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A Study of the Interplay between New Graduate Life Experience, Context, and the Experience of Stress in the Workplace: Exploring Factors towards Self-Actualizing as a Novice Nurse

by

Shannon Suzanne Dames

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Abstract

Prolonged levels of stress and feelings of insecurity in new graduate registered nurse work environments are an expected part of the transition experience, yet we continue to see high rates of emotional exhaustion leading to burnout. There is a significant amount of literature on the sources of new graduate stress. However, research is lacking regarding what makes one nurse more vulnerable than another within similar work environments. This qualitative study explored the interplay of life experiences that enable and disable eight new graduate nurses from engaging in the process of self-actualization or thriving. Three prominent themes emerged as significant factors that influence the new graduates' ability to engage in self-actualization. Developmental factors were significant in the capacity to manage workplace stressors and included congruence from their childhood experience or time in their young adult life where they engaged in relationships that provided unconditional positive regard, the habitual practice of self-compassion, and the ability to resolve areas of moral and ethical dissonance. Biological factors also buffered the experience of stress in the field, which included age and having a personality suited to their nursing role. Finally, contextual factors included having a trusted mentor at work, feelings of meaning and purpose within another life role, threats of emotional and physical violence in the workplace, workloads that took novice inefficiencies into account, limiting redeployment, and work schedules that allowed for adequate rest between sets. These insights inform nursing curriculum and transition programs by deepening the understanding of the interplay between previous and current contexts and the experience of stressors that are endemic in the workplace.

Keywords: stress, burnout, nursing students, novice nurses, new graduate nurses, nursing education, surviving, thriving, self-actualization, transition support, resilience.

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Finally, to my late Grandma Doris, you saved my life in countless ways, and I will forever be grateful for your continued presence in my journey. I miss you terribly and while I wish I could thank you in person, I know I will have my chance one day. *You are my inspiration.*

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CHAPTER ONE: Introduction

Overview

New graduate nurses represent the future of the nursing profession; yet, we continue to grapple with the reality that they are struggling to thrive, even survive, in their first few years of practice (Suzuki, Tagaya, Ota, Nagasawa, Matsuura, & Sato, 2010). As a professional nurse, I have personal experience walking the new graduate path. Additionally, as an undergraduate nurse educator and new graduate mentor, I continue to observe these same challenges first hand. I am optimistic that we can do better to enable these new graduate nurses to move beyond merely trying to survive the workplace, and toward thriving in the self-actualizing process. I see this issue as an ethical imperative to bolster our efforts to adequately prepare nursing students for the stressful journey that lies ahead of them. Relating Maslow's (1971) definition of self-actualization to nurses, it translates into a calling that goes beyond obligational tasks and surviving each day. Meaning in their day drives the most self-actualized nurses; they are inspired to contribute to their patients, nursing team, and wider communities.

In this study, I aimed to uncover how factors such as new graduate life experiences, engagement with the undergraduate nursing curriculum, and employer support interplay, or to what extent they effect one another, to enable and disable the ability to self-actualize in the novice registered nurse role. To be specific, aligning with the majority of new graduate literature, I consider a new graduate nurse, or novice nurse, a baccalaureate prepared registered nurse with less than two years of professional practice experience. This time period was chosen based on the literature, whereby a majority of the transition from doing, being, and knowing takes place in the first year of professional practice (Duchscher, 2008).

In this first chapter, I introduce the study by providing the background, problem, purpose, and my research questions. Additionally, I outline the theoretical framework, my context and lens as the researcher, the nature of the study, and the importance of the work.

Background

International research trends, spanning over this past decade, demonstrate that the majority of new graduate nurses experience severe levels of emotional exhaustion from job conflicts and stress (Cho, Spence Laschinger, & Wong, 2006; Laschinger, Borgogni, Consiglio, & Read, 2015; McKenna, Smith, Poole, & Coverdale, 2003; Parker, Giles, Lantry, & McMillan, 2014; Spence Laschinger, Finegan, Shamian, & Wilk, 2004). As a result, the new graduate nurses attrition rates remain alarmingly high with up to 30 percent leaving in the first year of practice and up to 57 percent by the second year (Laschinger, Grau, Finegan, & Wilk, 2012); Chandler, 2012). Based on this literature, the workplace setting for new graduates appears to be an emotional battlefield. A common stressor reported in the literature is the power struggles between new graduates and more seasoned nurses, with condescending scrutiny causing new graduates to doubt their competencies (Lively, 2000; Porath & Pearson, 2012). Furthermore, Griffin (2004) found that there was pressure to keep pace and prove their competency, but based on their novice nature they have not gained the efficiencies to do so. The consequence of not earning the approval and respect of more experienced nurses affects their feelings of emotional security, and their ability to ascertain more favorable schedules and nursing roles (Griffin, 2004).

Pervasively stressful work environments have significant adverse physical and mental health impacts on workers (Leiter, Price, & Spence Laschinger, 2010). Due to the effort-reward imbalances contributing to burnout, some nurses will change work settings, some leave the profession altogether, and many remain working despite their burned out condition (Boamah &

Laschinger, 2016; Currie & Carr Hill, 2012). In addition to the impacts on individual nurses, stressful work environments impact team morale and have steep financial costs to fill vacancies (Rush, Adamack, & Gordon, 2013). This research study aimed to understand the contextual factors that interplay to impact how new graduates manage stress and their resulting ability to engage in the self-actualization process as a novice nurse.

Self-actualization. Based on the interweaving of terms in the literature, for this study, I used the terms thriving and self-actualization interchangeably. The student to professional journey requires a transition into a new role, which Taylor and Dell'Oro (2006) liken to learning to dance to a new rhythm.

> Having and displaying integrity is more a matter of being able to move in ways that are consistent with the originating and developing themes of our lives. Teachers, guides, and practice make us better dancers because they help us listen more carefully and follow the music we hear more confidently. We learn which movements fit the rhythms and which do not. There is rarely just one way to enact an excellent dance to fit a particular melody— and sometimes, when we have learned to hear the music more clearly, to understand it more deeply, we find that we have to change our steps. (p. 95)

On a similar note, Desmond (2012) explained this artful process as a living intelligence that is "open, attentive, mindful, and attuned to the occasion in all its elusiveness and subtlety" (p. 192). He described the experience as one that contributes to the situation and receives fulfillment in the same moment. This description also applies to everyday clinical moments, when a nurse takes an opportunity to give and to receive or to fill and to be filled. It implies a certain degree of flexibility and a sense of security within the culture of nursing. This culture would provide an environment of grace for novice nurses to find their footing. There would be room to learn from

mistakes and opportunities to adjust their steps to attune to their unique rhythm.

A characteristic of self-actualization is the subconscious need to achieve, which Rogers (1951) articulated as "one basic tendency and striving - to actualize, maintain, and enhance the experiencing organism" (p. 487). A self-actualized individual is one in whose:

> Contact with reality is simply more direct. And along with this unfiltered, unmediated directness of their contact with reality comes also a vastly heightened ability to appreciate, again and again, freshly and naively, the basic goods of life, with awe, pleasure, wonder, and even ecstasy, however stale those experiences may have become for others. …For such people, even the casual workaday, moment- to- moment business of living can be thrilling, exciting, and ecstatic. (Maslow, 1968, p. 214-215)

Meaning and contribution direct the motivations and actions of these individuals as they feel pulled toward a cause extending beyond themselves (Maslow, 1971). Conversely, when one is unable to transcend towards self-actualization due to an unmet primary need, they will experience dissonance or stress until the unmet need can be satisfied (Maslow, 1943).

Based on Maslow's (1954) defining elements of self-actualization, they accept their fallible human nature and demonstrate a tolerance for uncertainty and ambiguity in the workplace. These nurses have significant interpersonal work relationships and freely accept their colleague's spontaneous thoughts and behaviors. They have a clear sense of reality and an objective tolerance for the incongruent nature of nursing ideals. They take on unpredictable events with creativity and a sense of humor. Finally, they continue to feel an appreciation for life, despite its unpredictable nature, and look forward with optimism to the limitless opportunities on the horizon (Maslow, 1954).

The self-actualizing process centers on the ability to engage with life from an authentic or congruent place (Rogers, 1959). I elaborate on congruence in the theoretical framework section below. Relating to authentic living, Rowen (2015) described it as an honoring of the intertwining connection of the mind, body, and spirit. It involves taking ownership of one's life and motivation to participate in life fully. One's internal compass guides them, whereby they see the world and actions in the world through their eyes, rather than the eyes of others (Rowan, 2015). Finally, it enables them to reach a level of fulfillment that transitions them from looking solely at their needs to the needs of others (Starcher, 2006). Conversely, when motivated by a role ascribed to them by others, they act from an obligation to gain approval and are consumed with having their own needs met.

Within the nursing literature, I frequently use self-actualization interchangeably with the concept of thriving. Both share definitions using similar descriptors. For example, those who are thriving feel alive, full of energy, and optimistic about their progress or learning (Mortier, Vlerick, & Clays, 2016; Porath, Spreitzer, Gibson, & Garnett, 2012). To illustrate this point further, Stock (2017) performed a study that asked 12 registered nurses how they defined thriving. The results closely align with Antonovsky's (1979) sense of coherence concept and the cognitive components of self-actualization. The study found that meaning was the most valued characteristic, which encompasses the idea that life demands are worthy of engagement and their degree of motivation to succeed. Secondarily, manageability was the next most significant characteristic. Manageability is the felt sense that the novice nurse has adequate resources to cope. Finally, though participants refer to comprehensibility the least, it was still significant. This short list of characteristics aligns with my theoretical framework, which also addresses

meaning, manageability, and comprehensibility as factors that influence engagement in self-actualization.

The qualities of self-actualization are significant in this study of novice nurses. Based on Maslow's (1954) definition, those that engage in self-actualizing as a new graduate registered nurse may be less likely to experience stress from role ambiguity, interpersonal tensions, and the unpredictable nature of nursing work. Abraham Maslow's hierarchy of needs (1943) described the requirements necessary to engage in the journey towards self-actualization, which I elaborate on in the theoretical framework section. This study informs potential solutions that can assist new graduates to find their rhythm by engaging in this self-actualizing process while navigating the stressors they encounter in their workplace.

Problem Statement

There is a significant amount of literature on new graduate sources of stress. However, research is lacking in regards to what makes one nurse more vulnerable than another within similar work environments. Few studies explore how previous life experience, undergraduate curriculum, and transition program efforts interplay to affect surviving and thriving as a new graduate nurse. To address this gap, I investigated how previous life experiences and the commonly reported stress triggers interplayed in the new graduate work environment. Additionally, I aimed to explore the supports they identify as the most influential as they move through the work entry transition. Furthermore, the participants provided insights into what elements promote their ability to thrive as a novice nurse.

Purpose

The purpose of this qualitative study was to gain an understanding of context and the previous life experiences of new graduate nurses might enable or disable engagement in the

process of self-actualization within the first year of nursing practice. Additionally, this research aimed to uncover how these life experiences, engagement with the undergraduate nursing curriculum, and workplace context interplay to influence their ability to thrive or self-actualize. The study built upon existing literature to inform solutions to the established problems that continue to promote high attrition rates and burnout. Ultimately, I aimed to gain insight into factors that impact engagement in the process of self-actualization to inform novice nurses, undergraduate educators, and transition program administrators.

Research Questions

The primary research question, guided by the problem and purpose of the study, is: How might the unique life experiences and contexts of new graduate nurses interplay to enable or disable their ability to engage in the process of self-actualization as a novice nurse? The following three sub-questions support the overarching research question:

1. How might previous life experiences enable or disable the ability to thrive in the workplace?
2. How might contextual workplace elements enable or disable their ability to thrive?
3. How might undergraduate curriculum efforts enable or disable their ability to thrive in the workplace?

Locating the Self as Researcher

This topic of research is professionally and personally relevant for me as a registered nurse who has walked the path from novice to expert, and as a mentor who supports students and new graduates on their journey. I have experience in medical, surgical, emergency, forensic nursing, and numerous areas of public health. I have served as a bedside nurse, manager,

consultant, and educator. Currently, I am teaching in an undergraduate nursing program, and continue to nurse at the bedside as a forensic nurse examiner.

I came into nursing at a young age lacking confidence and struggling to find security and meaning in the world. My childhood left me with a lack of emotional readiness to proactively deal with life's stressors. I had learned to internalize these stressors from a young age, and this pattern continued well into my adult years. Emotional readiness for practice was not part of my undergraduate curriculum, nor was an awareness of its relevance to my role as a nurse. Awareness of its importance in personal and professional life developed in my young adult years, which intertwined with my role as a novice nurse. I desired a sense of identity and empowerment in my personal life, and this same desire flowed into how I identified within my role as a professional nurse. Taking on my journey to engage more fully in the self-actualizing process required environments that allowed for vulnerability and a degree of grace to learn through experience. I primarily found these gracious relationships outside of the nursing culture. The nursing culture did not feel like a nurturing place in moments of vulnerability. These experiences motivated me to learn how to support nursing students who come to the profession in a similar position. Furthermore, I can now appreciate this issue from both sides; the identity-finding young nurse and the now more seasoned mentor. The struggle of finding a sense of place, upholding unrealistic nursing ideals, and dealing with an onslaught of moral dissonance is a trying task, even for the most self-assured nurse.

Additionally, I can relate to the traditional advice to consolidate nursing skills on a medical/surgical ward for the first two years of professional practice (Shattell, 2009). Looking back, I knew early on in my training that my personality did not align well with highly structured hospital routines; thereby, as a student, I spent the good part of two days before hospital clinical

in suspenseful dread, which transferred into my days off from my new graduate position doing the same. Spending each day jamming a square peg into a round hole left me feeling burned out early in my career.

Now a nursing educator, I feel inclined to explore these issues and work toward preventative strategies that could curb larger downstream consequences. These consequences are currently evident in high rates of emotional exhaustion, leading to burnout, in many of our new graduate nurses (Suzuki et al., 2010). My experience as a novice nurse intermingled with my current role as an educator inspired this research study.

Ontology and Epistemology

Turning to my ontology, I align myself with critical realism (Bhaskar, 1978). This orientation suggests that we do not create knowledge, but rather it is an "unfolding of the enfolded" (Scott & Bhaskar, 2015, p. 33); it aims to uncover patterns in the interplay between mechanisms and context (Parlour & McCormack, 2012). Maxwell (2012) described the critical realist position as one that "has achieved widespread, if often implicit, acceptance as an alternative both to naïve realism and to radical constructivist views that deny the existence of any reality apart from our constructions" (p.5). Relating this ontological position to my research, I wanted to uncover the mechanism of stress in the new graduate nurse's unique context. Additionally, I wanted to know how this mechanism of stress affects the ability to survive and thrive in the workplace. Regarding the nature of reality, because I sit within the critical realist ontology, I agree that there are real human requirements (Scott & Bhaskar, 2015) before new graduate nurses can engage in the self-actualizing process. These elements are evident in Maslow's hierarchy (1943) of needs, which includes physiological needs such as rest, food and water, feelings of safety, security, belonging, and esteem. Additionally, Rogers (1959) described

the need for congruence as the deep subconscious desire to have alignment between the real and ideal self, which I elaborate on in Chapter Two. I believe that when one does not have these requirements or needs met, they will experience chronic dissonance or stress until they are. This experience of stress may be a signal that they are unable to transcend toward self-actualization.

To further describe critical realism and how it relates to my research study, Mingers (2004) explained its three domains as follows:

1. The *empirical*: events that are actually observed and experienced.
2. The *actual*: events (and non-events) that are generated by mechanisms.
3. The *real*: mechanisms and structures with enduring properties. (p. 94)

The *real* domain of critical realism is evident in the humanist logic underlying the process of self-actualization (Maslow, 1943; Rogers, 1959). The assumption that there are shared requirements to engage in self-actualization makes it part of the *real* domain. Examples of shared requirements include adequate breaks for rest and nourishment and a sense of belonging within the workplace. The commonly reported emotional exhaustion experienced by new graduates in the workplace (Suzuki, Tagaya, Ota, Nagasawa, Matsuura, & Sato, 2010) is in the *actual* domain. In other words, there is a common new graduate nurse experience of stress, which when left unresolved results in emotional exhaustion. Finally, this research study was in the *empirical* domain. This domain addressed the new graduate's observations of how their unique context interplayed with their interpretation of stimulus in the workplace. Specifically, it observed how contextual experiences and the resulting attainment of protective resources affected whether workplace stimuli were manageable and if they became stressful.

Essentially, the ontology of critical realism reflects an orientation that acknowledges the transcendental requirements and outcomes surrounding the new graduate nurse's experience of

stress in the workplace. This orientation also supports the notion that we can empirically uncover "real" patterns of interplay. However, running parallel to this understanding, I believe context impacts these transcendental outcomes, which reflects a social constructivist epistemology.

My epistemological understanding of how we come to know what we know aligns with social constructivism. This orientation emphasizes that people interpret and then construct their experiences (Fleury & Garrison, 2014). This social constructivist epistemology aligns with my critical realist ontology. Fleury and Garrison (2014) articulated the connection between social constructivism and critical realism as follows:

> Unlike some interpretations of constructivism…we are not contending that "reality" does not exist prior to the construction of meaning, but we do insist that the meaning of reality is a socially constructed process. While we do not create from nothing, what is created proves radically underdetermined, i.e., different linguistic beings, with different interests and desires will likely create different things from the "same" situation. Different linguistic beings with the "same" needs, but from different cultural backgrounds, may well create very different meanings to satisfy these needs—even when standing in much the same place. (p. 32)

Based on this epistemological orientation, life experiences inform and then shape new graduate nurses. In other words, they come to know what they know via their unique contextual opportunities. These contextual factors determine whether they have protective resources to manage stimuli (Antonovsky, 1979). To be more specific, the attainment of these protective resources determines whether stimuli are stressful and resolvable (Antonovsky, 1979). When applied to this study, the new graduate nurse's contextual opportunities affected their ability to

manage emotions when faced with stressful stimuli in the workplace. Those that had their need(s) met (Maslow, 1943), resolving the workplace stressor, were more likely to engage in the self-actualization process as a novice nurse.

In summary, my ontological orientation suggests that there are transcendental human needs that are required (realism) before one can transcend toward self-actualization. Concurrently, my epistemological orientation acknowledges that contextual opportunities to attain protective resources (constructivism) determine when and how stimuli become stressful. Furthermore, if one cannot resolve the stressor, they may not be able to engage in self-actualization as a novice. Based on these underpinnings, this study explored how context affects the perception and experience of stressors and the resulting ability to engage in the self-actualization process.

Theoretical Framework

According to Creswell (1994), the theoretical framework should guide all aspects of a research study, which provides structure for the process and grounds plans and interpretations in the literature. The theoretical framework for this study centered on the requirements necessary to engage in the process of self-actualization. I drew from Maslow's (1943) hierarchy of needs as the lens through which I view the literature, and from which I analyzed the data. To further support the hierarchy of needs (Maslow, 1943) as my theoretical framework, I drew on Carl Rogers' (1959) concept of congruence to better understand the influence of social belonging, self-esteem needs, and other contextual factors that promote self-actualizing tendencies. Congruence describes the degree of alignment between the "real" and "ideal" self and is a component of self-actualization (Rogers, 1959). Additionally, I incorporated Aaron Antonovsky's (1979) concept of sense of coherence (SOC) to address the cognitive components

of self-actualization (Cilliers & Coetzee, 2003) and the health consequences that relate to the experience of chronic stress or dissonance when needs go unmet. Sense of coherence (SOC) is a descriptor of one's orientation to life and a predictive tool for health outcomes. It describes one's degree of confidence to manage life's stressors and feelings of optimism that events will work out reasonably. These feelings of control and optimism can free one up to look forward to new and exhilarating opportunities and in essence, toward a more self-actualized way of being and doing (Antonovsky, 1979). I elaborate on these theoretical framework components in Chapter Two.

Nature of the Study

This study explored how life experiences and context interplay and potentially affect the ability to engage in the self-actualizing process as a novice nurse. Exploring the impact of these contexts may inform new graduate nurses, administrators, and educators and promote self-actualizing opportunities. Guided by a Merriam's (2014) basic qualitative research methodology, I used semi-structured interviews to explore new graduate perspectives. I interviewed each participant three times, which provided an opportunity to deepen understandings and validate my interpretations of the data. Additionally, this approach encouraged reflection and discourse with the aim of uncovering patterns and meaning within the interplay between context and the experience of stress in the workplace. I then analyzed and interpreted the data, documenting meaning that arose through the descriptions used by participants and the connections they made between their experiences.

The study included eight new graduate nurses from British Columbia, Canada. Data collection methods aimed to induce and inform knowledge through deep inquiry and toward meaning making, rather than to deduce for generalization. My role as the researcher and nurse

allowed for an implicit experience of place within nursing culture and a variety of nursing contexts. I documented these influences throughout the research process by keeping field notes.

Finally, by exploring patterns of the interplay between life experiences and context, I developed insights surrounding potential ways to promote engagement in the self-actualization process.

Importance of the Work

The education and healthcare sectors struggle to find the means to empower novice nurses and to support their development into thriving leaders of the Canadian health care system (Commission, 2012). Identifying factors that promote emotional management skills may inform readiness efforts, which provides a buffer against the stressors that emerge in the new graduate's work environment. Furthermore, gaining insight into what enables one to thrive, while another suffers, may empower novice nurses to better articulate areas of dissonance. By empowering nursing students and new graduates to manage stimuli and their resulting emotions, they may be better able to self-actualize and thereby thrive in their novice nurse role. The work down this path will not be easy or fast. I believe it is, however, a necessary step on behalf of our more vulnerable novice nurses and the overall health of the nursing profession.

Summary

In this first chapter, I described the background of the study, the problem, and the study's purpose. Following this, I provided my research questions, introduced the theoretical framework, the nature of the study, and outlined the study's significance. In Chapter Two, I elaborate on my theoretical framework, review the literature surrounding the impact of life experiences and the resulting protective resources against stress. I then identify the common workplace stress triggers and the consequences of chronic stress. Finally, I explore the elements

that enable the new graduate registered nurse to engage in the self-actualizing process, including undergraduate curriculum components, transition program efforts, and communities of practice. In Chapter three, I discuss the study design and the methodology that guides the research process. In Chapter Four, I present study results and the prominent findings. In Chapter Five, I discuss how the results align with the theoretical framework and how they compare to the existing literature.

CHAPTER TWO: Literature Review

Overview

In this chapter, I begin with an overview of the theoretical framework to understand the influencing factors and process of self-actualization in novice registered nurses. In turn, the three themes that I describe in this literature review relate to how one engages in the self-actualizing process, the contextual factors that enable or disable them on their journey, and the effects of chronic workplace stress. Each of these areas of literature provides a background for my research questions.

With my focus on novice registered nurses in their first year of practice, my first research question explores how previous life experiences enabled or disabled the ability to thrive in the workplace. To contextualize this, theme one provides a review of life experiences that may affect self-actualization. Specifically, I explore the attainment of emotional management skills via one's childhood environment. Furthermore, I include the literature that addresses the correlation between life experiences and the ability or tendency to engage in the process of self-actualization as an adult and more specifically, in the new graduate work environment. Additionally, included in this theme is a description of how age and goal setting relate to self-efficacy, which may also correlate with self-actualizing tendencies.

The second theme provides a review of workplace stimuli or stressors and the consequences of chronic stress, which provides a background for my second and third research questions. Specifically, this theme addresses the elements that may disable new graduate nurses from engaging in the self-actualizing process, a review of the commonly reported workplace stress triggers, the disabling components of nursing culture, and the consequences of chronic

stress. These factors support my problem statement and the potential significance of findings in this area of research.

