on the reflection that integrates all three cultures, Chinese, Canadian, and Nursing, into a satisfying blend. Angela feels that her identity today is reflective of who she is, a multidimensional being. She realizes that she does not need to give up one in order to embrace the other, as she had thought over two decades ago in her first year nursing class.

Yet another thread that stands prominent for us is the tension between uniqueness and conformity. Nursing, in the late seventies, seemed to possess a sense of clear identity and pride. The new "recruits" were socialized into the new community of nursing from day one through the clear guidelines of professional appearance and conduct. Although, to some, this type of introduction into a profession may appear to be too regimented and militaristic, for many nursing students however, it provided a professional sense of belonging. This professional community became the landscape where the ideologies of conformity played out in relation to individual differences. Each of the hundred-six

students in Jasna's nursing class brought with her her own personal history, and yet each was expected to shed that individuality for the professionally pre-determined conventionality. For Jasna, the socialization into nursing was a welcome process. She grew up in a culture where *individuality* was superceded by *community*. Jasna was happy to give up her individuality for the training and the learning that would benefit the good of others, and especially the infirm. This socialization did come at a cost. The new recruits simply became components of the greater whole and so dehumanized. This version of professionalism seemed to parallel the mechanistic model of patient care of that time period. As mentioned earlier, the patients became cogs on a wheel, and their bodies were dissected into its component parts. In other words while a strong socialization into a community provides a sense of safety it does strip the uniqueness off its individual members.

The sacredness of the rules and uniformity of that era seem to have robbed the person's individuality thus nullifying the significance of her experiences in relation to the values and the beliefs held by the nursing profession. We believe that the greater the gap between the individual's personal and professional values and beliefs the lesser the chance of assimilation into that profession. We realize that when students start their educational paths as nurses, the process of transition begins (Fagerberg & Ekman, 1998). Certain roles and responsibilities inherent in being nursing professionals may become paramount. Students could experience difficulties in integrating their personal selves into a professional role. In Jasna's story we read that some of her classmates quit only a month into the program. Either their personal values and beliefs were vastly different from that as presented by nursing or they protested being "trained". Those who stayed in

the program fell right into the scripts of the social expectations, and so repeatedly rose to announce their compliance with the rules of the profession.

We are aware that we have continued living the prescribed nursing identity with a focus on rituals, procedures, systematic process and specialization for the past years. While this script for our uniformed professional knowing and living presumably set us apart from the other health care professionals, it inevitably created a boundary. At a first glance it may have promoted a sense of belonging, for which new immigrants, like us, yearned. It may have provided us with a focus, stability, and much needed certainty. However, we found ourselves more confused by, and smothered under, these strict rules and regulations. Consequently, we concur with Lewis (1998) and Fagerberg (2000) that the learning environment is crucial for the development of a nursing identity.

The fourth thread of interest to us addresses the professional responsibilities. On the first weekend home Jasna experienced the responsibilities that are part-n-parcel of being a member of the Nursing Profession community. Her mother's friend who recently had abdominal surgery was the first to demand of Jasna to demonstrate her professional knowledge, which she had not yet had a chance to acquire. Jasna learned quickly that by simply signing up for the nursing program seems to suffice for some to make assumptions about her nursing expertise as based on the reputation of the profession itself. This became Jasna's first lesson that, along with the privileges of being a member of the nursing profession, the responsibilities to uphold its high standards rest on each and every one of its individual members.

The notion of joining a professional community is akin to being initiated into a new tribe, in this case a professional one. In the tribal ceremonies the helpers often assist the uninitiated through this transition. In nursing of the late seventies “big-sisters” helped the younger students assimilate into the new culture. The ritual, a form of “rites of passage”, was the initiation of the new class and a symbolic way of announcing to the society at large that the new members have joined the nursing profession and are to be recognized as such from that day on. The outward signs of nursing, like the uniforms, were declarations to others that we were dedicating ourselves to the life of nursing. Interestingly, we had become oblivious to the individual differences by promoting the “sameness” within the profession. Ironically, to us and many others, the nursing parameters set in those days made us different from other groups at the expense of our individuality.