The third theme provides a review of factors that promote engagement in the self-actualizing process and further addresses my second and third research questions. Specifically, I review enabling factors that promote engagement in the self-actualizing process. I do this by exploring the contextual elements of undergraduate education and workplace support efforts that encourage self-actualizing tendencies. These factors include the literature surrounding the development of the heart of educators, congruence between nursing ideals and the reality of the work, the impact of working in a specialty area of preference, new graduate transition programs, support systems, and communities of practice.

The purpose of the literature review is to underpin my research questions. It explores the enabling and disabling elements that may affect new graduate registered nurses' ability to engage in self-actualization in the workplace. Because the problem of novice nurse burnout and high attrition is an international trend, this study draws from both national and international sources. The literature comes from the field of nursing concerning undergraduate curricular elements and the novice to expert journey in the workplace. It draws from adult education regarding inequities, impacts of professional culture, and communities of practice. Finally, it draws from the field of psychology as it relates to childhood development, emotional management, goal setting interweaved with self-efficacy, and the overarching requirements of self-actualization. I view these fields of research through a humanistic theoretical framework.

As a side note, to avoid terminology confusion, in this study I use the terms self-actualization and thriving interchangeably.

Theoretical Framework

I view the literature through the humanist framework of Maslow's hierarchy of needs (1943). My understanding of humanism centers on development through contextual opportunities, which enables one to grow and develop in the self-actualizing process. While the model may be limited in its western and individualist nature, Maslow's work is widely taken up in the nursing literature and is a viable model in the nursing program where I work as an undergraduate educator. According to Maslow's (1943) hierarchy of needs, humans and subsequently new graduates are motivated to achieve self-actualization, but they may need to meet certain requirements before they can engage in the process of self-actualization. Furthermore, when one is unable to transcend towards self-actualization, due to an unmet primary need, they may experience dissonance or stress until the unmet need can be satisfied (Maslow, 1943). If life experiences and the work environment provides for feelings of emotional security and acceptance, then they would be more likely to engage in self-actualization. For this study, Maslow's (1943) theory provides a roadmap of factors that may distract or even disable novice nurses from engaging in self-actualization in the workplace.

To support the hierarchy of needs (Maslow, 1943) as my theoretical framework, I drew on Carl Rogers' (1959) concept of congruence to better understand the influence of social belonging, self-esteem needs, and other self-actualizing contextual factors. Additionally, I incorporate Aaron Antonovsky's (1979) concept of sense of coherence (SOC) to address the cognitive components of self-actualization (Cilliers & Coetzee, 2003) and the health consequences that relate to the experience of chronic stress or dissonance when needs go unmet. I describe the interrelation of these concepts with Maslow's hierarchy of needs (1943) below and illustrate the relationship in Figure 1.

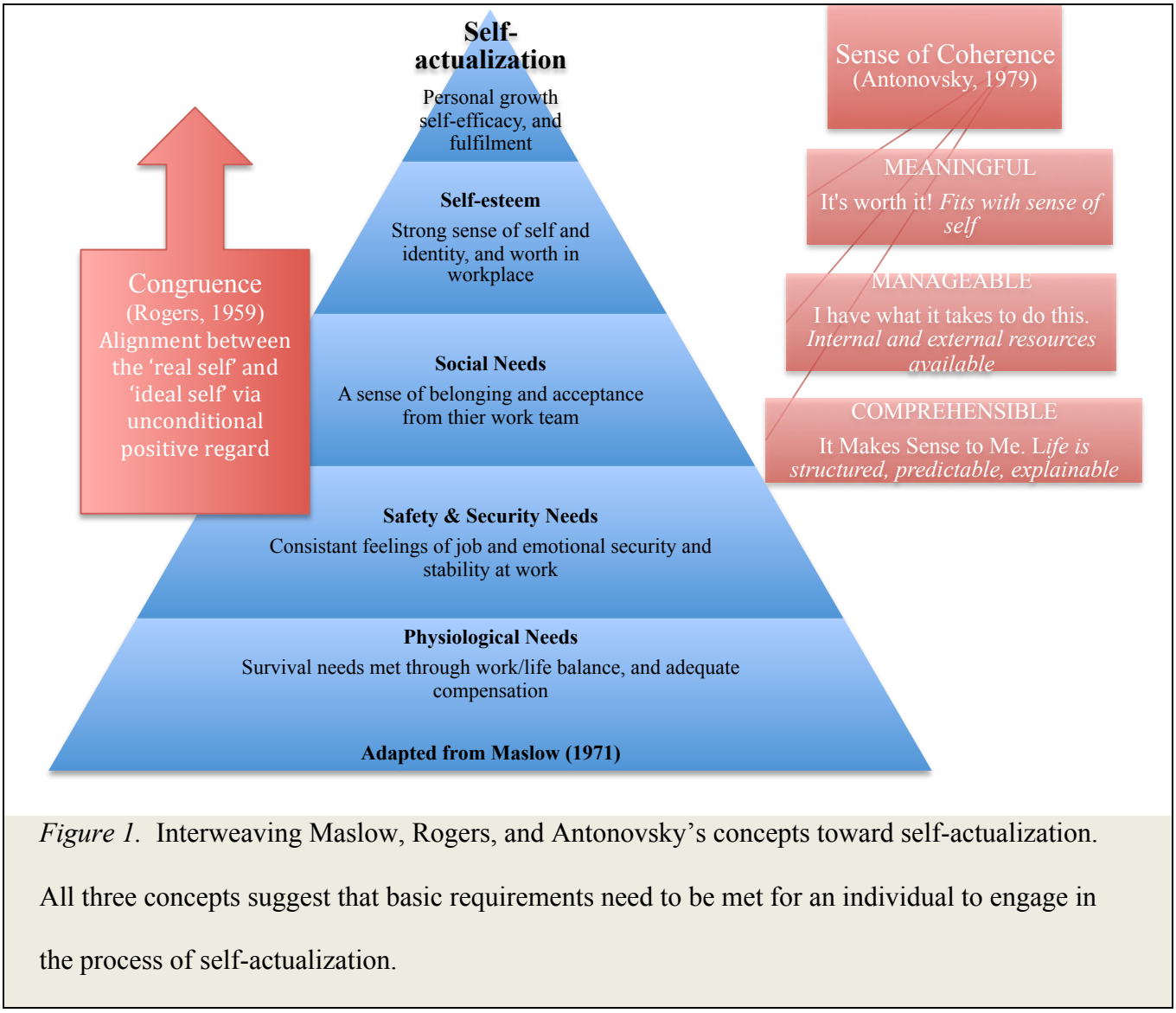

Figure 1. Interweaving Maslow, Rogers, and Antonovsky's concepts toward self-actualization. All three concepts suggest that basic requirements need to be met for an individual to engage in the process of self-actualization.

The Hierarchy of Needs (Maslow, 1943) toward Self-Actualization

Maslow (1943), a seminal humanist, classified human needs into five categories arranged in order of priority. These needs are physiological survival, security, belongings, esteem, and finally, self-actualization. In later years, he added transcendence as an additional level, whereby individuals are more outwardly focused (Maslow, 1968).

Maslow (1943) suggested that a person is motivated first to satisfy physiological needs, which are primal survival needs such as hunger and thirst. If these needs remain unsatisfied, they will continue to be primarily motivated to fulfill them. In my experience, most new nurse graduates are making a wage that fulfills these physiological survival needs. Assuming they have their physiological needs met, they will transcend past this level towards satisfying feelings of security, belonging, and esteem. Based on Maslow's (1943) hierarchical requirements, if new graduates are unable to feel emotionally secure, a sense of belonging, and esteem, it may disable them from engaging in the self-actualizing process. New graduate nurses commonly report one or more of these unmet needs in the workplace (Rhéaume, Clément, & LeBel, 2011), which based on Maslow's theory (1943), may distract or disable them from being driven by a sense of meaning and purpose in their work.

Critical analysis. Numerous critiques have addressed Maslow's hierarchy of needs (Bouzenita & Boulanouar, 2016). Many take issue with the theory's assumed universal application, finding it Western-centric, individualist, and atheistic (Bouzenita & Boulanouar, 2016). For this summary, I focus on the critiques that address the hierarchical and atheistic nature of the theory, rather than the arguments against humanism.

A common criticism of Maslow's (1943) hierarchy centers on its individualistic nature. Bourdieu (1984) argued that cultural influence and the resulting social conditioning is a primary factor in one's ability to flourish via the garnering of social capital. In contrast, Maslow (1943) had social needs or belonging as a secondary factor after psychological, safety, and security needs. In support of this argument, in some non-Western cultures that are more collectivist, social belonging is a more primary need than those in Western cultures (Raymond, Mittelstaedt, & Hopkins, 2003). Furthermore, some cultures do not view self-actualization as a primary

motivator, with social belonging and cohesion a more worthy motivator and final destination (Kurman, 2001). Finally, Maslow's hierarchy (1943) lacks empirical evidence to support its universal or cross-cultural application (Raymond, Mittelstaedt, & Hopkins, 2003).

Yount (2008) criticized the limited inclusion of spirituality in Maslow's (1943) hierarchy. While adding transcendence (Maslow, 1968) addresses spirituality, it is a product, rather than a factor that contributes to the means of getting there. Transcendence occurs via a "spiritual need for broader cosmic identification" (Hamachek, 1990, p. 58). The theory acknowledges a spiritual component via transcendence past individualistic motivations toward a more collectivist and spiritual dimension (Koltko-Rivera, 2006). Furthermore, Maslow differentiated self-actualizers as doers "who actualize their own personal capabilities within themselves. Transcending self-actualizers move beyond themselves in peak experiences, which become the most important part of their lives" (Yount, 2008, p. 84). Finally, while the addition of transcendence acknowledges spirituality at least in part, even Maslow considered the transcendent component of the model confusing (Yount, 2008).

To summarize these critiques, a more collectivist approach may require modification of the order and linear nature of hierarchical requirements (Raymond et al., 2003). For instance, self-enhancement or self-actualization may not be a universal motivator across cultures (Kurman, 2001). Additionally, some cultures put social assets as a more primal priority, particularly in non-Western cultures (Raymond et al., 2003). Furthermore, Maslow did not adequately incorporate spirituality as a means of engaging in the journey towards self-actualization (Yount, 2008). Although the theory garners criticism by failing to explicitly include culture and spirituality, I believe that they implicitly relate to the hierarchy when viewed as enabling or disabling factors that shape the needs of belonging and esteem. Additionally, seated within a

Western and primarily individualistic culture, Maslow's (1943) hierarchy provides a framework of common needs that may be going unmet in many new graduate nurses. While it may not be prudent to use this theory in isolation or to assume that all Western registered nurses are brought up with individualist values, it continues to provide insight and opportunities for discourse in this study of why and how many new graduates may be experiencing stress in the workplace.

Congruence (Carl Rogers, 1959) as a requirement of self-actualization. In support of Maslow's hierarchy of needs (1943), Carl Rogers' (1959) concept of congruence between the "real" and "ideal" provides further insights into the belonging and esteem needs in the hierarchy. Rogers (1959) developed his theories on self-actualization and personality concurrently with his empirical research endeavors. His work began in the field of psychology and has now spread to many academic settings (Rogers, 1969; Venise, Lindo, Anderson-Johnson, & Weaver, 2015). He suggested that for a person to achieve congruence, they require an environment that provides them with unconditional positive regard (Rogers, 1959). Within this emotionally safe, accepting, and empathic space comes the willingness to be open and to self-disclose. Similar to Maslow, Rogers argued that there are contextual requirements needed before persons can develop fully. Rather than illustrating these needs via a hierarchy, he described it much like a tree that will not flourish without sunlight and water (Rogers, 1959). A requirement of this flourishing is having a nurturing space for authenticity, which promotes the experience of feeling known and accepted (Venise et al., 2015). These nurturing spaces result in the ability for one to naturally engage in the self-actualizing process (Rogers, 1959). This same premise would likely also apply to the ability of new graduate nurses to flourish or self-actualize in their role as a novice nurse.

To further describe congruence, Rogers (1986) explained that the level of congruence between one's "real" self and "ideal" self was a primary indicator of their likelihood to engage in

the self-actualizing process. By contrast, incongruence (illustrated in Figure 2) describes a dissonance between the actual experiences in comparison to the "ideal" picture (Rogers, 1986). One's degree of incongruence is dependent on how far apart the perceived "real" self and the "ideal" self are. These incongruences affect decision-making because one may be doing things to please others, rather than satisfying their own needs. Furthermore, those who have a greater discrepancy between the "real" and the "ideal" will be more at risk for maladjustment, resulting in feelings of shame and dissatisfaction (Rogers, 1959).

Regarding one's context, congruence between the "real" and "ideal" self relates to the degree of unconditional positive regard they experienced as a child and onward into adulthood (Rogers, 1986). Unconditional positive regard promotes genuine acceptance of the "real" self, rather than the "ideal" that they feel they should be. An erosion of self-confidence, trust in one's feelings, and ability to transcend toward self-actualization occurs when self-worth feels conditional (Rogers, 1986). When experiences occur in an environment of conditional positive regard, they will be more likely to prioritize the opinions and values of others above their own, leading to further incongruence (Rogers, 1986).

The majority of critiques of Rogers' concept of congruence toward self-actualization (Rogers, 1968) result from its humanist assumptions. Like Maslow's hierarchy (1943), Rogers' (1968) theory was primarily individualist. His assumption that all persons require unconditional positive regard as a motivator and the need to flourish is controversial, specifically in some non-Western cultures (Kurman, 2001). I performed this study in a individualist Western culture (Cantu, 2013) and in a largely humanist profession (Berrerril, 2016); therefore, Rogers' concept of congruence offered valuable insight.

Sense of coherence (Antonovsky, 1979) as a measurement of self-actualization.

Aaron Antonovsky's (1979) sense of coherence concept further supports Maslow's hierarchy of needs (1943) by providing correlations between self-actualization, health outcomes, and the ability to manage stressful stimuli. He developed the sense of coherence (SOC) concept over 40 years ago while working with Holocaust survivors. He aimed to understand why some people appeared resilient to "dis-ease" when faced with stressful events, while others were more likely to succumb to illness. His work contrasted the status quo theories held by researchers, whereby common medical culture perceived stress as negative and a threat to health (Eriksson & Lindstrom, 2007). Conversely, Antonovsky viewed stress as a normal and natural part of life. He focused his efforts on understanding why some individuals are more harmed than others when exposed to the same stressful stimuli (Eriksson & Lindstrom, 2007). SOC is a descriptor of one's orientation to life and a predictive tool for health outcomes. It describes one's degree of confidence to manage life's stressors and feelings of optimism that events will work out reasonably (Antonovsky, 1979). The three components of SOC are comprehensibility, manageability, and meaningfulness (Antonovsky, 1987). Comprehensibility describes the extent to which one can make logical sense of the events taking place in their life and if these events feel consistent and structured. Manageability is the degree of confidence one has in their ability to cope with stimuli, which may or may not be stressful. Meaningfulness describes sense making, which makes dissonant events feel worthy of their commitment (Antonovsky, 1987).

Antonovsky (1987) developed the SOC scoring tool to predict how one's sense of coherence level correlates with their ability to cope with stress-prone environments and how it relates to long-term health outcomes. He found that individuals differed in their SOC and that these differences have immediate and long-term effects on one's mental/physical health.

Additionally, SOC scores correlate with the ability to emotionally manage stress-prone environments (Antonovsky, 1979). Those with high SOC scores are less likely to experience a stimulus as a stressor in the first place. They tend to see life stressors as comprehensible and solvable, feeling more grounded and in control (Pallant & Lae, 2002). When a stimulus produces stress, they are more likely to choose coping mechanisms that promote health and deal with tensions (Antonovsky, 1979). Finally, based on a 21-year longitudinal study of 1,265 children in New Zealand, other qualities that trend with the higher sense of coherence scores include a positive temperament, higher intellectual skills, and a positive view of the self (Fergusson & Horwood, 2003).

A greater degree of self-actualization correlates with higher sense of coherence (SOC) scores and serves as a protective factor against stressful work environments (Gillespie, Chaboyer, & Wallis, 2007). Antonovsky (1979) characterized general resistance resources as necessary assets to promote flourishing, which shared many similarities to Maslow's (1971) characteristics of self-actualization. SOC and general resistance resources support Maslow's (1943) theory by explaining how SOC affects whether one's experience of stimuli is stressful, thereby potentially disabling them from engaging in self-actualizing activities.

SOC has garnered criticism in its predictive validity in short-term studies, and it is unclear as to how and if it is practically applicable in the development of interventions (Eriksson & Lindström, 2005). However, Eriksson and Lindström (2005) performed an analytical review of nearly 471 studies using Antonovsky's (1979) concept of SOC and confirmed that it was a reliable and valuable tool when used to establish quality of life and long-term health outcomes. Furthermore, the SOC concept has been widely validated as a statistically significant and predictive tool for health outcomes and the cognitive components of self-actualization (Cilliers &

Coetzee, 2003). These cognitive components include self-worth, self-image, and self-efficacy (Rogers, 1959). Additionally, it is frequently used and deemed reliable across cultures (Eriksson & Lindström, 2005). For this study, I drew on the SOC concept as a supportive tool to expound on the concept of self-actualizing as a novice nurse and to provide insight into the long-term health risks associated with chronic stress.

Summary

The first literature theme surrounds life experiences that affect one's ability to engage in the self-actualization process. The second theme reviews new graduate workplace factors that affect engagement in the self-actualizing process and outlines the consequences of chronic stress. Finally, the third theme reviews contextual factors that affect engagement in the self-actualization process. I described my theoretical framework, with Maslow's (1943) hierarchy of needs as the lens through which I understand the journey toward self-actualization and its application to new graduate registered nurses. Additionally, Rogers' (1959) concept of congruence and Antonovsky's (1979) concept of sense of coherence support the theoretical framework by providing a deeper understanding of the requirements toward self-actualization.

Life Experiences that Impact Self-Actualization

Life experiences may affect one's ability to self-actualize in their nursing career. This first theme draws on the literature that explores how one engages in the self-actualizing process, the contextual factors that enable or disable them along the journey, and the consequences that arise when novice nurses experience chronic and disabling workplace stress. I explore the literature surrounding factors that shape the development of emotional management skills. These factors include childrearing, adverse childhood experiences, age, and goal setting tendencies. Finally, there are a few studies that are more than ten years old, but the findings

apply to the transcendental components of human nature and thereby I consider them relevant for this study.

Emotional Management

Matthews (2006) described emotional management as a form of literacy that empowers individuals to take control of their lives and includes a sense of confidence to work through areas of dissonance. He further explains it as an interweaving of emotion and intellect within a social context. The concept of emotional literacy, evident in how one successfully manages emotions, interweaves with Antonovsky's description of general resistance resources, which positively correlates with higher sense of coherence scores (Antonovsky, 1979). Relating to places of work, 90% of workplace success directly correlates with one's ability to navigate their emotions and an awareness of the emotions of others (Taylor & Cranton, 2012). Furthermore, it requires one to be able to consciously hold their emotions, allowing them to reflect on what they are feeling and to resolve areas of dissonance (Russ, 1998). Additionally, those who have more developed emotional management skills will typically have lower rates of absenteeism, healthier coping choices, better psychological health, and higher levels of performance (Sardo, 2004).

Regarding new graduate registered nurses, the development of emotional management skills in an accepting, empathetic, and supportive environment may assist, even protect, those who are more vulnerable to the stressful nature of their work environment. Development of these skills is a natural product of a nurturing childhood influenced by parental values, child-centered parenting, and an experience of emotional closeness (Fossion, Leys, Kempenaers, Braun, Verbanck, & Linkowski, 2014). Some novice registered nurses will have developed emotional management skills in their childhood, which they can then use with ease as adults and

professionals in their place of work. Others may not have had this childhood opportunity, and thereby may enter adulthood and their professional role with a distinct coping disadvantage.

Child-Centered Parenting

Child-centered parenting promotes self-actualization and sense of coherence (SOC), resulting in a greater ability to manage stress (Eriksson & Lindström, 2007; Wijk & Waters, 2008). Relating this premise to novice registered nurses, those who enter nursing school with this higher level of self-actualization will have a greater ability to deal with occupational stress. Amato and Kane (2011) described the influence of one's childhood experience as follows:

> In general, the most important factors that predispose young women to experience high or low levels of psychosocial adjustment are present in their families of origin and their experiences during childhood and adolescence, before their decisions to attend college, obtain full-time employment, cohabit, marry, or have children. (p. 293)

A warm, cohesive, nurturing, and supportive relationship with at least one parent is an essential component of a child-centered environment (Fergusson & Horwood, 2003). Superle (2016) described it as empowering children to "shape themselves and their surroundings through their input, values, decisions, and action [rather than] as blank slates to be filled with correct ideas so that they could fit into society" (p.144). The first two decades of life are when people gain an orientation to life and where they develop their SOC or self-actualizing tendencies that they carry into adulthood (Lindstrom & Eriksson, 2005). These experiences promote "a deep belief that one's life has meaning and that one has a place in the universe…[and] is probably the most powerful [strength] in propelling young people to healthy outcomes despite adversity" (Benard, 2004, p. 28). Applying this literature to new graduates, those who experienced a childhood that provided a self-actualizing environment are likely in a position of privilege when it comes to

being able to cope with higher stimulus or stressful conditions, compared to those who have not. Those who developed self-actualizing tendencies in childhood will be more likely to successfully resolve areas of emotional dissonance, garner protective resources against stress, and feel empowered to enact change as adults (Lindstrom & Eriksson, 2005).

In summary, the self-actualization process begins at a young age, with those nurtured by child-centered parenting demonstrating higher levels of self-actualization and higher SOC scores (Feldt, Kokko, Kinnunen, & Pulkkinen, 2005). Another impactful factor in one's ability to self-actualize in adulthood is the experience of childhood adversity.

Childhood Adversity

Adverse childhood experiences inversely relate to one's SOC as an adult (Bruskas & Tessin, 2013). The experience of chronic childhood adversity, or trauma, positively correlates with the risk of developing depression and anxiety disorders, both of which make it more difficult to identify and manage triggers when they arise in the workplace (Breslau, Chilcoat, Kessler, & Davis, 1999; Fossion et al., 2014; Green, Goodman, Krupnick, Corcoran, Petty, Stockton, & Stern, 2000; Sullivan, Mkabile, Fincham, Ahmed, Stein, & Seedat, 2009). Having numerous childhood adversities sensitizes individuals to stressful events later in life, which then makes them more prone to negative physical and psychological health impacts. This sensitization weakens one's sense of coherence (Fossion et al., 2014). While this issue begins as a childhood inequity, it may then evolve into an adult inequity. This development deficit is evident in the tendency toward emotional dissociation as a common survival mechanism, which leads to a higher risk of maladaptive psychological states in adulthood (Perry, Pollard, Blakley, Baker, & Vigilante, 1995).

In essence, based on the literature, nurses who experienced a childhood environment that enables self-actualizing tendencies, and that experienced fewer adversities, will likely enter adulthood with a greater ability to manage their emotions. Furthermore, following a similar premise, they will more readily engage in the self-actualizing process as an adult, based on the developed habits of doing so in their childhood. Conversely, those who did not experience a self-actualizing childhood experience may need to seek out opportunities to develop these skills in their adult years. Considering that most new graduate nurses are under the age of 30 (National League for Nursing, 2014), many of them enter nursing school early in their adult years and may not have had the opportunity to garner self-actualizing resources outside of their childhood experience. Thereby, age may be an influential factor in the ability to engage in the self-actualizing process for some new graduate registered nurses.

Age

Eighty-two percent of nursing students in the United States were under the age of 30 in 2014 (National League for Nursing, 2014). In Canada, registered nurses under the age of 35 accounted for approximately 30% of the workforce and nearly the same amount leaving the workforce (CIHI, 2014). In regards to age and satisfaction, a survey study of 1,773 nurses across 22 hospitals in the United States demonstrated that satisfaction rates tend to be lower amongst the younger age groups (Wieck, Dols, & Landrum, 2010).

Relating to sense of coherence (SOC), SOC scores tend to rise as individuals become older (Eriksson & Lindström, 2005; Merakou, Xefteri, & Barbouni, 2016; Wieck et al., 2010). Additionally, Erickson and Grove (2007) found that registered nurses under the age of 30 experience significantly more intense negative emotions at work than did older nurses. Furthermore, Leiter, Jackson, and Shaughnessy (2009) found that younger registered nurses have

more dissonance in the work setting caused by a lack of alignment with their values, which leads to higher levels of burnout. The differing generational expectations and socialization experiences may contribute to the hostility correlated with higher turnover intentions and the negative mental and physical health symptoms amongst novice nurses (Leiter, Price, & Spence Laschinger, 2010).

Regarding satisfaction, gains and losses occur as individuals' age in their profession (Antonovsky, 1987; Besen, Matz-Costa, Brown, Smyer, & Pitt-Catsouphes, 2013). Besen et al. (2013) explained that as one grows older, they experience some physical and cognitive processing losses, but gain experience and social support. While the losses with aging may add stressors, the gains seem to buffer and overshadow them (Besen et al., 2013). Self-mastery and self-esteem are necessary elements to engage in the self-actualizing process. We develop through time and experience; therefore, those older than 30 are often more resilient to work environments that involve a high level of emotional stress (Erol & Orth, 2011; Lindmark, Stenström, Gerdin, & Hugoson, 2010).

Based on this research, younger nurses tend to come into nursing with lower SOC scores than their older peers do. Higher levels of stress correlate with lower SOC scores (Pallant & Lae, 2002). Therefore, given the majority of new graduate registered nurses are under the age of 30 (National League for Nursing, 2014), age may be an influential factor in their ability to survive and thrive early on in their career. Another factor in the literature that appears to affect one's confidence to manage stress is the habit of goal setting.

Habits of Goal Setting and Self-Efficacy

A primary factor that propels one toward self-actualization is the feeling of confidence to successfully problem solve by utilizing available resources (Eriksson & Lindstrom, 2007). This

confidence to identify a goal and move toward it is a demonstration of self-efficacy. Bandura (1982) defined self-efficacy as one's self- judgment of their ability to perform a task in a particular domain. Goal setting theory and social cognitive theory both acknowledge that self-efficacy and conscious goal setting are imperative to one's likelihood of attaining their goals (Bandura, 1997; Locke, 1996). When people purposefully reach their goals, they are empowered, and as a result, they naturally reprogram their subconscious to continue creating goals, adjusting their actions to move toward achievement (Bandura, 1997). Regarding sense of coherence and health outcomes, those who have higher sense of coherence scores tend to be more personally committed and are more likely to maintain their physical and mental health goals (Anderson & Berg, 2001; Avey, Luthans, Smith, & Palmer, 2010; Garrosa, Moreno-Jiménez, Rodríguez-Muñoz, & Rodríguez-Carvajal, 2011; Judge & Bono, 2001; Lo, 2002; Luthans & Jensen, 2005; Xanthopoulou, Bakker, Demerouti, & Schaufeli, 2007). Finally, higher levels of job satisfaction and performance directly correlate with one's degree of self-efficacy to achieve their goals (Binswanger, 1991).

Zimmerman, Bandura, & Martinez-Pons (1992) found that the degree of self-belief and self-efficacy correlate with one's ability to achieve their goals, aided by ownership of their goals and the motivation to regulate and attain them. Furthermore, people with high self-efficacy set higher goals than those with low self-efficacy (Zimmerman et al., 1992). Additionally, those with greater self-efficacy are more committed, use better task strategies to attain goals, and respond more positively to negative feedback than do people with lower self-efficacy (Locke & Latham, 2002; Seijts & Latham, 2001). Relating to the process of effective goal setting, teachers who set high goal standards for students from a top-down approach negatively impact motivation and goal achievement (Zimmerman et al., 1992).

Successful goal setting and achievement relate to Rogers' (1959) theory of congruence. He suggested that successful goal setting requires congruence between one's "real" and "ideal" self to feel ownership and motivation to achieve them. Conversely, when "ideal" goals lack the subconscious support of the "real" self they lack the motivation and commitment required to reach them (Zimmerman et al., 1992). Thereby, goal setting supports the notion that those acting from a more congruent and self-actualized state of mind will be likely to achieve their goals and gain more self-efficacy in the process.

Now that I have reviewed the impact of life experiences, the second literature theme focuses on the new graduate workplace, and specifically on the stressful and disabling components reported in the literature. Additionally, I include the health impacts of chronic stress on the new graduate and the ripple effects that extend to the nursing team and the wider healthcare system.

Stressors and the Consequences of Chronic Stress

For this study, I view stress as a symptom of unmet needs (Maslow, 1943) and a salient distractor from engaging in the self-actualizing process. Therefore, based on my theoretical framework, sustained stress would signify an inability to engage in the self-actualizing process. Stokes and Kite (2001) defined the concept of stress as:

> An agent, circumstance, situation, or variable that disturbs the 'normal' functioning of the individual. …Stress [is also] seen as an effect—that is the disturbed state itself. …This bifurcation of meaning is arguably the most fundamental source of the confusion surrounding the stress concept. (p. 109)

Additionally, toxic stress is a common term that is fitting within the new graduate work setting, which is a chronic biological response and signifies excessive exposure to adversities (O'Malley,

Dowd, Brungardt, & Cox, 2015). This term relates to the previous theme, which included the effects of compounding childhood adversities.

When one is unable to transcend towards self-actualization due to an unmet primary need, they will experience dissonance or stress until the unmet need can be satisfied (Maslow, 1943). The experience of stress amongst new graduate registered nurses may indicate that they have unmet needs, which I explore in this theme. Factors that arose from the literature include unmanaged emotional labor, effort-reward imbalances, workplace hostility, and heavy workloads. Additionally, I will also explore the literature surrounding the consequences of chronic and potentially disabling stress in the workplace.

Emotional Labor in the Workplace

Emotional labor, a term coined by Arlie Hochschild in 1983 (Hochschild, 2012), is defined as an "organizationally prescribed display of feeling" (Tracy, 2005, p. 261); it is the practice of emoting states of being that are inconsistent with one's genuine feelings (Bierema, 2008). Emotional labor in the workplace directly effects ones' ability to engage in the self-actualizing process. This understanding centers on the ability or inability for one to be authentic, which is a primary characteristic of self-actualization (Maslow, 1987). Furthermore, authenticity is also a feature of Rogers' concept of coherence between the "real" and "ideal" self (Rogers, 1959).

Hochschild (2012) articulated three ways of being, which determine the amount of emotional energy used during interactions. The first is surface acting, which burns the greatest amount of energy stores, and represents a disconnection from authentic emotion. The second is deep acting, which mitigates emotional exhaustion by remaining at least partly connected to authentic emotion. The third is an authentic emotional display, which is neutral to replenishing

and is congruent with one's perceptions and emotions. Essentially, the more one has to emote positive emotions while internally they are experiencing negative ones, the greater the degree of surface acting and thereby emotional exhaustion (Lewig & Dollard, 2003). Furthermore, when chronic emotional dissonance is not addressed, it leads to dissociation and burnout (Brotheridge & Grandey, 2002). Deep acting, whereby one remains connected to their emotions rather than dissociating through surface acting, is a skill that one can develop when a display is required, despite feelings of incongruence. This ability to deeply act allows for connection to one's "real" emotions while adhering to the "ideal" cultural display rules. Numerous service providers who require a particular emotional display train their employees to deep act, which reduces emotional exhaustion in the workplace (Tracy, 2005).

Nurses are trained to emulate professional nursing comportment standards, but when emotions arise that are incongruent with the socially prescribed image, they are not adequately prepared to manage the unresolved dissonance that results (Gray, 2008). As a teacher in the profession, I understand the need to display a consistent professional image in the face of workplace adversity. I can also relate to the benefits of limiting surface acting or dissociation to protect emotional energy stores. Additionally, reflecting on and working through emotions that are pushed aside when surface acting occurs is an important emotional management skill (Russ, 1988; Taylor & Cranton, 2012). Finally, if emotional labor remains high and workplace rewards are low, an effort-reward imbalance may ensue (Lewig & Dollard, 2003).

Effort-reward Imbalance

The effort-reward imbalance, particularly for newer nurses, is a major contributing factor in nurses' intent to leave (Boamah & Laschinger, 2016; Currie & Carr Hill, 2012). Those who function regularly with an imbalance toward the effort end of the spectrum will rarely thrive, and

many may not remain in nursing (Currie & Carr Hill, 2012). Rewards come from taking on satisfying work, establishing a professional identity, feeling a sense of place in nursing, and feeling empowered and in control during the workday. These rewards then reduce the intent of nurses to leave their position (Zurmehly, Martin, & Fitzpatrick, 2009). Additionally, a felt sense of organizational commitment and perceived opportunities for promotion also reduce attrition rates (Beecroft, Dorey, & Wenten, 2008; Kovner, Brewer, Greene, & Fairchild, 2009). Furthermore, while some may leave many remain in the profession in a burned-out condition, resulting in workplace hostility (Schaufeli & Buunk, 2003).

Workplace Hostility

Due to the plethora of definitions and overlap of terminology surrounding workplace hostility, the term bullying, harassment, and horizontal violence (BHHV) is used as a blanket term and is defined as: "Repeated, offensive, abusive, intimidating, or insulting behavior, abuse of power, or unfair sanctions that makes recipients upset and feel humiliated, vulnerable, or threatened, creating stress and undermining their self-confidence" (Vessey, Demarco & DiFazio, 2010, p. 135).

Leininger (1994), a seminal author on the topic of nursing culture, defined nursing culture as the dominant values, patterns, and normative practices that are adopted and transmitted by those that ascribe to the professional role. Nursing culture has become known for putting nurses at risk for horizontal violence, demonstrated by 85% of nurses reporting that they have been victims of incivility (Jacobs & Kyzer, 2010). In a Canadian longitudinal study of 415 new graduate registered nurses, one-third reported feeling bullied at least twice per week (Spence Laschinger et al., 2010). Another Canadian study surveying 226 new graduate registered nurses, found that nearly 70% of them experienced severe burnout related to negative workplace

environments (Cho et al., 2006). Lively (2000) found that senior nurses who held a higher degree of status had more social support in expressing emotion than those of lower status. Individuals with a higher status tend to set emotional display rules and determine when these displays are appropriate (Lively, 2000; Porath & Pearson, 2012). Individuals who question these power imbalances, disturbing the status quo, may become targets themselves. This pattern is subtlety supported by management by discrediting the disturbers in a variety of ways, which eventually silences them (Jackson, Clare, & Mannix, 2002). This pressure to maintain the status quo, threatened by those who do not conform to the implicit cultural rules, is a homogenizing force within the profession.

Homogenization. Refusing to acknowledge otherness is the fuel that sustains cultural homogenization (Palmer, Zajonc, & Scribner, 2010). Those who argue for acceptance of diversity become vulnerable to scrutiny and those who comply with assimilation often feel unsettled and ambiguous, or incongruent as a result. This chronic denying one's "real" self to assimilate produces incongruence and is a barrier to self-actualization (Rogers, 1959). Additionally, Palmer, Zajonc, and Scribner (2010) suggested that, in homogenizing cultures, diversity produces implicit fears of conflict, which further pushes differences into shadows and makes them all the more divisive. Furthermore, maintaining a positive social self and gaining peer acceptance is a fundamental part of the human condition, both regarding psychological well-being and long-term physical health impacts (Baumeister & Leary, 1995; Dickerson, Gruenewald, & Kemeny, 2009). In my nursing experience, maintaining a positive social self is a matter of career survival, and thereby, homogenization may go largely unchallenged. In summary, homogenization occurs by shaming those who threaten the established culture (Adamson & Clark, 1999).

The art of shaming. Shame, a self-conscious emotion, is one of the most powerful motivators and disablers in the human experience (Bond, 2009). "In shame, perfection is sought; one is either perfect or a total failure, one does not experience anything in between" (Bond, 2009, p. 134). Adamson and Clark (1999) discussed the intent of shame to protect against violations of the inner boundaries and sensitivities. To better understand how shame relates to nursing culture, Mason (2010) characterized it as follows:

1. It is directed at oneself as a response to one's violation of an ideal of the person,
2. The violation is one for which one appropriately holds oneself responsible, for example,
    a. One was not on the initiating occasion acting with nonculpable ignorance, compelled, or forced,
    b. One is not psychologically abnormal or morally undeveloped,
3. There is a legitimate expectation or demand that one approximates the personal ideal. (Mason, 2010, p.418)

Based on my experience and observations, after being immersed in nursing school for four years, the prescribed display rules of how to professionally know, be and do become entwined with personal values. This enmeshing of professional display rules and personal values corresponds with Rogers' (1986) concept of congruence and provides insight into why feelings of not measuring up to nursing ideals may correspond with feelings of shame.

Toward solutions to resolve the feeling of shame, Brown (2006) described four key skills:

1. The ability to acknowledge, and have self-compassion regarding, personal vulnerability to shame;
2. The level of critical awareness regarding sociocultural expectations of the shame web;
3. The ability to form mutually empathic relationships that facilitate reaching out to others;

4. The ability to discuss and deconstruct shame, described as the ability to "speak shame." (Brown, 2006, p. 49)

Brown's (2006) recommendations complement the fundamental components of sense of coherence (Antonovsky, 1986). Those with a high sense of coherence score tend to demonstrate greater self-awareness, have nurturing support systems, and feel they can manage and diffuse stressful stimuli (Antonovsky, 1986). Furthermore, I trust that workplaces that provide an opportunity to reflect on shaming when it occurs will be more likely expose the socially prescribed perfectionism at its roots (Jahromi, Naziri, & Barzegar, 2012).

Perfectionism, the driving force behind nursing scrutiny. Maladaptive perfectionism and particularly socially prescribed perfectionism can create toxically stressful environments for those who do not fit neatly into the status quo (Jahromi et al., 2012). Current nursing cultures promote tendencies toward perfectionism; as a result, high levels of anxiety and depression are commonplace (Jahromi et al., 2012).

Perfectionism comes in many forms, and many people slip in and out of it on a regular basis. It is not always negative as it can be a motivating factor to complete work and produce the best possible product (Ellis, 2002). Those who are adaptive and self-oriented as opposed to socially prescribing their ideals onto others are often self-motivated, high achieving, able to adapt to obstacles that may delay achievements, and find satisfaction from their accomplishments (Ellis, 2002). The downside of perfectionism is the natural inclination to hold others to the same idealistic standards, which can result in unreasonably high expectations (Melrose, 2011). Furthermore, detrimental mental health effects can occur when one is unable to meet challenges (Melrose, 2011). These health effects correlate with fears of criticism and failure and when left unaddressed can lead to burnout (Chang, 2012; Gould, Udry, Tuffey, &

Loehr, 1996; Sevlever & Rice, 2010).

Relating perfectionism to emotional management, in its more extreme forms it leads to dissociation from emotions, characterized by ignoring and internalizing fears of worthlessness, shame, and failure (Petersson, Perseius, & Johnsson, 2014; Shafran, Cooper, & Fairburn, 2002). Furthermore, this habitually defensive way of being will result in an overall lower tolerance for exposure to stress (Ellis, 2002; Petersson et al., 2014). In addition, perfectionism and sense of coherence (SOC) inversely link (Rennemark & Hagberg, 1997); those who have a low SOC score tend to have higher perfectionism scores. Thereby, a proposed strategy for addressing perfectionism is to focus on developing SOC (Rennemark & Hagberg, 1997), which in turn may lower the felt need for perfectionism.

Finally, for nurses to find the time to reflect, process their emotions, and articulate themselves they need tools, time, and space to reflect, away from the high stimulus work environment. Unfortunately, heavy novice nurse workloads may prevent novice nurses from finding the space and time to deal with emotional dissonance.

Heavy Workloads

Based on my experience as a novice registered nurse and my observations of those currently in the field, it is common to miss breaks and stay late to keep up with the workload, which is typically the same volume as their more experienced colleagues (Lea & Cruickshank, 2017: Rhéaume et al., 2011;

Additionally, based on my experience, new graduate registered nurses often need to double-check their decisions, which is a necessary safeguard against mistakes. However, the employer may not acknowledge the workload associated with these extra steps. Research is lacking regarding the frequency of missed breaks amongst new graduates. One study performed

in 2004 amongst 393 registered nurses representing numerous work sites in the United States, found that less than half of them were able to take any uninterrupted breaks during a typical 12-hour shift (Rogers, Hwang, & Scott, 2004). Based on the inefficiencies of being a novice registered nurse, I am confident that they have even fewer opportunities to take breaks than their more experienced colleagues.

Relating this literature to Maslow's (1943) hierarchy of needs, missing breaks, working long hours, and being unable to find space away from the stimuli to address mental and physical prompts, could lead to unmet human needs. I trust that new graduates are unlikely to engage in the self-actualizing process in the workplace as long as these needs go unmet. Finally, the experience of unprocessed dissonance may lead to chronic stress, which could further promote an effort-reward imbalance. Those consistently experiencing an effort-reward imbalance may be at a higher risk for adverse health/mental impacts and eventually burnout (Bakker, Killmer, Siegrist, & Schaufeli, 2000; Eriksson & Lindström, 2006; Jesse, Abouljoud, Hogan, & Eshelman, 2015).

Health Impacts of Chronic Stress

Most of us can relate to the mental impacts that chronic stress has on the ability to think and cope effectively. However, we may not be aware of the long-term mental and physical effects if stress is unaddressed. For instance, those with a low sense of coherence (SOC) score typically experience higher levels of stress from workplace stimuli. As a result, they are at a greater risk of mental illness, hopelessness and burnout, anxiety and depression, and a multitude of chronic diseases (Eriksson & Lindström, 2006; Erim, Tagay, Beckmann, Bein, Cicinnati, Beckebaum, Senf, & Schlaak, 2010; Nahlen & Saboonchi, 2009; Streb, Haller, & Michael,

2014). Furthermore, those who feel less empowered with lower SOC are likely to live with chronic stress and engage in substance abuse to cope (Larm, Åslund, Starrin, & Nilsson, 2016).

Even in healthy work environments, caring for individuals over long periods results in the experience of chronic stress, demonstrated by elevated cortisol (Fujimaru, Okamura, Kawasaki, Kakuma, Yoshii, & Matsuishi, 2012). Adding the burden of caring for others, high workloads, BHHV, and identity incongruence cause additional stress, making cortisol levels even higher (Vessey et al., 2010). High stress levels correlate with endocrine and immune dysfunction, lower vaccine responses, cardiovascular disease, rheumatoid arthritis, delayed wound healing, and the promotion of disease progression and mortality (Baum, Cohen, & Hall, 1993; Castle, Wilkins, Heck, Tanzy, & Fahey, 1995; Dickerson, Kemeny, Aziz, Kim, & Fahey, 2004; Dickerson et al., 2009; Kiecolt-Glaser, McGuire, Robles, & Glaser, 2002; Smith & Zautra, 2002). Conversely, those who demonstrate higher SOC scores, which correlate with higher levels of self-actualization, have healthier coping choices, a tendency to exercise more, choose healthier foods, have stronger feelings of optimism, resilience, hardiness, control, and live with an overall higher quality of life (Andersen & Berg, 2001; Bergh, Baigi, Fridlund, & Marklund, 2006). 2006; Erikson, 2007; Eriksson & Lindström, 2007; Hassmen et al., 2000; Lindmark et al., 2005; Myrin & Lagerstrom, 2006; Von Ah et al., 2005; Wijk & Waters, 2008). These sustained feelings of stress experienced by novice nurses are a significant health issue leading to burnout if unaddressed (Cowin & Hengstberger-Sims, 2006; Deary, Watson, & Hogston, 2003; Garrosa et al., 2011; Luthans & Jensen, 2005).

Burnout. Burnout is chronic occupational emotional overload (Thunman, 2012) or a "state of exhaustion in which one is cynical about the value of one's occupation and doubtful of one's ability to perform" (Maslach, Jackson, Leiter, & Schaufeli, 1996, p. 20). The pathological

components of burnout overlap with those of clinical depression (Bianchi, Schonfeld, & Laurent, 2015). Furthermore, it is an occupational health hazard second only to muscle skeletal injuries, which is estimated to have doubled in incidence in the last ten years (Thunman, 2012).

New graduate registered nurses who leave the profession commonly report reaching a state of burnout (Suzuki, Tagaya, Ota, Nagasawa, Matsuura, & Sato, 2010). Research suggests the stressors leading to burnout may begin in the undergraduate experience, with nurses who were already experiencing feelings of burnout before entering the profession being at significantly higher risk of leaving their position after only 10 to 15 months (Rudman & Gustavsson, 2012). Finally, the World Health Organization (Perry, Presley-Cantrell, & Dhingra, 2012) called for a comprehensive plan to bring this issue of nursing burnout to the forefront. From my experience, the impact of burnout is felt both by the individual who grapples with a depleted state of being, and the existing nursing staff who have to cope with diminished workplace morale.

Diminished Morale

Schaufeli and Buunk (2003) found that many nurses who suffer from emotional exhaustion and burnout develop chronic feelings of hostility and remain in the field. When employees continued to work in a burned-out condition, it causes ripple effects of adverse consequences for themselves, work teams, and clients (Schaufeli & Buunk, 2003). This scenario circles back to BHHV, which I refer to above, with more nurses hurting each other and perpetuating the cycle of hostility in the workplace. This chronically stressful work environment, particularly for the more vulnerable new graduates, directly affects attrition rates (Beecroft, Kunzman, & Krozek, 2001).

High Attrition

Statistics range in the research, but are as high as 61% of new graduates leaving their first place of employment or exiting the profession altogether within their first two years (Chachula, Myrick, & Yonge, 2015; Kovner, Brewer, Fairchild, Poornima, Kim, & Djukic, 2007; Odland, Sneltvedt, & Sorlie, 2014). Furthermore, attrition rates are nearly double the rate of experienced nurses, with over half of them leaving as a result of coworker to coworker violence and the experience of long periods where they do not feel a sense of belonging (Beecroft, et al., 2001; Freire, 2005; Griffin, 2004; McKenna, Smith, Poole, & Coverdale, 2003; McKenna & Newton, 2007; Thomas & Burk, 2009; Winter- Collins & McDaniel, 2000; Zarshenas, Sharif, Molazem, Khayyer, Zare, & Ebadi, 2014). In summary, the literature demonstrates that new graduate attrition is a widespread problem, despite the recent four-year investment in nursing school. The consequences of this attrition extend to the wider healthcare system, which I describe further below.