Today’s student-nurses have a different introduction into the nursing profession from that seen in Jasna’s story. The ritualistic and conformist approach of the nursing profession from the seventies has given way to an individualistic relationship to the profession. In the fifteen years of teaching in a college nursing program Jasna has seen the uniform guidelines evolve from white to pastels to multicoloured, and the nursing shoes have given way to “clean white running shoes”. The jewelry code now includes specifications regarding nose rings and tattoos. This is not only so with the nursing students but also with graduate nurses as well. In the desperation to bring their own uniqueness to the nursing profession these relaxed guidelines, in our opinion, have succeeded to fragment our nursing identity. Jasna recalls a student who, thinking that she was talking to a registered nurse, began to discuss her patient’s health plan with a

housekeeping staff. The student told Jasna later that it was difficult to know who is who when there is no uniform designation and the identification cards are pinned low on the pocket.

We wonder if the lack of strong professional “rules and regulations” about the physical appearance of its members has contributed to developing a weaker professional identity thus making nursing more vulnerable to the loss of its clear scope of practice. Perhaps this step of nursing’s evolution has in turn led to the question: “What is that special thing that nursing, and no other discipline, does?” Delineating the answer to this question may move us closer to understanding the meaning of nursing, of who we are as nurses, as our nursing identity is intimately linked, not only with our appearance, but also with what we do. It seems that it is this uncertainty of what we do that is endangered and is causing us to wonder who we are as a profession, what our role is in the healthcare system, and thus what is our identity.

Discussion

Buber (1965) speaks eloquently about human uniqueness of each person. Uniqueness is a universal capacity of the human species. While each person is unique, paradoxically s/he is also like her/his fellow persons. The uniqueness is a characteristic of her/his commonality with all other persons. Nursing is about recognizing both the commonalities and differences, which underpin our relationships with each other. Thus, our current meaning of nursing is broadly defined to include expert knowledge, competent technical skills, meticulous professional appearance as well as professional interaction with patients on a human level (Schwind, 2004).

In postmodern nursing we are starting to more fully recognize, not only our patients' individuality, but also our own uniqueness as persons who are also nurses. Many of Angela's nursing students find this movement towards learning about themselves valuable as they were concerned about the lack of personal elements within the nursing profession. Some of them recorded this realization in their journals as an "epiphany". Angela is pleased that the learning from her story of the bangle resonated with her students, and thus was not in vein. She now realizes that she was never alone in the process of wishing to balance between the sameness and the difference. Her once lost cultural identity, at the expense of nursing, was actually enriched as she continued to live nursing as a nurse and as a person. She did not lose who she was, but has come to better appreciate nursing based on the "lost". The experience from this transition could be educative or miseducative (Dewey, 1938). The telling and retelling process of narrative inquiry can provide a better understanding of the perceived "miseducative" experience within contexts and over a temporal dimension.

Humanistic nursing embraces a nurse's existential awareness of self and of the other. However, Schön (1983) has argued that the use of technical rationality in the practice of professionals is a misconception of what professionals do. Their knowledge is not the knowledge of science, research-based theory, and the application of scientific theory and technique but is the knowledge of practice. The presumed objectivity of science, the doing of science, is actually compatible with art and its imaginative complexity in the study of practice (Connelly and Clandinin, 1999). In essence, science cannot be reduced to techniques and be taught acontextually. The problem does not seem to rest in the doing of science but in how nursing has utilized the technical rational

approach in its early revolution of education and in its progress toward professionalization. The revival of caring in the nursing education movement reflects an understanding of the nature of human wholeness, the nature of human-universe relationship and the nature of health based on hermeneutic/practical and critical/emancipatory paradigms (Chan, 2001). The traditional nursing paradigm, based on medical, empirical science, which evolved from natural science has given way to an alternate paradigm whose essence is found in human science (Chan, 2002).

Conclusion

In retelling and reliving our stories we also turned the initial negative perception of the “prescribed identity” into a positive understanding in that it is of utmost importance for us to be socialized into the meaning of nursing (Shuval, 1980). As nursing continues its professional pursuit, it needs its unique body of knowing. We believe that the constant expansion of nursing knowledge is supported by learning more about ourselves through stories of personal and professional life experiences. We suggest that nursing students need to be socialized into the bicultural experience of natural science and human science where the latter will place more emphasis on the uniqueness and individuality of both the patient and the nurse (Chan, 2002). Who we are and who we were, are integral to nursing culture since we are “present” in care with the patients. Understanding how our personal life stories shape our relationships with our patients and students informs their continuous learning about the meaning of nursing as a profession (Schwind, 2004).

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