Healthcare system impacts. When a registered nurse resigns, a new recruitment must occur, followed by hiring and training a new nurse to fill the vacancy. Based on my experience, the staff who takes on the extra workload feels additional pressure to continue providing high quality of care with less time to do so. Patients directly suffer from these units working short staffed by receiving more rushed and a lesser quality of care (Clark, Leddy, Drain, & Kaldenberg, 2007). Finally, the healthcare system bears a cost to fill each vacancy, investing upwards of $64,000 to fill the position (O'Brian-Pallas, Murphy, Shamian, Li, & Hayes, 2010; Rush et al., 2013).

Compounding the consequence of nursing attrition rates due to high stress work environments, in 2014 the supply of registered nurses saw its first decline in the number of

Canadian registered nurses in two decades (CIHI, 2015). The Canadian Nurses Association estimated a nursing shortage in Canada would reach a deficit of 60,000 registered nurses by 2022 (Chachula et al., 2015). Turning now to potential solutions, the final theme of this literature review provides factors that promote engagement in the self-actualizing process.

Factors that Promote Engagement in the Self-Actualizing Process

Palmer (2008), an established activist in adult education, called for development of the heart of educators and greater congruence between the ideals taught in the nursing curriculum with the reality of the role. This third literature theme provides insights into contextual factors that promote congruence. Next, I review the literature surrounding new graduates working in their preferred practice setting area and the benefits of engaging in a formal transition program. Finally, I outline the benefits of genuine support systems and reflexive communities of practice.

Developing the Heart of Educators

Parker Palmer (1998) articulated a need to develop the heart of educators. In nursing, these educators include undergraduate faculty, workplace supervisors, and the senior nurses that implicitly mentor novice nurses into the culture of nursing. He described this development of heart as a holistic congruence of the heart, mind, and emotions of teachers and learners. The resulting habits of the heart represent a pathway toward a healthy democracy, which is potentially a way forward to a more sustainable and nourishing nursing culture. Undergirding these habits are the following collective values:

1. We must understand that we are all in this together;
2. We must develop an appreciation of the value of otherness;
3. We must cultivate the ability to hold tension in life-giving ways;
4. We must generate a sense of personal voice and agency;

5. We must strengthen our capacity to create community. (Palmer, 1998, p. 44-45)

Palmer's (1998) collective habits of the heart are similar to the individual's journey toward self-actualization. While he described a more collectivist process whereby the focus extends to the wider culture and community, the contextual principles of authenticity and unconditional positive regard (Rogers, 1986) align. Furthermore, he emphasized the imperative to work together toward a solution that values diversity and promotes individual voice, rather than denying them through homogenization. Finding ways to live with the normative tensions implies an ability to manage one's emotions and to have an awareness and acceptance of the emotions of others (Taylor & Cranton, 2012). These practices aim to promote the thriving or flourishing of each citizen, which then collectively promotes a flourishing culture (Palmer, 1998).

Regarding nursing culture, the current new graduate literature demonstrates that the nursing culture has fallen short in creating a healthy democracy in many new graduate workplaces (Jacobs & Kyzer, 2010). Based on the literature, when workplace culture celebrates individual voices and authenticity, individual members are more likely to engage in the self-actualizing process.

Congruence between the Real Work of Nursing and Nursing School Ideals

The concept of congruence (Rogers, 1986) aligns with my theoretical framework because it promotes engagement in the self-actualizing process. Rhéaume et al. (2011) used a repeated cross-section survey method design in eastern Canada over a five-year period, and found that nearly half of new graduate registered nurses intended to leave their employer. The strongest correlating variables were the work environment, lack of empowerment, an inability to internalize goals, and to exercise nursing ideals in the workplace (Rhéaume et al., 2011). Based on Rogers' (1986) theory, these factors may reflect incongruence between the learned "ideals" of

nursing and the "real" work in the clinical environment. The further apart the "real" and "ideal" are the greater the degree of incongruence felt (Rogers, 1986). Figure 2 illustrates the incongruence between the ideals of curriculum and the reality of the work. Additionally, the product of this incongruence is the erosion of self-confidence and feelings of belonging, and an inability to trust in their feelings and decision-making capacity. Ultimately, it may prevent one from engaging in the self-actualizing process (Rogers, 1986). Conversely, as a buffer against these feelings of insecurity, a recent study out of University of British Columbia (Gunnell, Mosewich, McEwen, Eklund, & Crocker, 2017) found that first year nursing students who regularly practice self-compassion are able to mitigate stressors and declines in well-being. Within this context, self-compassion intertwines with congruence in its acceptance of the "real" self, despite immersion in a culture that focuses heavily on the "ideal" self. Thereby, self-compassion promotes the meeting of self-esteem as a physiological need, which may enable one to progress towards self-actualization.

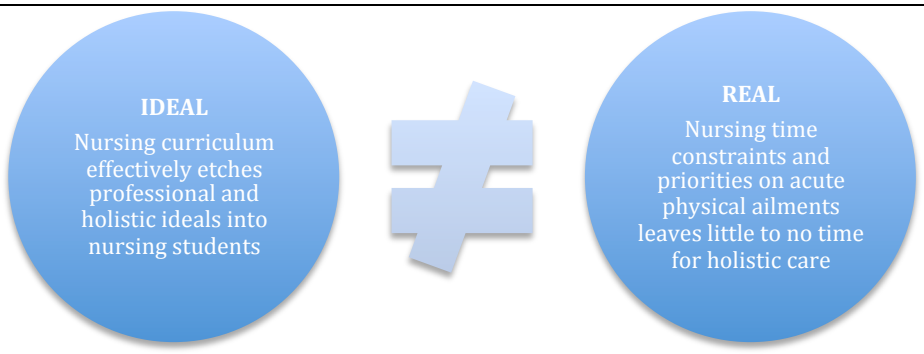

Figure 2. Incongruence between the "ideal" and the "real" (Rogers, 1959). This figure illustrates the components that make up how nurses feel they should be, which may or may not be a reflection of their current reality. The further apart these two circles are the greater degree of feelings of guilt and shame for not being who they believe they should be.

Another element of congruence relates to the ability of novice nurses to be authentic in the workplace. O'Callaghan (2013) described a hidden curriculum in the culture of medicine that promotes emotional incongruence. When students incubate in an environment of intimidation and shame in their training, emotional incongruence occurs. They are then likely to use the same emotionally incongruent behaviors within the workplace and towards their patients (O'Callaghan, 2013). Based on my experience, this same scenario can also occur in nursing education. According to Strouse and Nickerson (2016), nursing faculty acknowledge the importance of their role in socializing nurses on how to 'be' in the profession. Regarding the educator's role in modeling authentic behavior, Venise et al. (2015) found that "nursing students' perception of faculty members' realness appeared to be the most significant attribute in fostering positive interpersonal relationships" (p.1). This element of being "real" occurs via transparency, undergirded by compassion and reliability (Rogers, 1968; Venise et al., 2015). Based on this literature, role-modeling emotional congruence promotes reciprocal behaviors in nursing students and future new graduates, which promotes authentic displays of emotion and perpetuates nurturing and respectful behaviors to their peers. These same implicitly learned behaviors might then naturally flow into their role as a professional nurse, a nurturing team member, and toward a more congruent workplace identity

Identity formation. Socializing nurses into professional values in their undergraduate education and new graduate work settings promotes professional identity formation (Benner, Sutphen, Leonard, & Day, 2010). However, based on Rogers (1959) concept of congruence, it requires alignment between professional and personal values. When new graduate nurses do not feel emotionally safe to be themselves, they may put on an image that results in incongruence. This incongruence further creates a constant state of ambiguity with who they really are, which

produces high emotional labor (Hochschild, 2012), as described above. When the practice of being who one should be rather than whom one is becomes a well-established way of life "they can no longer rely on their emotions to provide them with an accurate sense of their real attitudes, values, and feelings about other people or events. They have learned how to con themselves, and no longer know who they really are" (Bergquist, 1993, pp. 72-73). Based on my experience and further supported by Rogers' (1959) work, feeling ambiguous about one's self, how one feels, and the values that drive them prevents the ability to resolve the emotional dissonance. Conversely, in workplaces that promote and celebrate diverse ways of being, thinking, and doing, it is likely that new graduates will exercise their personality traits and personal values in their role as a professional nurse. Honoring personal affinities in the workplace can also extend to empowering new graduates to work in specialty areas that align with their talents and preferences.

Working in an Area of Preference

New graduate registered nurses who work in an environment of their choosing are at a lower risk of leaving their job (Beecroft et al., 2008). Based on my experience and the North American literature (Shattell, 2009), faculty often advise new graduates to spend one or two years working on a medical/surgical unit to consolidate acute care skills, despite their workplace preferences. Adding to the consolidation argument, over 70% of new graduate job openings are in the hospital setting, and many of those are on medical/surgical units (Spence Laschinger, 2015). Regarding retention, nurses over the age of 30 are four to five times more likely to have intents to leave their position if they are not able to work in their context of choice (Beecroft et al., 2008).

Students need to make informed career choices, taking into account employability and their affinities. However, based on the literature surrounding burnout, which I described above, affinities might be more important than the benefits of acute care skill consolidation if early burnout is a risk factor. Conversely, according to Maslow's (1943) hierarchy of needs, gaining employment to support the ability to sustain food and shelter may be the more primal need within these considerations. Another influential factor in the survival and self-actualization of new graduate registered nurses is their ability to receive support through a new graduate transition program.

New Graduate Transition Programs

Transition programs that provide a comprehensive orientation, mentorship, an environment with adequate resources, and on-going education appear to be successful in reducing attrition rates (Gillis, Jackson, & Beiswanger, 2004; Marcum & West, 2004; Scott, Engelke, & Swanson, 2008). Programs that provide less than three months of transition support are minimally effective at retaining new graduates; retention rates positively correlate with the length of time support is offered (Salt, Cumming, & Profetto-McGrath, 2008; Scott et al., 2008). Additionally, transition programs often focus on the first six months to a year of practice, but 47% experience a significant increase in burnout during their second year in the workforce (Rudman, Gustavsson, & Hultell, 2014). One in five novice registered nurses felt burned out with the intention of leaving the profession within five years (Rudman et al., 2014). Furthermore, due to lack of funding, particularly in more remote locations, many new graduate work settings are unable to offer formal transition support (Lea & Cruickshank, 2007; Kelly & Ahern, 2008).

Mentorship is a core component of effective transition programs because it provides a formal support system for new graduates (Salt et al., 2008). Furthermore, institutions that assign a preceptor have the highest retention rates (Salt et al., 2008). Essentially, formal and informal support systems that provide an emotionally nurturing space to be authentic enhance feelings of security and belonging (Brown, 2010; Rogers, 1959).

Effective Support Systems

Based on Rogers' concept of congruence and the requirement of unconditional positive regard (1959; 1986), support systems that offer genuine connection and unconditional positive regard influence how the new graduate nurse builds confidence and develops feelings of safety and belonging in the workplace. Brown (2010) defined this connection as, "the energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgment; and when they derive sustenance and strength from the relationship" (p.19). New graduate nurses require this connection along with relationships that nurture vulnerability, provide role modeling, and supportive guidance to work through moral and ethical dissonance and to promote meaning making (Pauly & Storch, 2013).

Regarding formal support structures, management and team support in the workplace correlate with job satisfaction and attrition risks in several studies (Beecroft et al., 2008; Boamah & Laschinger, 2016; Cho, Lee, Mark, & Yun, 2012). Additionally, management's willingness to listen and respond to concerns with work schedules demonstrates support, which when left unaddressed results in higher attrition rates (Flinkman, Laine, Leino-Kilpi, Hasselhorn, & Salantera, 2008). Another important area of support, as I elaborated on above, is promoting a culture of goal setting and achievement. Organizational leaders can underscore the importance of goals and support new graduate nurses in their ability to fulfill them. Regular goal setting

results in self-efficacy, which intertwines with the capacity to engage more fully in the self-actualizing process (Locke & Latham, 2002; Nel, Crafford, & Roodt, 2004). Specifically, areas of influence include facilitating opportunities for making a public commitment to goal attainment, communicating how it aligns with the larger organizations vision, and then ensuring that agency and leader actions go forth with that vision (Hollenbeck, Williams, & Klein, 1989). These same goals, if supported by their supervisor, enhance levels of SOC and belief in self by promoting feelings of control and manageability in their career (Locke & Latham, 2002; Nel, Crafford, & Roodt, 2004).

Ultimately, aiming to make new graduate work environments more receptive and flexible will promote confidence and a more positive perspective of their role as a professional nurse (Salera-Vieira, 2009). Additionally, supporting new graduate goals and developing environments where it is emotionally safe to discuss areas of dissonance, free from homogenizing scrutiny, enables new graduates to operate from a more authentic and congruent place (Rogers, 1959). Another way in which new graduates can engage in a more supportive work environment is through the establishment of communities of practice.

Communities of Practice

Communities of practice (Lave & Wenger, 1991) promote a process of shared meaning making and knowledge development, supported by informal relationships in the workplace (Hara & Schwen, 2006). When these informal relationships demonstrate an environment of unconditional positive regard, they promote congruence in the workplace and thereby encourage self-actualizing tendencies (Rogers, 1986). Furthermore, shared meaning making, learning, and knowledge development will naturally occur with conscious and intentional efforts to promote spaces that nurture vulnerability (Blackmore, 2010).

The first step toward developing a community of practice is the conscious awareness of the learning process (Blackmore, 2010). Multiple factors influence the learning process and it operates on an individual and social level. Blackmore (2010) outlined the following measures that describe a flourishing community of practice where 'social learning' naturally emerges:

- Has achieved a sense of its own coherence and integrity.
- Contains a requisite level of variety and diverse tensions of difference, which are essential for its own dynamic.
- Is clear about its purpose and the influence of this on the boundary of its concerns and indeed its structure.
- Combines both experiential and inspirational learning processes in its quest for meaning for responsible action.
- Is conscious of meta and epistemic cognition, and of the influence of both cognitive and normative worldviews as frameworks for the way meaning is created.
- Is critically aware of its own emotional ambiance, and competent at the intelligent management of those emotions.
- Is aware of the emergence of properties unique to different levels of its own systemic organization, just as it is to the dynamics of chaotic change and the potential of property emergence following reorganization.
- Appreciates the nature of the environments in which it operates, and is conscious of both constraining and driving 'forces' in that environment.
- Is critically conscious of its own power relationships and those which exist between it and the environment about it, and knows what influence this has as a potential distorter of communication.

- Is self-referential, critical of its own processes and dynamics, and capable of self-organization in the face of continual challenge from its environment.
- Exhibits leadership as well as meaning as an emergent property. (p. 54)

The ability of nursing cultures to reflect the above characteristics of a community of practice is a measure of the health of the work environment, and a mechanism to illuminate shortcomings. This reflexive process is cyclical and fluid and is an ongoing quality improvement process (Blackmore, 2010). Respectfully questioning the status quo can become a norm, which when received in a space that allows for these challenges, will promote authentic discourse (Blackmore, 2010).

The concept of community practice may be a way forward for nursing settings to provide a more self-actualizing environment for its members. Furthermore, it aligns with the previously reviewed topics including developing the heart of educators, promoting congruence, and establishing effective support systems. These contextual elements represent opportunities to promote engagement in the process of self-actualization within the novice nurse role.

Summary

Many of the emotional development opportunities, which I addressed in theme one, and stress triggers, which I addressed in theme two, are not immediately changeable. However, the literature that I presented in theme three suggests that there are ways to help prepare nurses for workplace stress, which may promote engagement in the self-actualizing process as a novice nurse. The literature surrounding individuals' life experiences and influential contextual factors provided a sound background for this study. In this study, I intended to add to the current literature by providing deeper insights into how these factors interplay with the new graduate's experience of stress and their ability to engage in the self-actualizing process as a novice nurse.

CHAPTER THREE: Research Design

Overview

Prolonged levels of stress and feelings of insecurity in new graduate registered nurse work environments are an expected part of the transition experience, yet we continue to see high rates of emotional exhaustion leading to burnout (Suzuki, Tagaya, Ota, Nagasawa, Matsuura, & Sato, 2010). Although researchers have studied this topic, there was limited literature that explored how previous life experiences interplays with the interpretation, tolerance of, and confidence to manage stress in the workplace. This study aimed to address this gap and to add to the current literature by exploring the interplay of life experiences that enable or disable nurses to survive and thrive in their first year of nursing practice. It investigated if and how new graduate nurses get their primary needs met (Maslow, 1943) and their perception of congruence between their "real" and "ideal" self (Rogers, 1959) in their novice nurse role. Guided by my theoretical framework, I explored how life experiences and workplace context influences the ability to manage workplace stimuli. In addition, I sought to understand how their ability to manage workplace stressors affected their ability to engage in the self-actualizing process as a novice nurse.

Theoretical Framework

As described in Chapter One, I ontologically align with critical realism and epistemologically orient myself via social constructivism. These alignments and orientations describe my understanding of the nature of knowledge, how the participants come to understand their world, and the soil for which my theoretical framework took root. My theoretical framework primarily drew from Maslow's hierarchy of needs (1943) and is supported by the work of Rogers (1959) and Antonovsky (1979). To be specific, when the participants reflected

on areas of stress at work, it was anchored to an unmet need that correlated with Maslow's hierarchy of needs (1943). Conversely, when discussing moments in which they felt they were thriving, their basic needs were attended to, enabling them to engage in self-actualizing activities. To further support this lens, Rogers' (1959) concept of congruence provided the lens through which I viewed the data surrounding their sense of esteem, belonging, and acceptance, all of which aligned with Maslow's theory (1943), but were further supported by Rogers' research. Finally, Antonovky's general resistance resources (GRR's) provided additional insight into why some participants seemed more or less impacted by workplace stressors than their peers. Each of these theoretical framework components provided the lens through which I addressed my research questions.

Research Questions

The primary research question, guided by the problem and purpose of the study, is: How might the unique life experiences and contexts of new graduate registered nurses interplay to enable or disable their ability to engage in the process of self-actualization as a novice nurse? The following three sub-questions support the overarching research question:

1. How might previous life experiences enable or disable the ability to thrive in the workplace?
2. How might contextual workplace elements enable or disable their ability to thrive?
3. How might undergraduate curriculum efforts enable or disable their ability to thrive in the workplace?

Methodological Approach

Qualitative researchers aim to gain understanding and to engage in the process of meaning making and how individuals construct meaning based on their lived experiences (Merriam, 2014). In this study, I used a basic qualitative (Merriam, 2014) approach to gain an understanding of how new graduate registered nurses interpret the interplay between their contextual opportunities and the experience of stress in the workplace. Within this exploration, I acknowledge that participants have a uniquely constructed perspective surrounding the factors that attribute to their ability or inability to engage in the self-actualization process as a novice nurse.

Merriam coined and described the basic qualitative study as the most commonly used amongst qualitative researchers and characterized the approach by its focus on meaning and process and by its primary goal of understanding how people make sense of their experiences (Merriam, 2014). It is a general form of qualitative research, which does not limit the inquiry to a particular phenomenological component. The interpretive nature of my study emerges from social constructivism in that it acknowledges that there are multiple interpretations of common workplace events, dependent on the unique contexts of each new graduate registered nurse. Based on this approach, I explored how new graduate registered nurses found meaning from their previous life experiences and the impact these experiences and opportunities had on their ability to obtain self-actualizing resources. Furthermore, I wanted to understand how the new graduate registered nurse interpreted events in the workplace and specifically, what made them stressful. This form of inquiry aimed to identify areas of interplay between participant life experiences, context, and the meaning they found within the connections. My purpose was to gain meaningful sensitivity around their experiences and deeper insights into the wider new

graduate experience (Thorne, 2016).

The research centered on the detailed interpretations of the new graduate registered nurse participants. I aimed to gain understanding within the participants' unique context (Patton, 2002). In support of this approach, I sought to question and probe for deeper insights (Willig, 2013), which helped to explore induced knowledge through understanding. Thereby, having a smaller number of participants allowed for this deeper probing into the interplay between context and stress, and the transferable elements (Bhaskar, 1978; Merriam, 2014) that the new graduates appeared to have in common.

In summary, I sought to uncover relationships between participants' context and their experience of stress in the workplace. I fulfilled this intent by using Merriam's (2014) basic qualitative methodology. The data provided deeper insights into why some new graduates thrive while others become emotionally exhausted in similar work environments. Meaning making occurred within the researcher-participant relationship and interview discourse, which I describe below.

Participant Selection

My intention of performing this qualitative research was to explore and potentially uncover themes and patterns that add to our collective understanding of how the new graduates' past life experience, undergraduate experience, and work context may interplay to impact self-actualizing tendencies in their novice nurse role. Honoring this intention, I chose a sample size and recruitment strategy that enabled me to address my research questions.

Sample size. Turning to sample size, a range of recommendations exists surrounding the minimum number of participants needed to reach data saturation. For example, a widely cited study performed by Guest, Bunce, and Johnson (2006) found that a minimum of six participants

from a largely homogenous group was adequate to reach data saturation, compared to Hennink, Kaiser, and Marconi (2017) who recommended nine. The variance relates to the degree of detail and volume of the themes that arise from the data. For this purpose, they recommended the number of participants be fluid until no new themes arise (Malterud, Siersma, & Guassora, 2016). The purpose of reaching this point of data saturation is to promote thick descriptions that have the potential to be applicable to similar scenarios, as opposed to solely providing rich descriptions, which are difficult to apply to other contexts. Furthermore, Mason (2010) argued that:

> There is a point of diminishing return to a qualitative sample—as the study goes on more data does not necessarily lead to more information. This is because one occurrence of a piece of data, or code, is all that is necessary to ensure that it becomes part of the analysis framework. Frequencies are rarely important in qualitative research, as one occurrence of the data is potentially as useful as many in understanding the process behind a topic. This is because qualitative research is concerned with meaning and not making generalized hypothesis statements. (p. 1)

In this study, prominent themes emerged within the open-ended interview questions amongst this relatively homogenous group of new graduate registered nurses. I reached redundancy (Merriam, 2014) of these themes by the sixth participant interview. To be specific, the themes remained unchanged after the fifth interview. I then probed the unique qualities of each participant's context for a deeper understanding of how factors interplayed with one another.

Recruitment of Participants. To ensure consistency with the purpose of my research, I identified specific criteria when recruiting participants for the study. Participant selection

centered on the assumption that all eligible new graduates had a unique perspective that informed their meaning making process (Stake, 1995). They each offered a unique perspective on what and how factors affected their ability to engage in the self-actualizing process as a novice registered nurse.

I based participant eligibility on:

1. Status as a new graduate registered nurse: having worked in the field for more than six months, but less than two years.
2. Location: needed to be feasible to meet for interviews with a preference for those who resided on Vancouver Island.
3. First come first serve: I chose volunteers from Vancouver Island that were eligible on a first come first serve basis; then considering those off island.

After receiving study approval from the University of Calgary Ethics Review Board, I posted the participant recruitment notice on the Association of Registered Nurses of British Columbia (ARNBC) website, which is a resource for all registered nurses in British Columbia. I explained the study's purpose and that the role of each participant was to develop a better understanding of what enabled or disabled their ability to survive and thrive in their novice registered nurse role. The notice also instructed interested new graduate registered nurses to contact me by email, noting their interest and how they met the eligibility requirement. I then responded to emails of interest with an additional outline of the study, a copy of the informed consent, and an invitation to answer any questions they may have. After emailing back and forth and having them review the informed consent, I arranged a time and place to complete the first interview.

Twelve new graduates contacted me to participate in the study. One did not respond beyond the initial email of interest and the other three contacted me after the first round of interviews had begun. Based on the first come first serve structure, which I stated in the recruitment advertisement, the three volunteers who emailed me at a later date understood why they were not chosen; however, they agreed to be contacted if there was a need for further data. Because I did not need more data to reach saturation, I did not re-contact the other three volunteers. The eight participants who took part in the study from the beginning completed all three interviews.

Before beginning the first interview with each participant, I reviewed the informed consent, provided an opportunity to answer any questions, and reminded them that they could withdraw at any point during the study. The eight participants who took part in the study signed the informed consent.

Research Methods

Guided by the Merriam's (2014) basic qualitative research methodology, I used data collection methods that abided by my ethical considerations and supported my research questions. In this section on my research design, I include how I collected the data.

Data Collection

As per the guidelines of Merriam's (2014) basic qualitative research design and adhering to my guiding principles, the focus of data collection for this study consisted of a series of semi-structured interviews with each participant. The interviews began in June of 2017.

Interviews. Edwards and Holland (2013) described interviews as a form of constructed knowledge creation.

> As human interaction and negotiation is seen as the basis for the creation and understanding of social life in interpretive approaches, it is the interaction of the participants in the interview situation – the researcher and the researched – that creates knowledge. (p. 17)

For my interviews, I used a semi-structured format, which involved three interviews for each participant. I completed a total of twenty-four interviews, twenty of them in-person. Due to schedule or geographic challenges, I completed four of the twenty-four interviews via videoconference. For twelve of the in-person interviews, I met with participants at their home, and I completed eight at a third party location. Locations were determined based on participant preference. Doing three interviews with each participant enabled me to involve them in the interpretive work, including theme development and exploration of interplay, which I used as a form of respondent validation (Merriam, 2014). I completed the first two rounds of interviews with all of the participants within a three-week period between June of 2017 and July of 2017, which enabled me to be immersed in the data collection and analysis process in a condensed period. The third round of interviews then took place four weeks later in August of 2017. The span of time between the second and third round of interviews was helpful to reflect, compare, and contrast the coded data. Furthermore, it provided enough time for me to develop and complete a rough draft of the themes, which I provided to the participants and reviewed with them at their final interview to ensure that they rang true to them (Merriam, 2014).

I developed my interview questions as an extension of the existing literature and situated them in the new graduate registered nurse context. While the interviews had a topic-centered approach, I was flexible and open to how the interactions evolved. The interviews were 60 to 90 minutes in length. I used pre-formulated questions as my guide (Appendix A); however, I

tailored the interview questions to each participant's unique context and remained flexible to deviate. The topic areas included childhood upbringing and other life experiences, such as undergraduate education and transition program engagement, which affected how they perceived and managed their experiences in the workplace. By using a semi-structured approach, I ensured that I addressed the theoretical variables of interest, but I was flexible to honor the participants' desires to share lived experiences that they felt were impactful for them (Galletta, 2013). Each interview was iterative, building on the previous discussion surrounding the interplay of factors in their unique context.

Regarding the iterative interview process, I focused the first round of interviews on identifying key factors that emerged as impactful in the participants' unique situations, and I was flexible to honor what the participants felt was impactful for them. I took notes on areas that would benefit from elaboration in later interviews, which I then incorporated into the analysis process. Following each interview, a debriefing occurred, which I describe further below. Shortly after transcription of each interview verbatim, I sent the participants their transcript to ensure accuracy, giving them an opportunity to make corrections. However, none of the participants provided transcript feedback that prompted corrections. I then used the second interview to probe more deeply into the themes that I identified from the first interviews. This process also provided a form of respondent validation, ensuring my emerging thematic understandings resonated with them. After the second interview, I again provided each participant with their transcripts for an opportunity to make corrections. Finally, I focused the third interview on getting feedback about how and if the collectively identified themes that arose during the analysis of the first two interviews rang true (Merriam, 2014) for them. The third

interview also provided an opportunity to add any additional areas of interplay that I had overlooked.

Guiding principles. I made efforts to build rapport, as this was essential in developing an environment of trust and emotional safety, thereby minimizing a fear of judgment and promoting authentic participant responses (Saldana, 2011). I also clearly articulated the study goals and methods in my invitation to participate and in the informed consent. The semi-structured approach ensured that I addressed the theoretical variables of interest while remaining flexible to honor the participants' affinity to share their particular lived experiences (Galletta, 2013). Third, to maximize participant comfort, we jointly chose the interview site based on geography, privacy, and participant preference. I completed interviews in-person whenever possible. By adhering to each of the guiding principles, co-constructed meaning making naturally occurred from the reflexive relational interaction with each of my eight participants. This reflexive discourse promoted an emergence of patterns of the interplay between contextual factors and the experience of stress in the workplace.

Data Analysis

Thematic coding, using an inductive and comparative technique (Merriam, 2014), directed my analysis of the data collected in this study. The process centered on answering my research questions by building an understanding of the influence of life experiences and current work context. I probed into these factors, working to interpret if and how they impacted the new graduates' ability to engage in self-actualization as a novice nurse and to understand how they relate to perceived unmet needs (Maslow, 1943). Furthermore, I explored how stress affected their ability to thrive or self-actualize in their novice registered nurse role by examining patterns of interplay (Parlour & McCormack, 2012) between life experience, context, and their ability to

manage stimuli, which may or may not feel stressful. While comparative analysis implicitly happened within and between participant interviews, this process was secondary to the creative and unique meaning-making process apparent within the individual's context (Thorne, 2016). Ongoing realizations, inside and outside of the interviews, were part of the meaning making process.

Analysis of the Semi-structured Interview

By transcribing the first and second interviews before the next, I was able to use an iterative process where I developed questions for the next interview that clarified and probed for deeper insights. Each participant was interviewed three times, not only to provide more depth but also to ensure that a continual respondent validation process could occur by reviewing themes that emerged from the previous interview. Because I focused the third interview on validating the themes of the previous interviews, rather than collecting more data, I did not have them review their final transcript. In the third interview, the participants agreed with all of the themes that I provided in the draft, which they reviewed over a two week period and thereby, the core themes that were identified in the first two interviews were discussed but remained the same after the third interview. As a result, each participant had the opportunity to give me feedback on the developing themes, the interplay of emerging factors, and an opportunity to reflect on the their overall experience as a participant in the study.

Analysis of the Field Notes

Merriam (2014) described field notes as a form of fundamental analysis, whereby I made a note of content that struck me as interesting and relevant. I structured my field notes into three components. During the interview, I used handwritten notes to record my impressions, in the moment reflections, and considerations to address later. Directly after the interview, I made

digital recordings describing my reflections of the meeting; identifying patterns or moments of meaning making that seemed pertinent to me. Additionally, when struck with questions or curiosities during the data collection and analysis period, I made digital or handwritten notes to bring forward to the next interview. This portion was essential to ensure that I captured key moments in the interpretive process, which then allowed me to seek participant feedback related to potential connections and patterns.

Analysis Using Thematic Coding.

I read and re-read the interview transcripts and field notes with a back-and-forth analysis process, constantly comparing for patterns that related to the research questions and the theoretical framework (Merriam, 2014). This open coding process promoted the emergence of inductive themes, which I color-coded into clusters of similar data segments. To be specific, I grouped data into segments and then assigned a descriptor. In this process, I closely followed Merriam's (2014) analysis steps, which she outlined as:

> The construction of categories is highly inductive. You begin with detailed bits or segments of data, cluster data units together that seem to go together, then "name" the cluster. This is a category or theme or finding. As you move through data collection and if you have been analyzing as you go, you will be able to "check out" these tentative categories with subsequent interviews, observations, or documents. At this point, there is a subtle shift to a slightly deductive mode of thought—you have a category and you want to see whether it exists in subsequent data. By the time you reach saturation—the point at which you realize no new information, insights, or understandings are forthcoming. (p. 183)

At the point of saturation, each theme was then more deductively refined to reflect common patterns that were becoming apparent within and between participants. I outlined the emergent themes after the first round of interviews and brought them forward to the next interview for respondent validation and to probe for further understanding. The final interview with each participant then provided me with an opportunity to ensure that the collective thematic findings rang true to the individual participants (Merriam, 2014).

Additionally, I used my field notes during this process to prompt deeper probing, via reflecting and documenting areas where more understanding needed to occur. Specifically, I noted questionably linked factors and areas that required more understanding and verification in the next interview. I then integrated my field note data with the data obtained from the interview transcripts, which resulted in the development of themes. I then organized the themes according to how they aligned to my research questions and my theoretical framework, examples of these are provided in Tables 2, 3, 4, and 5 (Appendix B).

The use of multiple interviews was an essential component of the joint meaning making process. The iterative process promoted deeper insights and ensured that my interpretations aligned with the participant's interpretations. Additionally, this layered approach provided a way for me to bring forth my subjectivities within the interpretive process, reflect on them, and bring them forward to the participants. This process ensured that my assumptions were not overshadowing their perspective. Once I completed the first and second interview transcripts, I verified, coded, and categorized them.

Finally, as part of the final interview, I completed a final respondent validation process. I gave them a draft of the themes before the final interview and we reviewed and discussed them during the interview. This process ensured that the collective themes that were established also

rang true to them individually. Because of the participants' feedback in the third round of interviews, I did not make any thematic changes because all of the participants agreed with the drafted themes. As part of my final validation, in Chapter Five, I reflect on the themes that were also identified in the literature provided in Chapter Two and I introduce new literature related to the unanticipated themes that emerged in Chapter Four.

Ethical Considerations

The voluntary nature of participation, rather than directed recruitment, ensured that there were mutual benefits for both the participants and I, free of threat or pressure (Woods, 1985). I pursued recruitment through the Association of Registered Nurses of British Columbia (ARNBC), a third party email list serve, widely subscribed to by registered nurses in British Columbia. This approach maximized the audience receiving the opportunity and minimized selection bias, apart from geographical preference.

Informed consent provided an agreement to engage in the research process, which aimed to be understood and free of outside coercion or control. This agreement provided participants with an opportunity to voluntarily take part, as opposed to permitting in exchange for something (Faden, Beauchamp, & King, 1986). It is possible that there was non-intentional or situational coercion (Faden et al., 1986), which I managed through clear language in the invitation to participate and the informed consent process. Finally, via the language of the informed consent and by verbally reiterating in the first interview, I made it clear that they could withdraw at any point.

My role as the researcher required a responsibility to minimize and manage the potential for harm (Comer, 2009). The risk of a dual role conflict in this study was potentially present due to my role as a faculty member at the main undergraduate nursing program in the area.

However, this was not a formal conflict as I was not engaging with them as an evaluator, nor were any of them directly supervised by me in a clinical capacity. I managed informal conflicts through transparent discussions with participants before data collection and in the consent process. This transparency minimized any subtle or overt coercion. Additionally, the consent process noted that they could withdraw at any point without ramification.

Based on the reflexive nature of the research, emotions may have arisen by uncovering areas of dissonance in the workplace and previous life experiences. These emotions may have produced discomfort for some participants. Thereby, each interview began and ended with a check-in process, which created a nurturing space to acknowledge dissonance before and after the interview. Additionally, before leaving the first interview, I gave them a debriefing document that included a phone number for professional counseling, free of charge to them.

Validity, Reliability, and Fittingness

Participant's unique contexts inform their reality (Creswell, Hanson, Clark Plano, & Morales, 2007). Within this study, I explored how participants interpreted workplace events related to their previous life experience. I used a variety of validity and reliability strategies to ensure that I accurately conveyed the participants' realities (Merriam, 2014).

Inductive reasoning occurred by continuously looking for patterns in the transcript narratives. I validated these findings through respondent and peer validation (Merriam, 2014), by viewing it through my theoretical framework, and comparing and contrasting it with the existing literature. Providing interview transcripts and performing a 'check in' with participants after each interview and before the next one ensured that thematic connections and interpretations resonated with them, which served as a form of respondent validation (Merriam, 2014). A type of informal peer review (Patton, 1999) occurred with my doctoral supervisor and

a committee member between the first and second cycle of interviews, which provided an opportunity to review my analysis process and recommendations to prepare for the next cycle of interviews. A form of triangulation occurred by comparing and contrasting the data with literature review findings (Leung, 2015), which I describe in Chapter Five. Together, these strategies contribute to the internal validity of the study.

Reliability in my qualitative research study relates to the consistency of the data collected with the inductive reasoning I reached (Merriam, 2014). Throughout the analysis process, I followed Merriam's (2014) basic qualitative process and documented the techniques used to analyze the data. This documentation, and particularly the display of how data segments evolved into themes (Appendix B), provides an opportunity for other researchers to decide if the study has relevance to their unique context.

External validity or fittingness refers to the relevance of my research to similar situations (Merriam, 2014) and to provide meaning to people outside of the study (LoBiondo-Wood & Haber, 2013). For this purpose, I used thick descriptions by providing examples of how I clustered data segments into themes (Appendix B), which demonstrates how data saturation occurred. Additionally, I provided rich descriptions of each participant in the participant profiles, which enable the reader to determine how closely their situation matches with those in my study (Merriam, 2014). By the interviews with my sixth participant, no new themes were emerging, which indicated to me that I had reached data saturation and did not need to engage more participants (Malterud, Siersma, & Guassora, 2016). I used the second round of interviews with each participant to validate the individual themes that emerged in the first interview and to probe more deeply into individual areas of interplay. I used the third round of interviews with each participant to validate the collective themes that had emerged and to provide an opportunity

to correct or add to the findings. This process promoted a dialectical process within the interview to probe for insights, discuss potential thematic connections, and to address any possible misinterpretations.

Limitations and Delimitations

Saldana (2011) described qualitative research as a process of creating meaning out of unique contextual conditions. Thereby, results of this research are limited to insights, based on the analysis of the participant interviews, into how life experiences affected the ability to manage workplace stress. Another limitation may have resulted if influential factors remained subconscious to participants (Romanyshyn, 2013). Maslow (1943) argued that unconscious motivations tend to be more prevalent than conscious ones in the average person; this factor is important to consider as potentially confounding. However, I believe the interview environment enabled authentic and reflexive discourse, whereby it is likely that some previously unconscious factors emerged during the series of interviews (Romanyshyn, 2013). Finally, my experience as a frontline nurse, administrator, and then educator provided a richness that contributed to the meaning making process. I managed my subjectivities via carving out time to reflect and document my interpretations of the findings, which I then brought to participants through the multiple interview format of the research design, continually ensuring that my interpretations rang true to the participants (Merriam, 2014). Furthermore, in my thematic analysis, I was careful to provide ample participant quotes to support the findings that surrounded undergraduate education and the managing of hierarchical tensions, which are both areas where I carefully managed my subjectivities.

Delimitations in this study were the structures I put in place, including the participant selection process and data collection methods I used. For instance, I posted the recruitment

notice on a website that all British Columbian new graduates had access to; however, many of them may not have visited the website during the four week period in which it was posted. Another delimitation may have occurred based on participant geography, with seven of the eight participants residing and working in the central Vancouver Island area. The largest nursing school in central Vancouver Island was Vancouver Island University and the largest employer was Vancouver Island Health Authority. As a result, the majority of the participants trained and worked for these two entities. Additionally, the sample of participants was all Caucasian, female, and raised in Western Canada; with a likely orientation toward individualism. Finally, I only used interviews as a way to collect data, rather than triangulating via multiple sources.

The Role of the Researcher

The relationship created with each participant centered on my ability to build rapport, which promoted authenticity and shared meaning making. "Overlaying both the collection of data and the dissemination of findings is the researcher-participant relationship" (Merriam, 2014, p. 230). I believe my life history allowed me to come from a non-threatening position for those who may have been prone to feelings of embarrassment or shame. This influence of shared struggle promoted an environment of emotional safety and authenticity.

I did not formally immerse myself in the new graduate context as part of this study. However, I was a new graduate registered nurse and have many years of immersion in numerous nursing work environments in Canada and the United States where new graduates practice. While this was not a formal triangulation effort, it implicitly happened in the co-constructed meaning making process. Because of my experience in the field of nursing, I had an understanding of the new graduate work environment, which assisted in the interpretation of the

participants' spoken experiences. Cohen, Steeves, and Kahn (2000) described this as experiencing place.

Regarding my role as an undergraduate nurse educator, I had curriculum experience from three nursing schools. I completed my undergraduate degree at a Canadian nursing school. I completed my Master's degree while practicing in the United States, and I am situated in another Canadian institution as an educator. I acknowledge that my experiences do not enable me to generalize about the curriculum offerings of other nursing programs within North America. However, these experiences provided an understanding of the core competencies required of nursing students to graduate.

Based on my experiences and observations of new graduates over the last 20 years of my nursing practice, I have developed subjective impressions of nursing culture and context. I kept field notes throughout the research process to take account of these subjectivities and brought them forward in the interviews to validate and/or challenge my impressions, ensuring they aligned with participant perspectives. Reflecting on and discussing potential assumptions and realizations was an essential part of the research process (Cohen et al., 2000).

In summary, my experience in the field of nursing added richness to the meaning making process via the experience of place, which provided an understanding of new graduate registered nurse as they enter their workplaces. My intent was not to confirm my subjective assumptions, but rather to challenge them or as my doctoral supervisor said, "to be open to surprise" (J. Groen, personal communication, June 14, 2017). Ultimately, my experiences spurred on a curiosity to learn more about this topic area. Furthermore, as previously explained, I put a structure in place that managed and articulated subjectivity through participant, peer, and literature validation efforts.

Summary

The purpose of this qualitative study was to add to the existing literature and to inform nurse educators, employers, and future new graduate nurses on factors that contributed to the ability to manage workplace stress and the resulting ability to survive and thrive as a novice nurse. To fulfill this purpose, I aimed to uncover how life experiences, undergraduate curriculum, and transition programs interplayed to enable and disable new graduate self-actualization at work. Additionally, the research design included a variety of validation and reliability strategies. In Chapter Four, I present and discuss my study results, relate them to my research questions, and identify potential connections between stress and unmet needs.

CHAPTER FOUR: Findings

Overview

The purpose of this qualitative study was to gain an understanding of how life experience, engagement with the undergraduate nursing curriculum, and workplace elements interplayed to impact the ability of new graduate registered nurses engaging in self-actualization as a novice nurse. By using Merriam's (2014) basic qualitative approach, which I described in Chapter three, I aimed to explore how new graduate registered nurses interpreted their contextual and workplace experiences, how these factors shaped their worlds, and how they came to make meaning based on their experiences (Merriam, 2014). I collected the data through semi-structured interviews and field notes, followed by thematic coding where I clustered, and then named data segment categories, of which I both described in Chapter three and illustrate in Appendix B. Finally, I continually compared the themes, exploring how they interplayed with one another and their relationship to my theoretical framework. I used subsequent interviews to review my findings with participants, which determined if my interpretations rang true to them (Merriam, 2014).

In this chapter, I present the results of the analysis process that I described in detail in Chapter three. First, I provide a rich description of each participant and their contexts, from which the data emerged. Second, I describe the themes that came forth and pair them with the correlating research sub-question. Third, I categorize the data through the lens of my theoretical framework, based on unmet needs. Finally, I summarize the most prominent study findings. In Chapter Five, I then discuss how the findings align with my theoretical framework, I refer to the themes that emerged from my initial literature review, and then add literature to address the unanticipated findings. I consider this second literature review a final validation effort. As a

side note, to avoid terminology confusion, I use the terms self-actualization and thriving interchangeably.

Description of the Participants

In the recruitment advertisement, I noted that volunteers who reside on Vancouver Island in British Columbia (BC) had enrollment preference. As a result, seven of the new graduate participants were from Vancouver Island and one was from an urban area on mainland, BC. Twelve new graduate nurses contacted me from the recruitment notice. I accepted the first eight volunteers who met the eligibility criteria, all of whom agreed to the informed consent. One of the new graduates that contacted me with interest did not respond to my follow-up emails, and three contacted me after I had filled all of the participant spots. Those who volunteered later agreed to be on a waitlist with the understanding that I would contact them if I felt that I needed more participants. Because I reached data saturation, I did not need more data, and thereby the number of participants in the study remained at eight. All participants were female, Caucasian, and born and raised in Canada. They all received their undergraduate baccalaureate nursing degree from a university or college in 2016. Table 1 provides a comparative summary of each participant followed by their profile. Each of the participants used a pseudonym to maintain anonymity/confidentiality.

Table 1

Summary of Profile Data of Study Participants (P)

P	Mo. of work	Site	Age	Full-time	Has children	Thriv-ing at work (most times)	Child-centered upbring-ing	MH dx in past *	Child-hood trauma **	Introvert in high stimulus context	Goal to leave position
Mary (1)	9	MH	31	Yes	Yes	Yes	No	Yes	Yes	No	No
Jessica (2)	12	Acute	30	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Tabitha (3)	12	OR	37	No	Yes	Yes	No	No	Yes	No	No
Rhonda (4)	12	Acute	25	Yes	No	No	No	No	Yes	Yes	Yes
Sarah (5)	12	Acute	25	Yes	No	No	Yes	Yes	Yes	No	No
Candice (6)	12	Acute	29	Yes	No	Yes	Yes	Yes	Yes	No	No
Janice (7)	12	Acute	28	Yes	No	Yes	Yes	No	No	Yes	Yes
Cherie (8)	10	LC	25	No	No	No	Yes	No	Yes	Yes	Yes

Note. Thriving at work most days relates to feeling congruent and able to engage in the self-actualizing process at work on a regular basis.
MH= Mental Health, LC = Long-term care, OR = Operating Room, dx = Diagnosis
*Includes a history of addiction to drugs/alcohol.
**Self-ascribed traumatic event, defined as an event(s) that was pivotal in their childhood development with lingering effects of depression or anxiety into their adult years.

In this section, I present the profiles of the eight study participants using pseudonyms to protect their identities. I categorize their profiles by first offering a brief description of their childhood experience, exploring whether they experienced a child-centered upbringing that had relationships of unconditional positive regard. Then I address how they have and are developing congruence, which describes how they are working toward aligning their "real" selves with their "ideal" selves. Then I describe how balanced they feel their work efforts and rewards are in their novice nurse role. Finally, I describe their future career plans. Each aspect of the participant profiles reflects their unique contexts, including how factors interplayed to shape their

experiences and their meaning making process.

Mary (P1)

Mary is a female in her early 30s who came to the nursing program with a previously completed degree. She currently holds a full-time position in community mental health. She described herself as an internal processor, which made it difficult for her to provide spontaneous answers to many of the interview questions. However, she feels the sharing opportunity was valuable in her journey toward congruence, despite the discomfort that it produced. This facet of her personality demonstrates an interplaying factor that affected her experience in nursing school and how she resolves workplace dissonance as a novice registered nurse.

Childhood. She described her childhood as one in which she survived, as opposed to thrived. "I'd say it was difficult and not supportive, [I was] raised by a single mom with three older brothers, welfare, lots of babysitters…my mom went back to school and worked full-time." The description of surviving relates to frequent events where she experienced neglect, abandonment, and childhood poverty, which resulted in feelings of insecurity around her basic needs.

Developing congruence. "When I was 18, I had an art project where I had to draw a picture of where I saw myself at 25, and I drew a coffin because I thought I would have killed myself by then. When I was 25 I decided that I hadn't done it yet, so stop resonating on it and life turned around." She demonstrated resilience in her childhood and determination to go beyond surviving as an adult. She began her healing journey by engaging with a counselor who both nurtured and "call[ed] her out." It provided a confidential space where she could be vulnerable, bring her story to the table, and challenge the stories that were holding her back. Another factor that helped her develop congruence is immersion in nature, where she "enjoys"

the "routine" of walking and reflecting with her intimate partner. Regarding how she deals with workplace stressors, "I learned to put something up to protect myself… knowing that's their path and I'm on my own path, …it's like a wall I created." She is now a new mother, which provides her with meaning and purpose outside of her novice nurse role.

Workplace effort-reward balance. Regarding her effort-reward balance, a primary drain on her energy relates to whether or not she can see her clients progressing and if she can identify tangible ways that she is contributing to their journey. She recognizes a component of this may relate to a sense of moral dissonance that arises from her frustrations with her clients' lack of progress, which can result in feelings of guilt. At the beginning of her new graduate experience, she struggled to gain acceptance from a few senior nurses at work. "[They felt] like I was too inexperienced to be doing the work I was doing…people that don't feel like I should be there as a new grad." However, she feels grateful for an open and accepting mentor at her workplace where she can discuss areas of dissonance. While she identifies as an introvert, based on her need to find time away from the social stimulus to recharge, she feels her position offers her enough autonomy to get these requirements met. She is self-aware and open to talking about her struggles, recognizing that her suffering has enabled her to find meaning and connection to her work and in her relationships. She attributes a great deal of her growth and ability to manage the high-stress work environment to life experience, rather than the undergraduate nursing curriculum or employer transition support. While her workload is heavy, evidenced by a lack of time to take breaks, she feels "happy" most days. She comes home to a loving life partner who is supportive of her debriefing needs when she switches gears at the end of the workday. She has a regular habit of managing workplace stimuli and proactively takes the time to process events that feel threatening to her, which enables her to "let go" of work stressors.

Future plans. Finally, while she did not have a self-actualizing childhood, she worked to attain the necessary resources to do so as a young adult, which enables her to seek out opportunities to thrive in her novice nurse role. "As a new grad I feel like I need to jump through a lot of hoops, take due time to get to where I want to go, but I feel like I'm making progress." Overall, she feels well suited to her role as a novice nurse and does not intend to leave her current position.

Jessica (P2)

Jessica is in her late 20s and works in an acute care area in an urban hospital. She came to this study because she saw an opportunity to reflect and articulate successes and challenges in her journey as a new graduate nurse.

Childhood. As a child, she often thrived. However, as an adolescent, she engaged in substance use and became pregnant in her teenage years. While dealing with scrutiny from those who frowned upon her status as a teen mother, she had to find ways to accept her "real" self, despite the pressures to fit into the "ideal" image of her peer group. "It made me be able to stand up for myself more. I faced a lot of judgment about being a young mother and just comments like, 'oh you have a kid already, how old are you?'"

Developing congruence. Her previous life experiences promote the ability to feel congruent in her novice registered nurse role. "[My childhood challenges] made me grow up fast and while it took me a while to decide to go to nursing school, it made me realize I needed to do something with my life besides being a waitress." While she acknowledges that she has opportunities to grow, she also accepts and embraces her novice reality. She believes that she regularly engages in the self-actualizing process in her work and personal life. While she acknowledges times of struggle, she views her challenges through a confident and optimistic

lens. She uses her previous life experiences as fuel for meaning and purpose in her life, which also motivates her to march to the beat of her own drum. "I've always had to stand up for myself and prove I'm not just a teen mom not going anywhere in life. [When scrutinized by senior nurses] I stood up for myself because I thought, screw you lady, you were a new nurse at one point too, and I didn't feel like I had to put up with that." Previous work experience gave her the skills to manage high stimulus environments, which empowers her to handle stimuli before they become stressors. Additionally, due to her success as a young mother and her growth in nursing school, she feels a high degree of self-efficacy and esteem as a novice nurse. This congruence also seems to relate to her optimistic view of life and her lighthearted view of workplace stimuli, which she is often able to objectively resolve before they become stressors.

Workplace effort-reward balance. Regarding her effort-reward balance, she finds her work role to be a refreshing change from her role as a mother. Authentic coworker relationships enable her to feel safe to be her "real" self, knowing her colleagues will understand and provide her with grace when she is struggling. As for effort, she finds that redeployment to areas where she does not have coworker support is a source of stress. It is during these times that she often experiences hostility from other nurses. She refers to the coworker hostility as an additional layer of stress on top of an already demanding role. Additionally, she feels emotionally drained when she lacks connection with her patients and when she is unable to see them progress. The ability to recognize where and how she thrives motivates her to look for opportunities to engage in self-actualizing activities in her daily work. Regarding self-care, she naturally advocates for herself, ensuring she gets her physiological needs met by taking regular breaks. She confidently navigates stimulus in the field, which often prevents them from becoming stressful. She can unwind at the end of stressful days, putting her family time ahead of workplace stressors. "At

the end of a stressful day I can talk to my partner, he is pretty good, and I don't lose sleep over it because I've been through some pretty stressful life experiences, and at the end of the day, I'm going to just come home and be with my family. I know I'm lucky in that way, not everyone can separate themselves like that."

Future plans. While she enjoys her current position and work team, she eventually sees herself in a job with less social intensity, which is more suited to her introverted personality.

Tabitha (P3)

Tabitha is in her late 30s and works on an acute care unit in an urban hospital. She came to this work because she saw the opportunity to share her story, hoping it might help the new graduates coming behind her.

Childhood. As a child, she felt a constant pressure to perform and achieve, where flaws and vulnerability felt like a threat to her survival. "I felt like to be the good kid I needed to achieve, achieve, achieve, all the time. … The thought of failing them was not acceptable at all. I couldn't even fathom that." Adding to this, outside of her home, she experienced sexual abuse as a child, the effects of which she carried into her adult years.

Developing congruence. After leaving her house of origin, she realized her incongruence and sought ways to gain the tools that she needed to engage in the process of self-actualization as an adult. "I knew what everyone else wanted me to do, but I didn't know what I wanted. I had to work through that in my adulthood." Giving birth to her daughter was a strong motivator to develop congruence. "It really prompted me to get real about everything. I remember thinking, how that hell am I supposed to be a role model to have her follow her dreams when I can't even do it, I don't even know how to do it, it was a huge prompter for me." She utilized counseling as a way to navigate unresolved childhood dissonance, and she credits

her confidence to her success in competitive sports and the unconditional positive regard she receives from her partner. She feels she regularly engages in the process of self-actualization in her day-to-day life. She came to nursing with a reflective depth and confidence to seek out resources when needed. Meaning and purpose motivate her and guide her nursing decisions. Her childhood roles of protector, advocate, and caregiver naturally drew her into nursing; these same childhood roles shape how she identifies as a professional nurse. While she acknowledges that she spent many years struggling with perfectionism, she is now developing an acceptance of her "real" self. She brings this self-compassionate perspective to her role as a nurse, which buffered her from the horizontal violence that she had to endure when she first started as a new graduate nurse.

Workplace effort-reward balance. Regarding her effort-reward balance, she experiences reward when she feels like a valuable and contributing member of her work team, which correlates with her level of confidence and task capability. While she identifies as an introvert, she feels her position is well suited to her; as a result, she can honor this facet of her personality at work. Regarding effort, areas that distract or disable her from engaging in self-actualization relate to her lack of experience, which results in feelings of inadequacy. Additionally, she works within a culture that avoids conflict; thereby tensions tend to linger and diminish morale. Early in her new graduate role, she reached out for help when she felt "bullied" by a senior nurse. Because of her actions, she endured frequent coworker hostility and scrutiny for challenging the cultural norms. She now understands why many nurses remain quiet within similar homogenizing work environments; the threat of retaliation became a reality for her. "It was exhausting; I almost quit nursing so many times. But to know that I could make it better for the next person, that's what helped me." However, her previous life experiences

provide her with the strength and integrity to speak her truth, despite the cultural consequences. Due to her courageous efforts as an advocate for herself and others, she has become an agent of positive change in her place of work.

Rhonda (P4)

Rhonda is a female in her mid-twenties. She currently works in an acute care area in an urban hospital. She felt drawn to participate in the study for the opportunity to reflect on her process and progress in her new graduate journey.

Childhood. Her childhood was one that she survived, as opposed to thrived. Taking on a caregiver role for a mentally ill parent influenced her ability to develop congruence as a child. "My dad has mental health issues and substance abuse issues and homelessness. I was basically his caregiver growing up, and that was really hard." While she acknowledges the difficulties of taking on an adult role at such a young age, she also views her challenges optimistically. She identifies the benefits of "growing up fast" in her abilities to communicate and connect with adults so early in her life.

Developing Congruence. Due to her young age, she has only had a few years outside of her home of origin to garner self-actualizing tendencies in her young adult years. As a result, it is difficult for her to experience feelings of congruence. She found that her time in nursing school was transformational in this regard. "I did a lot of that work in nursing school because it's such a reflective process, or at least saw a lot of changes in my ability to cope with a lot of different situations compared to my first year. I'm feeling more stable and not that I'm done, but it is definitely better. Nursing school forced me to look at myself and then I went and figured it out." She saw a counselor to help her sort through the unresolved dissonance that became apparent in nursing school, and she now has relationships that provide her with unconditional

positive regard, which enable to be authentic. She credits her experience in nursing school for prompting her to begin working through her childhood adversities. She sees tremendous growth in herself, in her self-awareness, and in her willingness to explore and reflect on her emotions.

Workplace effort-reward balance. Regarding her effort-reward balance, she recharges by making lighthearted connections to her patients and colleagues. She describes her work environment as one that is welcoming of who she is, allowing her to feel unique and accepted. She takes pride in her ability to bring humor to the workplace. A love for learning motivates her, and she feels a sense of achievement when she gains new nursing skills and insights. Additionally, she finds the independence that nursing offers both a reward and at times a stressor. "That is also one of my biggest fears is that it is so independent, like I could be totally sucking and no one would know, which terrifies me. That is a really weird part of our job, but at the same time, it's awesome." Regarding effort, while she identifies as an introvert, she finds the time to take regular breaks away from the high stimulus work environment. However, she is also aware that this facet of her personality may be better suited to another environment that is less socially intense. While she has limited experience with workplace conflict, she finds coworker tension stressful. She does not believe that addressing conflict is encouraged at work; thereby, taking the initiative to resolve tensions does not feel emotionally safe. While she is comfortable contributing to quality improvement discussions at work, she avoids making suggestions that are potentially threatening to the cultural norms. In addition, at times she experiences transference when working with patients who trigger unresolved dissonance from her childhood. However, she also recognizes that this transference provides an opportunity to resolve areas of incongruence. Finally, she engages in self-actualization as a novice nurse a "few" times each workday.

Future plans. While she has plans to try new areas of nursing, she is satisfied with where she currently works and has no immediate plans to leave.

Sarah (P5)

Sarah is in her mid-twenties, and she is currently working as a new graduate registered nurse in an acute care unit at an urban hospital. The reflective nature of the study motivated her to get involved. It aligns with her current goal of coming to know herself more.

Childhood. She grew up in a nurturing, supportive, and child-centered home. Years of bullying in her adolescent years left her with feelings of uncertainty and insecurity. Due to painful messages she received from her peers, she did not feel safe to be her "real" self. "I can't say that I did drugs or was beaten or something like that, but I can't say that I thrived." The rejection she felt produced an incongruence that she carried into her young adult years. She was diagnosed with depression in her teen years, which she learned to manage as a young adult. "When I really noticed it I was in my last year of high school, when I opened up to my mom that I was really sad, that I was having suicidal thoughts and I just wasn't happy, and I couldn't get out of it. My mom was a huge support system in that, and we went to my doctor. I think just getting it off my chest, and opening up about it was really helpful."

Developing congruence. While she acknowledges that she often feels incongruent, making it difficult to engage in self-actualization, she recognizes her tremendous growth during nursing school and in her new graduate role. "In my second year of university…I got really depressed and I couldn't get out of it. I started taking antidepressants and it took a few months to get better. That second year of nursing was the big one, where I decided I did need help. …Nursing school did a lot of shaping of me. I learned a ton about being okay with who I am." She felt that her peers and faculty normalized counseling, which she started using freely in

nursing school. Another influential factor in her identity development is the many years of success she experienced in a competitive sport. As a result, she feels empowered and confident in her ability to set and achieve goals in all areas of her life. Now that she is no longer in competitive sports, she is actively exploring new avenues in which she can find meaning and purpose outside of nursing.

Workplace effort-reward balance. Regarding her effort-reward balance, she gains energy when she can get to know her patients and their families over multiple days of care. "When I have those strong relationships with my patients I can get it [engagement in self-actualization] a million times a day, and other days we just aren't connecting and I have no support from my co-workers, then I don't feel it at all that day." She identifies as an extroverted personality that is well suited to the highly stimulating social environment where she works. She recharges through connection and feels this is her most valuable contribution to her patients. She enjoys a sense of belonging to her home unit where she works with many other new graduates. Regarding effort, it drains her energy when she is too busy to connect with her patients. Adding to this, an increasing amount of patients in acute care suffer from dementia, which she feels makes communication and connection difficult. A high redeployment rate at her place of work is another frequent source of stress for her and has had a detrimental effect on the workplace morale. Redeployment results in stress related to feelings of ambiguity and unclear expectations, which is compounded by what often feels like a chaotic environment with a group of nurses where she lacks trust and familiarity. Additionally, she often feels depleted and silenced when she speaks out about staffing decisions that she feels are harmful to morale and patient safety. "It bothers me that they can pull us wherever and it doesn't matter. I don't feel heard, and I have no control I feel like we are pawns that they just toss around however they want." Regarding her

development as a novice nurse, she describes herself as a person in a growth process, evolving as she comes to know herself and the unique facets of her personality at work. She is proud of her nursing role and looks forward to a dynamic career where she can enjoy the many opportunities available to her.

Future plans. While she plans to branch out to a specialty area, she has no immediate plans to leave her current place of work.

Candice (P6)

Candice is in her late 20s and works in an acute care area at an urban hospital. She came to this work for the opportunity to formally reflect on the immense time of growth that she feels she has undergone in the past year as a new graduate.

Childhood. As a child, she suffered emotional and physical abuse from a now estranged father who struggled with alcoholism. "I was raised in an alcoholic family, I've seen a lot of abuse, and I've endured abuse." Because of challenges in her adolescence, she developed a social anxiety disorder. She describes her teen years as emotionally challenging, and she eventually dropped out of high school as a result. She later returned to graduate with honors, which reflects her determination to rise above the painful messages she received as a child.

Developing congruence. Despite her childhood difficulties, she demonstrated self-efficacy in her young adult years as she worked to resolve the dissonance that resulted from her childhood adversities. Today, she finds that her struggles shape who she is, produce depth, compassion for others, and a fierce determination to live life fully in the present moment. "I've been through hell, but honestly it has made me who I am." Her colleagues recognize and celebrate infectious optimism, which is a result of her frequent feelings of thriving at work. She freely uses counseling when she feels the need and is grateful for a close relationship with her

mother and a work mentor where she experiences unconditional positive regard. She is also self-aware and pro-actively manages her health and mental health. "If it wasn't for my biking, my exercise, like it's in my genes, I think I'm an addict, I have an addictive personality, I have to keep healthy habits, something healthy to reach for, so it's not a drink or whatever…it is something I will be vigilant for the rest of my life."

Workplace effort-reward balance. Regarding her effort-reward balance, she experiences stress related to skills and pathologies where she lacks experience, which often results in having to learn by making mistakes. She has become aware of her tendency toward self-doubt and consciously chooses to combat negative self-talk through the practice of self-compassion. She experiences ethical dissonance when she has to discharge patients home that do not seem ready, which is becoming a frequent concern. Due to hospital crowding, she feels pressured to comply, despite her reservations to do so. Regarding reward, she finds that when she gains confidence and feels knowledgeable in her assigned role, she engages in self-actualization at work. "I feel that thriving on a typical day, more so at work than anywhere else in my life. You know how in the hierarchy there is acceptance and belonging. Well, I don't know if I had that until I got into nursing. I feel so lucky; I know that I'm lucky to be where I am." She believes her positive attitude and a spiritual connection to nursing promotes her ability to feel a high degree of reward in her role. While she witnesses the homogenizing forces of nursing culture at her place of work, she has a mentor who advocates for her and provides unconditional positive regard, which gives her confidence and buffers her from many workplace stressors. She also credits her mentor for her positive esteem at work. While she often feels different from others, she is coming to embrace her uniqueness, thereby demonstrating congruence in her sense of self. Her previous life experiences motivate her to make the most of

every moment and to embrace her past as the necessary doorway to become the beautiful person she is today. She sees her challenges in light of how they promote resilience and empathy towards her patients. As a result, she is an agent of change via her positivity and patient advocacy.

Future plans. Finally, she has no immediate plans of leaving her current position.

Janice (P7)

Janice is a female in her late 20s who works in an acute care unit at an urban hospital. She engaged in this study for the opportunity to step back and reflect on her last year as a new graduate. She came to the nursing program after working in another professional role.

Childhood. She experienced a child-centered upbringing, where she feels her parents provided her with unconditional positive regard. She describes her childhood as one in which she had many positive memories, feelings of enduring parental support and moments of thriving. However, due to other contextual influences, such as sibling relations and the small group of peers she grew up with, she felt "extremely shy" until she reached her early adult years. Due to this shyness, she did not fully develop as the confident person she is today until she left her childhood home.

Developing congruence. Her young adult years were initially challenging as she navigated her way around the many life and career choices available to her. She credits traveling, working, and having to "make it on her own" for her ability to find her voice as an adult. It was through these life experiences that she became more comfortable making choices that felt suited her, rather than choosing based on the opinions of others. Upon initially stepping out on her own, the risk of failure often overwhelmed her emotionally. However, wading through those challenges with the support of her family proved to be a fruitful time of building

resilience and a greater sense of self-efficacy. "Through nursing school, I really struggled, I cried every day and called my parents daily. I knew they were always there. I put this expectation on myself to be the best. My parents didn't do that, but I did it to myself. I felt like if I wasn't the best I was failing." She has come to accept and trust herself, which now helps her cope with the ambiguity that used to overwhelm her. Regarding her ability to cope with stress, she attributes her ability to objectively ground herself to her church community, spirituality, and athletics. This grounding enables her to manage workplace stimuli from a more objective place, which often prevents them from becoming stressful.

Workplace effort-reward balance. Regarding her effort-reward balance, she is supported by authentic coworker relationships and freely asks for help when needed. She finds her greatest sense of reward comes from developing deep connections with her patients. Her most significant drain at work relates to her introverted nature and the guilt she feels when she does not have the time or energy to connect with patients. Additionally, when she started as a new graduate, it was common to miss breaks altogether. While she now has gained enough efficiencies and confidence to prioritize breaks, on busy days, it remains a challenge to get away from the highly stimulating work environment. To cope with workplace stress, she exercises on her commute to and from work, which helps her prepare for and unwind from the workday. "I run or bike to work, because that exercise for me gives me the deep breath I need. It's a recharge." She has a close group of nursing friends she continues to appreciate the emotional support of her parents. Regarding her roles outside of nursing, she identifies as an athlete and a spiritual person, both of which promote confidence and perspective from a different facet of her life apart from nursing. While she does not feel self-actualized, acknowledging her ongoing

growth process, she finds many opportunities to engage in self-actualization and feels empowered to manage stimulus in her novice nurse role.

Future plans. She plans to expand her practice through teaching or as a nurse practitioner. However, she has no immediate plans to leave her current position. "I'm not in a rush because I love where I work!"

Cherie (P8)

Cherie is in her mid-twenties. She holds a part-time residential care position and takes casual shifts on a mental health and acute care unit. Her love of personal reflection drew her to this study, where she can look back on her last year as a new graduate nurse.

Childhood. She describes her childhood as one in which she was, and continues to be, the family "peacekeeper." She frequently witnessed verbal and physical abuse from her father, which she has recently come to recognize as a source of trauma for her. She describes her adolescence as a period in which she felt different from her peers, resulting in extreme shyness. She also grappled with "coming out" going into adulthood, which empowers her, but finds it can also be an additional social challenge. "Being gay you always have to come out. You think you come out, and your life is going to change, but it doesn't, nobody cares. You have to keep coming out. Because most people are straight, you are always coming out as different. You have to constantly judge whether another person is going to accept that or not."

Developing congruence. With only a few years outside of her house of origin, she often feels incongruent as a young adult. "I don't feel like an adult. I mean technically I am an adult; I work, pay bills and stuff, but I don't feel like one. I just don't feel like I have a lot of direction or solidity in my life." She refers to herself as "weird," and with that self-ascribed label, she found her voice by embracing her uniqueness. She no longer feels a sense of shame by not

fitting neatly into socially prescribed boxes. This journey of self-acceptance via self-compassion promotes her ability to feel a sense of congruence in her nursing role, despite the homogenizing nursing culture surrounding her. Additionally, the acceptance of her "real" self enables her to receive feedback and make mistakes without feeling consumed by self-doubt as a result. She credits a feeling of unconditional positive regard from her mother for the ability to gain a sense of congruence at a young age. In addition, as a young, adult she had the opportunity to work and travel before entering nursing school. She feels her life experiences promoted confidence and congruence in her role as a novice nurse. She has a high degree of self-efficacy, knowing that once she discovers her desired goals, she feels empowered to attain them. Due to her age and subsequent lack of experience, her greatest challenge is deciding what her goals are. Finally, she primarily identifies as a nurse, which is in part due to not having time to develop other facets of her identity after nursing school.

Workplace effort-reward balance. Regarding her effort-reward balance, she finds bedside nursing monotonous in its structure, and the unrelenting social stimulus is draining for her introverted personality. She feels rewarded and energized by the relationships she has with her coworkers. She credits her ability to manage workplace stimulus to her previous work experience in the service industry, being supported by the new graduate transition program offered by her employer, and the support of her colleagues. She also credits her ability to manage workplace hostility to her previous life experiences, where she has come to accept her "real" self, which buffers her from the homogenizing forces in nursing. "It comes from a comfort with who I am. I still want to be validated by others, but I'm okay being by myself. It would be nice to be part of a big group, but I've come to accept that it is likely never going to happen. Whether it's my personality or their personality. It's like a self-acceptance of this is

who I am, and that is okay." The new graduate transition program components that were the most helpful for her was the opportunity to have an experienced nurse mentor and a reduced workload, which enabled her to ease into the role.

Future plans. Unfortunately, she does not feel well suited to bedside nursing and is thereby eager to find another position or career that will promote a greater sense of meaning and purpose. "If I stay in nursing, I will probably go into teaching and look at helping to change nursing education." She is also looking into other career options, outside of nursing, where she has a greater likelihood of thriving.

Thematic Analysis

To conduct this thematic analysis, I used a basic qualitative analysis approach as outlined by Merriam (2014) to address my research questions, beginning with the overarching question of this study. As a reminder, my primary research question was as follows: How might the unique life experiences and contexts of new graduate registered nurses interplay to enable or disable their ability to engage in the process of self-actualization as a novice nurse? Areas of interplay related to the contextual components or mechanisms that influenced the ability to engage in self-actualization. In this study, interplay was dependent on the unique contexts and life experiences of each participant. While I completed a thematic analysis that addressed the themes emerging based on my research questions, it was important to understand how each of these played out and how their degree of impact varied among the participants. Furthermore, I sought to understand how participants perceived stimuli, whether they considered them a challenge to navigate or a disabling stressor; this perception was highly dependent on the interplaying factors that were unique to their context and experiences.

At this point, my thematic analysis is broken down into focus areas that address each of

my research sub-questions. These focus areas are as follows: (1) previous life experiences, (2) workplace contexts, and (3) their experiences with the undergraduate nursing curriculum. Following this, I discuss the role of interplay between factors and unmet needs, which both address the overarching nature of my primary research question.

Previous Life Experiences and Self-Actualization as a Novice Nurse

The first research sub-question is: How might previous life experiences enable or disable the ability of a novice nurse to thrive in the workplace? During this analysis, I determined that the most influential life experiences are as follows:

- Those that promote the development of congruence in childhood and the young adult years,
- One's degree of self-efficacy,
- The frequency of unresolved dissonance that emerges in the workplace,
- The ability to resolve dissonance as opposed to avoiding it, and
- The tendency to practice self-compassion.

I will now explore each of these themes.

Congruence. Congruence describes the degree of alignment between the "real" and "ideal" self and is a component of self-actualization (Rogers, 1959). The most impactful life experiences in this study are those that influenced the participants' ability to develop congruence in their childhood and young adult years. This congruence provides a buffer against the effects of stress that emerges in their professional role in areas such as role ambiguity, learning from mistakes, and receiving negative feedback about their performance.

Multiple factors interplayed with the participants' ability to develop congruence; these included their childhood experience, whether or not they had relationships that provided unconditional positive regard, and the role age played as they began their nursing career.

Congruence and childhood experiences. Jessica and Janice described their upbringing as child-centered and one that provided many opportunities to thrive and thereby gain congruence. While Jessica struggled as a teen mother, she felt the enduring support of her parents, which enabled her to gain congruence despite the suffering she experienced. Janice reflected on her young adult years as a time of transitioning from a shy and passive child to an assertive adult who embraces her unique path and voice in the world. She was grateful that she developed a significant amount of congruence in her childhood, which supported her identity-finding journey as a young adult. "I am very thankful that I didn't have to go through a lot of that suffering as a child, mine was more as an adult, where I felt I had more capacity to deal with it more as a more developed adult" (Janice). While still difficult, the congruence she developed as a child enabled her to take on her young adult challenges with confidence.

Not all of the participants felt that they came out of their childhood with a congruent sense of self. Mary, Tabitha, Rhonda, Sarah, Candice, and Cherie felt varying degrees of incongruence because of either a lack of a child-centered upbringing or adverse events that took place in their childhood. For example, Mary felt she was "neglected" and "abandoned" as a child. As a brand new novice nurse, who was pregnant with her first child, she felt a large gap between her "real" and "ideal" self, both as a mother and nurse. For example, during one workplace event she became consumed with shame and guilt because of emotional transference from her childhood, triggered by an event at work where she feels she put her unborn child at risk.

> When I took time off after the Fentanyl exposure [when pregnant at work] I didn't tell colleagues about it. I was embarrassed because I put myself and my baby at risk and I didn't even think about it. I feel like I put my own wants and needs ahead of the baby's because that's where I wanted to work and be. (Mary)

Those who emerged from their house of origin with a greater degree of incongruence felt that they suffered from maladaptive perfectionistic tendencies as they entered their young adult years; As a result, they frequently experience(d) depression and/or anxiety. As Tabitha shared,

> That owned me for a lot of my life. It kept me away from a lot of things. I was terrified of not being what others expected of me, or even what I expected of me…terrified of failing. It felt like it would destroy me.

A lack of self-compassion, which I elaborate on at the end of this section, led to frequent rumination on self-destructive thoughts and seemed to promote anxiety due to perfectionism. This was evident when participants were faced with situations where they lacked experience, received negative feedback from senior staff, or when mistakes occurred. For example, even though Tabitha learned to be more self-compassionate over time, she still found herself easily emotionally triggered when mistakes occurred at work, even when they were not her mistakes. "If something goes wrong in the room…I automatically think it is my fault somehow" (Tabitha). Mary also recalled times when she felt "that whatever happened was my fault in some way." This self-doubt, especially in the young adult years, was more evident in those who felt that they survived as opposed to thrived as children. All of the participants who felt their childhoods harmed their development have had to work to establish congruence in their young adult years by using professional counseling, being in relationships with unconditional positive regard, and

by being willing to reflect on feelings of dissonance and shame as these re-emerged in their daily lives.

Participants who felt they had to grow up fast, taking on adult roles such as the family peacemaker, counselor, or advocate were able to reflect on how it affected their development of congruence. They felt they were required to take on a role that did not align with their stage of development as a child. However, at the time of the study, they were able to see their challenges from a position of strength, promoting resilience, a greater confidence to connect with people of all ages, and as a motivator to achieve. "It [childhood adversity] made me grow up fast…it made me realize I needed to do something with my life" (Jessica). Taking on an optimistic orientation was another factor that interplayed to promote engagement in self-actualization.

Congruence and optimism. Candice viewed her suffering as an opportunity to become more conscious and intentional, "people are more likely to wake up from a nightmare than a dream that is all good." Rhonda recognized that having to take on an adult role as a child gave her confidence to communicate with people of all ages. Tabitha described the benefits of working through her childhood dissonance as a way of freeing herself from perpetuating destructive patterns in her adult life. Furthermore, she felt that the confidence that she had garnered from overcoming personal challenges enabled her to be willing and able to feel empowered to navigate workplace challenges. As she recalled, "If I hadn't worked through those experiences…I could have turned into a mean person that contributed to that bullying instead of making it better…they [hostile nurses] would have crushed me" (Tabitha).

Coming from an optimistic orientation, Mary and Candice found that the suffering they endured when they were children deepened their capacity for compassion and connection to their patients. Mary shared, "I feel like I can relate better. I feel like I have more of a connection with

the clients whether they know it or not." While Candace shared, "I've been through hell…if I hadn't gone through that, I wouldn't be where I am…People feel that shared suffering, it allows you to be truly nonjudgmental, and people know when you are genuine." Finally, optimism was evident in the gratitude they expressed for the opportunities to establish relationships that promoted congruence.

Congruence and relationships with unconditional positive regard. Unconditional positive regard is a term used to describe a relationship(s) where one feels safe to be vulnerable, promoting a willingness to express oneself openly (Rogers, 1959). Jessica, Janice, and Cherie had a relationship(s) where they experienced unconditional positive regard in their childhood, resulting in an ability to be more accepting of their "real" selves, which then enabled them to enter their adulthood with more congruence. Candice and Cherie both had unconditional positive regard from their mothers, which buffered them from the abuse and adversities they faced as a child and continues to ground them in their current challenges. "My mother probably plays a big part of it. She has always been and still is very accepting…she has always been a sort of bedrock" (Cherie).

Turning to the present, six out of the eight participants reported that having a relationship with a counselor was helpful to gain a more objective perspective. However, the payment for a service component was a condition, and thereby it may not be perceived as a relationship of unconditional positive regard. It was primarily relationships with nursing friends, intimate partners, immediate family members, and work mentors who provided an opportunity for them to feel accepted as their "real" self. For example, Mary could be vulnerable with her work mentor because she felt a sense of unconditional positive regard. She stated, "[I was] able to talk about anything; I could throw anything at him…If it wasn't for [him], I wouldn't be where I

am today" (Mary). Additionally, being older was an influential factor that emerged in this study, which related to the development of congruence, especially for participants who lacked relationships of unconditional positive regard as children.

Congruence and age. In doing this thematic analysis, it was apparent that the varying ages of the participants affected their degree of congruence as novice nurses. For example, Mary, Jessica, Tabitha, Candice, and Janice were all five or more years older than the other participants when they began their nursing career; being around 30 years or older. They reflected on the novice nurse challenges they would have had if they began their nursing careers five years earlier. All five of them felt that due to their age they had fewer tendencies toward perfectionism, which buffered them from anxiety relating to fears of not measuring up to what others want from them. They felt they had more self-compassion, confidence, and perspective due to their age. For example, Tabitha stated that in her young adult years she was, "a people pleaser versus a me-pleaser…it was my role to make everyone else happy" (Tabitha). With age, she came to accept all sides of herself, both the "rainbows and sunshine and also the other side that needs space."

Participants in their mid-twenties expressed feelings of ambiguity, resulting in a desire to be more congruent. One characterized it as a "fluid" feeling in her sense of self. Another described it as a journey of learning what she wants to do with her life, still feeling unsure of whether her wants are authentic to her, or if they are the result of trying to please those around her. Cherie felt ambiguous about her sense of self, "I just don't feel like I have a lot of direction or solidity in my life. There is a lot of fluidity" (Cherie, age 25).

Similarly, Sarah wanted to develop a more solid sense of self. She described her journey as a discovery of what she wants out of life. "I'm working on being happy with who I am, to be

alone with my thoughts and feelings…to breathe through discomfort, go for drinks by myself, try new things, and getting more comfortable with myself" (Sarah, age 25). Rhonda reflected on the difficulties of choosing to be a nurse at a young age, and the ambiguity she continued to feel surrounding what is best suited for her personality type. She recalls, "I knew I didn't want an office job, but there was just too many options. It's hard to know where to start" (Rhonda, age 25).

Conversely, Rhonda and Sarah, who were in their mid-twenties and who did not have a child-centered upbringing to garner feelings of congruence, were less willing to take on challenges that made them feel vulnerable at work. For example, Rhonda stated, "I don't like to confront tension, cause I guess I'm worried for being called out for being wrong or bad or whatever." Additionally, they were more liable to experience a sense of shame when faced with shortcomings, characterized by negative self-talk and anxiety. Cherie was also in her mid-twenties, and as a result, she still struggled with feeling ambiguous about her sense of self. However, unlike Rhonda and Sarah, she was able to develop more congruence in her childhood, which she largely attributed to her mother's support and unconditional positive regard and thereby felt less controlled by perfectionism as a young novice nurse.

> I would say my real and ideal [are] fairly close. …When I was 14, I realized I was never going to be cool; I just accepted it was never going to happen. My mom and I have always been very close, and she has always been a sort of bedrock. My self-acceptance started there…I mean I make mistakes at work, but I don't really feel bad about it. There is usually something in the environment that enables the mistake to happen, so it is more important to look at what is happening to cause that to happen in the first place. It isn't all about me. (Cherie)

Essentially, those who were older had more life experiences behind them, which enabled them time to garner the necessary resources to develop congruence in their adult years. As a result, they were able to be more accepting of a "real" as opposed to "ideal" self, enabling them to look at their shortcomings, mistakes, and opportunities for development in a more compassionate light. "I really had to check myself because in my past I was really hard on myself. ...I can now look at it and put it aside because I'm so much stronger than I used to be" (Jessica, age 30). Janice described the time of growth she experienced during the five years between high school and university as "transformational." She felt she might not have made it through nursing school if she did not have the time to develop herself, outside of her house of origin. "I know I'm not a superhero, and I'm okay with that...I think part of it is what I have learned about myself and knowing that I'm human and I can't be perfect" (Janice, age 28).

Rhonda, Sarah, and Cherie were younger than the other five participants, and all three of them experienced feelings of ambiguity and anxiety related to identity finding. They articulated the feelings of disconnection related to their lack of experience as adults and feelings of uncertainty relating to life and career goals. Rhonda recognized that she engages in perfectionistic expectations on herself and others. At the time of the study, she was working on being less "black and white" in her views, embracing the messiness of many of the situations she encounters in her nursing role. She was striving to be more self-compassionate. In a similar vein, Cherie articulated her feelings of ambiguity in her sense of self, which she described as feelings of "fluidity," compared to some of her nursing colleagues who seem to have a more solid sense of self and direction in life. Sarah reflected on a similar feeling of ambiguity around her sense of self, feeling challenged to differentiate between what she wants in life as opposed to

defining her wants based on the desires of others. "It has been a process to step back…to do something that is more what I want to do, not that I [feel I] have to do."

Being a little older also seemed to correlate with a greater confidence and willingness to advocate for their needs and the needs of others. For instance, Tabitha felt that if she had to face the workplace hostility that she endured in her mid-twenties, she "wouldn't have said anything," she would have "swept it under the rug and carried on." In a similar vein, regarding her ability to articulate her needs, "at 25, I would have still been honest, but there might have been a lot more guilt involved in me saying what was affecting me…I was still a people pleaser versus a me-pleaser" (Tabitha, age 37). Similarly, in response to addressing workplace hostility, Mary stated that five years ago, when she was in her mid-twenties, "I would have turned it around in my head, that I was wrong, that whatever happened was my fault in some way." Janice stated that she "would have been walked all over by everybody…I would have just been walked all over."

I addressed how age correlated with having more time to garner self-actualizing resources in one's adult years. Now, I turn to self-efficacy, which emerged as an impactful factor towards one's ability to thrive as a novice nurse.

Self-efficacy. Self-efficacy propels one toward self-actualization and is based on the confidence to problem solve by using available resources (Eriksson & Lindstrom, 2007). In this study, participants described their self-efficacy as a novice nurse as being dependent on their overall sense of identity, which I addressed above in the section on congruence and age. This sense of identity also interplayed with the confidence they felt in other life roles and influenced their tendency to feel like an imposter at work. All of these factors contributed to their ability to cultivate a sense of self-efficacy inside and outside of their work.

Two of the participants traveled before nursing, and as a result, they believed that they developed skills that enabled them to be more congruent with their unique personalities. They experienced times of intense vulnerability followed by a period of rapid growth. They had to make new friendships and as navigate unfamiliar situations by themselves. They characterized these opportunities as transformative periods of building self-awareness and self-efficacy. "I started traveling...this is when I ended getting to know myself more…I started talking, and I haven't really stopped since. It was very much like this switch in me" (Cherie). "[Traveling] was the first time where I was going somewhere where no one knew me, no one knew my family. I wasn't being compared to anyone; I wasn't being anyone but me" (Janice).

Six of the participants who had previous work experience, before nursing, felt that due to these experiences they came to nursing with more confidence in their abilities. In addition, through a trial and error process, which occurred by discovering tasks that they liked and disliked through working, they now feel more self-aware. The self-efficacy and self-awareness that they garnered from the previous work experience transferred into their novice-nursing role. For example, Jessica was a waitress for ten years before becoming a nurse. "I learned how to prioritize, how to manage stressful times when many people needed things at the same time. I gained a lot of skills that carried right into the hospital. It gave me skills and confidence to manage it." Janice believed that her previous degree and career enabled a more solid sense of who she is and where she wants to go in life. By finding herself in the wrong career and taking the necessary steps to correct her path, she felt empowered to honor the unique qualities of her passions and personality. As she recalls,

> Because of past experiences where I have had to change my mind or go back on my word, it gave me the ability to do that without feeling like a failure. You know it's okay

to change your mind, to admit that maybe you aren't such a good fit in certain areas and sometimes you just have to learn that through experience. (Janice)

In summary, travel and previous work experience provided an opportunity for a few of the participants to build self-awareness and self-efficacy, which promoted an ability to engage in self-actualization as a registered novice nurse. Another empowering area that emerged in this study was having additional life roles outside their nursing career.

Four of the participants who were confident and garnered a sense of identity in a role outside of nursing felt less threatened when a mistake occurred or when they received negative feedback at work; it seems to enable a more objective perspective. Identifying with more than one life role diversified their sense of self. Tabitha and Sarah reflected on how their non-nursing roles in athletics built their confidence and acted as a buffer against stress. "Everyone knows me as [her sport identity] and has for a long time. It's kind of an identity for me…it's the most confident and authentic I feel compared to anywhere else…where I feel the most whole" (Tabitha). Mine [identity] was always [sport], that was my 'be all end all,' that was who I was; I was a [sport] player…Nursing school stress came second to my role as a [sport] player; it probably was less stressful because of that" (Sarah). Similarly, Jessica and Mary strongly identified with their role as mothers, which motivated them to leave their tensions at work so that they could be present in their family role. Janice felt that her spiritual identity was an influential factor that enabled her to maintain perspective when she encountered stress at work. "My faith helps me feel that you know it's okay, I've done what I can to make it right, I've changed what I can change, I know I am forgiven, and I can move on."

On the other hand, Cherie did not feel that she had another role that she identified with, and because she had not bonded to her role as a nurse and had become accustomed to charting

her own path, she did not feel as threatened by coworker scrutiny. "I don't really want to be a nurse…so, if I'm having negative experiences at work or something, it doesn't really negatively affect me because I know this is not really what I want to do."

Having another role that participants felt confident in enabled them to keep workplace stressors in perspective, as opposed to feeling threatened and insecure, which prevented them from ruminating on self-destructive thoughts at work. Essentially, they diversified their sense of self. A feeling of thriving outside of work therefore promoted the ability to engage in similar feelings within their novice nurse role.

I turn now to the topic of imposter syndrome, which all of the participants expressed as a common source of stress, especially in the first few months of their novice registered nurse role. Those who felt less congruent expressed ambiguity in their sense of identity inside and outside of work. This ambiguity and uncertainty resulted in self-doubt and insecurity in their novice nurse role, which promoted surface acting or putting on a confident display that was not genuine to their authentic feelings (Hochschild, 2012). As a result, they felt like an imposter in the role. This incongruence was a source of stress when mistakes occurred or when a senior nurse gave feedback on their practice. Fears of inadequacy were especially disabling when enmeshed with unresolved childhood shame or dissonance. For example, Rhonda talked about her struggle when caring for patients who reminded her of unresolved issues with her father. "To care for patients that resembled him was really hard…pretty much everything comes back to my relationship with my dad."

Insecurity in their role affected the participants' ability to maintain an objective perspective, resulting in workplace stimuli threatening their self-esteem, which then led to feelings of stress. Related to this stress, negative rumination was a common practice when

participants felt inadequate and subsequently were disabled by workplace stimuli. For example, Cherie at times felt that she did not know as much as she should as a registered nurse, which affected her confidence to assert her opinions and proactively address areas of dissonance. "I often feel like I don't know much…I just assume that…others know more than me. I guess I feel like a fraud a little, pretending to be smarter than you are and then having that confirmed." Sarah also felt like an imposter at times, when she felt she "should" know more. "I don't feel like I know what I should know, like I'm skating by. When patients ask me detailed questions about those things, I feel like I'm floundering and I feel like a bit of an imposter for sure."

Rhonda described her feelings of insecurity regarding the level of independence she had in her practice and the lack of supervision or affirmation that she received.

> My knowledge is just so small…it still feels like I'm just a little nurse…that is also one of my biggest fears is that it is so independent. Like I could be totally sucking, and no one would know, which terrifies me…whenever anyone in power says, 'I need to talk to you' I'm still like, 'oh my God'! …I'm worried for being called out for being wrong or bad. (Rhonda)

In this study, the fear of exposure for not knowing enough created a chronic source of stress for the new graduate registered nurse participants. It disabled them from being authentic and asserting their voice; therefore, these fears often disabled them from engaging in self-actualization at work. Relating to the participants' confidence to be authentic at work, which was a signal of engaging in self-actualization, I will now discuss their reflections on both their willingness and the outcomes of addressing areas of unresolved dissonance in the workplace.

Habitual resolution of dissonance. In addition to one's ability to develop congruence in childhood and as adults, their degree of congruence also enabled them to resolve dissonance or

emotional discomfort as it arose in their work settings. Furthermore, it seemed to promote self-esteem and confidence in navigating workplace stressors. Workplace stimuli were managed or resolved by either changing the source of the stressor, or if that was not possible, by taking up an optimistic stance. Through optimism, the stimulus felt manageable, as opposed to being perceived as a threatening stressor. Additionally, while many of the stressors that the participants faced were out of their control, the emotional impact depended on the type and frequency of emotional labor they employed, which was the degree to which they were able to authentically express their emotions (Hochschild, 2012). Finally, effective coping mechanisms were a factor that affected the resolution or at least the management of workplace stimuli/stressors.

The participants who experienced frequent childhood adversities, and lacked relationships of unconditional positive regard as children, reported enduring feelings of anxiety in the workplace. Compounding this, those who were in their mid-twenties had less time outside of their house of origin to resolve areas of repressed dissonance. Rhonda, Sarah, and Sam were all in their mid-twenties, had difficult childhoods, and felt that unresolved childhood dissonance was evident in their nursing school challenges, which still tended to arise in their workplace. When emotional triggers occurred at school or work, they were a source of stress that often disabled them from thriving in their novice nurse role. Rhonda, who was in her mid-twenties, recalled moments in nursing school where she felt consumed by her childhood triggers. She struggled to care for patients who reminded her of growing up with a mentally ill father. At the time of the study, she still struggled in the workplace at times, but because she worked in nursing school to resolve many of the more pronounced areas of dissonance, she no longer felt it was a debilitating stressor.

> I was basically his [father] caregiver growing up, and that was really hard. I…dealt with that through nursing school, but it was very sensitive for me up to a couple of years ago. It's hard in my job because I see him a lot in a lot of my patients. Especially as a student, to care for patients that resembled him was really hard. …Everything comes back to my relationship with my dad. (Rhonda)

When Sarah received criticism at work, it often reminded her of her adolescence. "When I was really bullied in middle school and when I was really depressed. …My big bully keeps popping into my head" (Sarah). Similarly, Cherie experienced constant scrutiny and rejection from her childhood peers, which was a source of emotional transference when she felt the threat of exclusion at work. As Cherie expressed, "I worry they will think that I think I am better than them, or that I'll be excluded from the coworker network or something…I was a weird kid, a weird adult; it has always put me outside the circle" (Cherie). Jessica felt pangs of shame that she was working through when she remembered some of her childhood choices, "it blows me away that I was ever in such a dark shitty place and hung out with such rough people…I'm ashamed." Tabitha talked about how her childhood experiences were still evident in her hesitancy to trust others, how her value felt tied up in her achievements and she had developed a habit of taking responsibility for other people's mistakes.

> I don't really trust people very easily, and also I have that feeling that I need to achieve all the time. If something goes wrong in the room…I automatically think it is my fault somehow. It's the guilt that…drains my energy. I have to tell myself, 'no, that was not on me.' (Tabitha)

The factors that interplayed with the participants' ability to resolve dissonance or stressors as they arose at work included controlling one's degree of emotional labor and their ability to draw on effective coping mechanisms.

Managing emotional labor and coping with stress. None of the participants felt that emotional displays at work were culturally acceptable. When emotions arose at work, they often denied their expression. For example, Candice stated, "I never cry at work; I never come close…that just can't happen. You just don't have time to process those things…I try not to dwell on it, which I am sometimes guilty of, but I can usually put it aside and then reflect on it after."

Mary described how she dealt with an event that required a more intense emotional response by taking time off work. This time off allowed her to process her emotions and as a result, she was able to resolve the stressor. Similarly, she often works out her day-to-day emotional tensions by talking with friends or with her intimate partner after work. "It's going home, talking about your day and then just letting it go. Some of it I sit with for days…have dreams about it…take time to process it, and then it goes away."

Emotional labor resulted when the new graduates had to act or put on a more acceptable cultural display (Hochschild, 2012). However, when their emotions were too intense to put aside at work, most of the participants have a coworker in the field they can approach to debrief. Related to this, the participants reflected on the coping mechanisms that they employed to manage their unresolved workplace stress.

Most of the participants processed workplace dissonance after work hours. Regular debriefing, exercise, and counseling were the most common ways of resolving or at least managing stress. As I discussed above, having a person with whom participants felt emotionally

safe to process workplace dissonance was an influential factor in this study, which promoted authenticity and an ability to manage workplace stressors. All of the participants had a person(s) they felt they could be vulnerable with at work, which enabled them to debrief when needed. In addition to having emotionally safe spaces where debriefing could occur, Cherie talked about how she embraced individual reflection as an essential part of how she managed the effects of workplace stress. "I do a lot of self-talk. I work through a lot of shit on my own...I like to think things through to the point until they are exhausted. I find it to be a fun journey" (Cherie).

Seven of the eight participants used physical exercise to manage stress and bolster their confidence. "I like to feel strong; it helps me feel confident at work…it makes my brain feel good" (Jessica). "It [exercise] relaxes me…it makes me feel like I can protect myself. It makes me feel like 'I got this, I can do this'…When I'm in the gym, it's the most confident and authentic I feel…where I feel the most whole" (Tabitha). Additionally, Mary found that having an exercise routine promoted an ability to talk through unresolved stressors in a trusted relationship. "I do it [exercise] because it is our routine and we enjoy it. It relieves stress and we [partner] talk" (Mary).

Regarding coping tools, six of the eight participants found that counseling enabled them to gain a more objective perspective. They felt little to no shame associated with seeking this form of help when needed. Five of the participants had peers or faculty members who normalized counseling as a coping tool in nursing school. "It was another nursing student who normalized it for me; she would talk about it and made it seem pretty normal" (Sarah).

Other forms of coping included food, alcohol, and marijuana. However, there was hesitancy, perhaps even shame, to discuss coping choices that felt less culturally acceptable. "I would say I keep [coping mechanisms] to myself…maybe because I feel shame…because it's

unacceptable in society" (Mary). Examples of coping habits that participants were more reluctant to discuss included using marijuana, food, and alcohol to find reprieve from unresolved stressors. The most common coping mechanism, outside of exercise, was using food as a reward or distractor from the stress. "I find when I have a particularly stressful day I'll mow down on a bunch of carbs or sugary foods. I'll binge eat…I wake up with puffy eyes sometimes, but it helps!" (Jessica). "Some days I just want to go to the coffee shop and get a treat because I've had a shit day" (Sarah). "I probably eat [to cope], but I don't really have anything harmful" (Cherie). Coping mechanisms were a factor that enabled the new graduates either to resolve stressors or as a method of finding reprieve from them.

A critical interplaying factor in the participants' willingness and confidence to resolve stressors was the ability to practice self-compassion. Self-compassion acted as a buffer from ruminating on feelings that threatened their sense of self and tended to result in negative self-talk, which then eroded their confidence to manage areas of incongruence, to address the feelings that arose from workplace dissonance, and to manage emotional labor.

The practice of self-compassion. The practice of self-compassion is both a manifestation of those who self-identify as more congruent and as a necessary element to thrive in their novice nurse role. It enables one to see mistakes and feelings of inadequacy in a nonjudgmental way; viewed as part of the larger human experience (Neff, 2003). Conversely, maladaptive perfectionism leads to dissociation from emotions, characterized by ignoring and internalizing fears of worthlessness, shame, and failure (Petersson et al., 2014; Shafran et al., 2002). A primary factor that seems to influence the participants' ability to engage in frequent moments of thriving or self-actualizing was the habitual practice of self-compassion. Self-compassion acts as a buffer against the stress produced from making mistakes, role ambiguity,

and negative feedback from coworkers. Ultimately, those who can view themselves in a compassionate light appear to be more able to resolve workplace stimuli and to prevent rumination on negative self-talk before it became disabling.

Most of the participants described situations where they ruminated on negative self-talk in response to a mistake or when given negative feedback from a coworker. Rumination also occurred when they felt guilty about negative thoughts they had about their patients. This guilt led to a sense of incongruence between their "real" and "ideal" selves, resulting in moral dissonance. Self-destructive thoughts were more likely to consume the participants who were lacking self-compassion. For example, Janice and Cherie described how they had to learn to respond to mistakes with self-compassion, "my challenges at work, my mistakes…don't make or break who I am…dwelling on it will just impact my ability to take care of my other patients" (Janice). "I make mistakes at work, but I don't really feel bad about it…it is more important to look at what is happening to cause that to happen in the first place. It isn't all about me" (Cherie).

The ability to be more objective bred awareness that negative self-talk was happening, which then resulted in an opportunity to challenge it. Those who were more self-compassionate were able to articulate this awareness and had an ability to "let go" (Mary) of stress, rather than spend long periods of time "dwelling" on it (Janice). Conversely, those who lacked self-compassion often felt consumed and disabled by negative thoughts when mistakes occurred or when they felt that coworkers did not approve of them.

Hearing about the participants' experiences caused me to reflect on my story and how I resonate with the factors that emerged in the interviews. Based on my experience, as a person who lacked a child-centered upbringing, experienced numerous childhood adversities, and began

the nursing program shortly after leaving my house of origin, all of these factors resonate with me, either personally or via my professional observations. Similarly to some of the participants, in my young adult years, I gravitated to maladaptive perfectionism and had to learn to develop self-compassion. As a new graduate, I remember the intense emotions that arose if I sensed that a colleague disapproved of my nursing practice. They felt threatening to my survival as a nurse and to a certain extent my value as a human. I also remember feeling as if I was faking it, suffering from imposter syndrome, afraid that at any moment someone might discover that I was not a good nurse. Over the years, after developing congruence, I have learned to manage stimulus that emerges from the opinions or actions of others, often before they become stressors. From my perspective, age is a gift in that it provides opportunities for me to garner the resources that I lacked in my early years. Through the years, I have worked to gain an objectivity that enables me to often view stimuli as challenges, rather than threatening stressors, some of which I now find myself enjoying as I navigate them. I no longer feel defined by my mistakes, and if I catch myself feeling subjectively lost in negatively self-talk, I am much quicker at catching it and regaining my objective orientation. Many of the factors that emerged in this study resonate deeply with me; they have been significant on my journey toward congruence. Finally, I concur with those who have an optimistic orientation toward their suffering, seeing the benefits that can result from investing in personal development. While I do not wish it on others, I understand the beauty that can emerge from hardship.

Circling back to my research sub-question - how might previous life experiences enable or disable the ability of a novice nurse to thrive in the workplace? - the most impactful life experiences in this study were those that had the greatest influence on the participants' ability to develop congruence in their childhood and young adult years. This congruence provided a

buffer against the effects of stress that came from role ambiguity, learning from mistakes, and from receiving negative feedback about their performance. Those with frequent adverse events in their childhood, whereby they entered adulthood with more unresolved dissonance and incongruence, had to invest in working through these areas as adults. Those who carried unresolved dissonance from their childhood and that entered nursing at a young age were more prone to emotional transference at work. Additionally, the development of congruence cultivated esteem and self-efficacy in their novice nurse role, the ability to resolve or manage stressors, and to habitually practice self-compassion. Now, I discuss how the workplace context enabled and disabled the participant's ability to engage in the process of self-actualization in their new graduate registered nurse role.

Workplace Context and Self-actualization as a Novice Registered Nurse

The second research sub-question was as follows: How might contextual workplace elements enable or disable their ability to thrive? In this study, workplaces varied among the participants. Five of them worked in an acute care unit in an urban hospital, one worked in an operating room, one worked in a residential care setting, and one worked in a community outreach setting. During my analysis, I determined that the most influential workplace factors that affected thriving are as follows:

- Consistent work environments and work schedules,
- Workload, maintaining an effort-reward balance at work, and
- Managing hostility and violence in the workplace.

After analyzing each of these factors, I outline the employer support components that the participants suggest for all new graduates in the first year of nursing practice.

The work environment and work schedules. Consistency in the work unit/environment, redeployment, and having a schedule that enabled adequate physical rest and emotional recovery emerged as important factors that enabled or disabled thriving at work.

Redeployment to unfamiliar work areas was a source of stress for all of the participants. To elaborate, at the time of this study, all of them had a home unit where they were hired to work as a new graduate. However, due to shortages that arose in other units, employees are redeployed to fill the vacancies. Considering their novice nature, the five participants who worked in acute care were surprised by the frequency that they sent to unfamiliar work areas. Compounding feelings of ambiguity, they typically did not find out that they were getting redeployed until they arrived at their home unit at which time they were told to report to another area for work that day. In this study, these components of redeployment were a consistent source of stress in the novice nurse role. For example, Sarah and Janice felt that redeployment to areas that were unfamiliar produced feelings of chaos, which was often due to role ambiguity, not understanding the flow, and team norms.

> The care aids were totally different; there was no communication, they weren't answering call bells…there is no floor organization, no flow, no consistency, no senior nurses, lots of new graduates, high turnover, it's super stressful. (Sarah)
>
> Other places are stressful because I don't know the staff, I don't know how they run the floor. I feel like a fish out of water…[it] is just a chaotic place to be…I hate being there. …I don't feel supported because I don't know the people. I haven't gotten a good orientation to the places I'm floated to either. …I just feel flustered and stressed, and then that impacts how I nurse and how I come across to my coworkers. I feel like I look

like this terrible nurse, but I know I'm not. I'm just out of my comfort zone. I just don't know how they function; I don't know their routine. (Janice)

The participants who dealt with frequent redeployment away from their home unit reported that being sent to unfamiliar areas resulted in role ambiguity, hostility from other nurses, and feelings of insecurity in their nursing role. Finally, another impactful factor was work schedules that enabled adequate rest and recharge between work sets, promoting engagement in self-actualizing activity inside and outside of work.

Participant work schedules that allowed for a life/work balance promoted rest and an opportunity to recoup outside of work. For example, Janice and Sarah had sets in their rotations that lacked recovery time to rest after a night shift, before going right back into working a day shift. As Janice noted, "I would come off a night and have two days to turn around and go back for a day. I was a wreck. I was so exhausted. …I would turn into a crazy nurse by the third night. I was so emotional, I couldn't function, and I couldn't sleep." Sarah felt, "My schedule is pretty crappy. I only have three days off in-between sets usually. The first day is a sleep day, then one day off, and then the next day is used to get ready to go back. …Usually, for my sleep day, I'm pretty down, pretty depressed."

Three of the participants began their new graduate role with casual, or part-time status. During that time, in order to secure enough hours, they worked inconsistent and unbalanced schedules. Compounding this issue, those who were struggling financially were more likely to accept extra shifts to meet their financial needs, which often impacted their sleep and their ability to recharge between shifts. As illustrated by Sarah above, it was difficult to go from a night shift to a day shift with one to two days to catch up on lost sleep before going back into another set of 12-hour shifts. Additionally, heavy workloads and maintaining a effort-reward balance at work

were also influential in the participants' ability to engage in self-actualizing activities at work and home. As Janice recounts, "[In the beginning], I was so stressed from work, I would just come home and cry. I would go right to bed…I couldn't add one more thing [to my life apart from work], even if it may have helped, I was too overwhelmed."

Heavy workloads and a effort-reward balance. New graduate registered nurses often take longer to complete tasks due to the time it takes to look up medication details, find supplies, double check policies, and ask questions to ascertain the culturally acceptable way to address various events that arise throughout the workday. Despite the widely acknowledged inefficiencies that come with their novice nature, only one of the participants in this study had their workload reduced to accommodate. The other seven nurses struggled for months to keep up with their more experienced colleagues, often missing breaks, staying late, and feeling immense amounts of anxiety inside and outside of work. The challenge of keeping up with the experienced nurses' workload was a disabling source of stress, particularly in the first few months of their new graduate role. For example, Janice talked about her initial difficulties managing the high stimulus environment and feeling like getting her needs met had to come second to keeping her patients safe.

> I wasn't taking breaks; it was just too busy. I was so stressed…we were all just drowning. …You are so overwhelmed by the need to feel like you needed to prove yourself that I …missed a lot of breaks. There is this feeling that if you are asking for help too much or bringing things up that you will be viewed like, 'hey, what's not working here, what's wrong with you?' It's hard to not take it personally. (Janice)

Workload was a source of stress as the participants worked to gain efficiencies at the beginning of their new graduate venture. All of the participants who started their new graduate role with

full workloads in acute care felt exhausted at the end of each workday. Workloads were too heavy for the participants' level of self-efficacy, which resulted in a high degree of effort and little reward. However, as time wore on, they felt more secure in their ability to prioritize, to advocate for breaks, and to assist their colleagues to do the same. After gaining experience, they were able to feel a greater sense of reward by finding more time to recharge, enabling an ability to connect with their patients and colleagues. Work relationships with patients and co-workers provided the greatest source of satisfaction for all of the participants. When relational connections were difficult, due to busyness or a challenging patient mix, it produced feelings of frustration, which presented as a draining stressor. Sarah illustrated this point by describing a workday she had recently,

> I had one guy who couldn't stand my face, he hated me from the get go, he would say, "Get the Fuck out!" every time he saw my face. You get a team full of those types of people and it is really hard. (Sarah)

Related to this, when they felt co-worker or patient hostility directed at them or if morale was low, it made for a greater effort and less reward.

Navigating a hostile work environment. Rogers (1959) described environments that encouraged a sense of belonging and a felt safety to be their "real" self as relationships of unconditional positive regard. I elaborated on the developmental impact of having relationships that provide unconditional regard in the discussion of life experiences above. As a reminder, participants described supportive relationships at work as ones where they could be authentic and vulnerable, without feeling scrutinized. Unfortunately, in this study, all eight participants felt that the nursing culture in which they worked lacked respectful yet assertive conflict resolution; therefore, tensions were often unresolved and as a result, hostility ensued. For example, all of

the participants experienced hostility within their nursing culture as a means to communicate feelings of disapproval. In addition, triangulation was a common practice, whereby coworkers talked to peers or an authority figure about the person they felt offended by, rather than addressing the person directly. The participants reported that they often felt powerless to challenge these ways of being. To further illustrate this point, Tabitha described how a few senior nurses responded to her questions on how to handle coworkers that were "bullying" her:

> I've had a senior nurse literally say, 'We always eat our young, I don't know why we do it, but we do, so get over it.' The younger nurses were… afraid of being targeted. There is a lot of talking behind people's backs. I've heard on a few occasions that you can't speak up because you will be busted for bullying…. people are afraid to say anything; they bully behind the scenes now. …It's not a safe space at all. (Tabitha)

She now understands why people do not challenge the current culture; she felt punished for standing up for herself.

> A lot of people just accept the way it is, and they don't want to have those conversations, and I get it. I understand why they don't, especially after going through what I have gone through with the experience I had when I reported being bullied. …I now get why no one wants to say anything, because it's like putting yourself through hell if you do…like you get punished for saying something. (Tabitha)

Cherie felt that those who disrupt the nursing culture risk losing the trust of the other nurses.

> No one wants to rock the boat. No one wants to take the extra step to make a change. It's much easier to complain than it is to take action. …If they bring a complaint against a coworker and it doesn't go through…then they aren't trusted as a coworker anymore. (Cherie)

Candice experienced "over-reporting" as a subtle form of bullying. "There is one nurse that follows me all the time, and every little thing that she thinks I missed or did wrong gets reported. I don't think she was doing it to personally attack me, but it is just who she is as a nurse" (Candice).

Jessica described how she had begun to emulate the cultural ways of dealing with conflict via triangulation in her charge nurse role.

> It does…seem like people just go right to the charge nurse [not to the person they have an issue with], because some people are pretty hard to deal with. Like if you went to them, they wouldn't be receptive to resolving conflict. They might not even know or believe they are doing anything wrong. …[Now], I'm the charge nurse, and people just come and tell me what's going on. I haven't even thought to ask if they had talked to the other person. I just figure it's an issue and I'll tell the manager. (Jessica)

Finally, Mary learned early on as a nursing student that it was not safe to speak up, both from observing nurses in the workplace and from personally experiencing a lack of safety in her clinical practicums. She carried this understanding of unwritten cultural rules into her professional role.

> People that butt heads tend to bitch about it and then put it under the rug. …Even the senior nurses on the floor, watching them as a student, they would get shamed for speaking up or saying something. …When you're a student, you just don't have the right to stand up for yourself. You just…learn it by being around it. …I fear being publicly shamed. I experienced it as a student; I was publicly shamed in the hallway by two nurses. …One lit into me, and the other stood there, watched, and didn't say anything. It was because I didn't chart in a timely manner.

Sarah felt that students were often the ones who received the most hostility on her unit. She worked on a unit with a large number of new graduates. Therefore, most of her colleagues were of equal power status, which allowed the new graduates to feel heard amongst most of their nursing peers. Subsequently, she began to notice that the student nurses fell to the bottom of the hierarchy, taking the brunt of the hostility on her unit. An additional area of concern amongst all of the participants was the threat of physical violence/injury, which was at the very least a distraction from their ability to thrive. I elaborate on this area in the unmet needs section below.

In summary, the workplace factors that participants felt were the most impactful in their ability to thrive as a new graduate included having a consistent work environment and work schedule, having a manageable workload, maintaining an effort-reward balance, and ability to manage the impact of coworker hostility in the workplace.

Next, I provide a prioritized list of factors that the participants considered the most influential in their ability to thrive at work and thereby suggested as focus areas to assist new graduates in their transition.

Suggestions for transition support. Cherie was the only new graduate who received support services through a new graduate transition program. She reported that the mentorship component and the ability to ease into her workload were the most valuable. In contrast, the other seven participants did not have the support of a transition program; they feel they were "thrown in" (Candice). Candice stated, "I was thrown into charge, and there was no difference in workload…I learned the hard way I had to make mistakes; I just didn't know what I didn't know" (Candice).

The most prominent suggestions to better support the transition of new graduates into professional practice were formal mentorship, easing into a full workload, and normalizing new

graduate challenges. I addressed workload above; I will now discuss mentorship and normalizing new graduate challenges.

Suggestion: mentorship. Four of the participants found someone at their place of work that was an informal mentor to them. This form of support promoted their ability to manage workplace stressors. Mary and Sarah appreciated that they could ask questions and get feedback from someone whom they feel a sense of unconditional positive regard from, "if it weren't for [my work mentor], I wouldn't be where I am today" (Mary). "I found that just having a mentor or someone you can go to, even just to vent about staff members…even just to ask questions that you might not be comfortable asking" (Sarah). Conversely, Jessica did not have the benefit of a mentor. In her initial new graduate position, due to her stress and lack of employer support, she frequently called in sick to cope.

> I was calling in sick often…because I dreaded going into work. I got put on probation because of it. It was a really unsupportive environment. I was super stressed out and burned out. There was no support there. There was no teamwork. There were no resources or senior nurses to ask questions. Now that I'm on floor [#], I feel safe, and it is so much better. No matter what happens, I can call for help, and someone will be there to help me. I don't call in sick now. I feel supported and excited to go to work now. (Jessica)

Mentors who offered unconditional positive regard, demonstrated by their enduring support, despite new graduate vulnerabilities, provided an emotionally safe space for the new graduates to ask questions and resolve areas of dissonance that may have otherwise gone unaddressed. Another area that the participants' felt was lacking was the reminder that they were not alone in their new graduate struggles.

Suggestion: normalizing new graduate challenges. The participants suggested normalizing new graduate challenges, which prevents feelings of shame and isolation in the novice nurse role. Many of the participants had gone through times of uncomfortable vulnerability, but did not feel they had the tools or the safe emotional spaces to explore its source. A transition program could provide opportunities to share their new graduate challenges and potentially gain insights into resolving them. For example, Janice, Candice, and Jessica reflected on the benefits of the discourse in this study and suggested that similar reflective opportunities could benefit future new graduates as they transition. **"**I wish that every new grad had the opportunity to talk through this with someone, to have this kind of experience. It has been so encouraging and so valuable" (Janice). **"**Just being aware of it and seeing it in writing and doing the self-exploration has really helped me cope with it…it has really helped me grow" (Candice). **"**It is nice to know that I'm not the only one that who is dealing with this stuff" (Jessica).

Based on my previous experiences as a new graduate registered nurse, a currently practicing nurse, and new graduate mentor all of these factors resonated with me. Either I have personal experience due to the impact of these workplace stimuli on me as a frontline nurse, or I have indirect experience by observing the effect that it has had on others in the workplace. For example, coworker hostility between nurses was rampant when I was a new graduate, and I continue to see the effects of it in the workplace today. While I know how to avoid having it directed at me, I continue to see it aimed at those who are less confident in their practice. I have observed many campaigns over the years to curtail the hostility, but it seems to continue to plague nursing culture. As for workload, I too remember the panicked feelings that ensued early in my nursing career. I would check and double check medications and policies, afraid that I

might harm my patients inadvertently. These careful practices put me behind, and as a result, I often missed breaks or had to stay late to finish my charting. Even when I did get breaks in, I remember feeling so anxious about pending tasks that I was unable to find reprieve from the fear-based self-talk that would consume my thoughts at every opportunity. In other words, the experiences of the new graduate participants in this study are similar to my experiences many years ago. As the researcher, the alignment of our experiences provides richness, and as an observer, I can more objectively explore the impact, intensity, and interplay of factors.

Circling back to my research sub-question - how might contextual workplace elements enable or disable their ability to thrive? The most prominent suggestions for employers to support a more successful transition into the field were as follows: (1) a formal mentor assigned to each new graduate, (2) a workload ease-in period, (3) providing check-ins that normalize the challenges of transitioning into their professional role, (4) enabling new graduates to establish a sense of comfort and confidence within a stable work environment by minimizing redeployment, and (5) providing work schedules that promote adequate rest and recovery between work sets. Now, I discuss how the undergraduate nursing curriculum enabled and disabled the participants' ability to engage in the process of self-actualization in their new graduate role.

Undergraduate Curriculum and Self-actualization as a Novice Nurse

The third research sub-question was: How might undergraduate curriculum enable or disable their ability to thrive in the workplace? During my analysis, I determined that the most influential undergraduate experiences are as follows:

- The inability of students to realistically practice self-care,
- Whether or not faculty support students to choose a work area that aligns with their personalities and preferences, and

- Curriculum components that translate well into the workplace.

After analyzing each of these factors, I outline the most prominent participant suggestions for undergraduate transition support.

Prioritizing self-care. All of the participants reported that self-care was a token concept, rather than an integrated part of the implicit or cultural ways of being in the nursing curriculum. "There is always lip service to self-care. …It could definitely be incorporated into the curriculum more" (Cherie). "The sheer amount of work in the program did not jive with self-care. It didn't feel like you could succeed in the program and make time for self-care" (Mary). When Sarah was a student, she felt she learned about how to prioritize self-care from a clinical instructor who modeled it in the practice setting. "In emerg, my preceptor would say, 'are they really sick? Can it wait? Yes, it can wait, go on your break!' I always thought more practice would be better in that way because you get to apply what you're learning, including self-care. The application is what really nails it in" (Sarah).

A suggestion to promote congruence was to normalize the process of working through unresolved dissonance via reflective assignments, discussions about transference, encouraging the use of counseling and providing time for self-care. Another key area that participants felt was influential in charting their new graduate path was how faculty steered students toward specific areas of nursing that may or may not be a good fit for them.

Faculty support: deciding where to work. Six of the eight participants felt pressured to go into a medical/surgical (medsurg) area, despite their preferences. Cherie knew she was not suited for bedside nursing but felt pressured to follow the advice of faculty.

> I did not want to be a bedside nurse. I hate bedside nursing…I was told that I wouldn't get a job unless I went into acute care. So, I went into acute care, and I totally regret it.

> Everyone seems to say you can do whatever you want with nursing but in the same breath they say, but…you have to go do the shit jobs.

In addition to disliking her time at work, her time outside of work was also affected. For example, in the days leading up to her work in acute care she would feel "dread" that affected her ability to sleep. Similarly, faculty members advised Tabitha not to specialize, but she went against this advice and chose her area of work based on her affinities.

> Most [faculty members] told me straight out or hinted to the fact that it was a mistake because I needed to put my time in on medsurg, that my time would be better served consolidating my skills, that I would regret my decision to do OR, that I wouldn't be able to go anywhere else, that I would be too specialized. …I'm so happy I ignored them!

On the other hand, Jessica and Candice followed faculty advice to begin their nursing career on a medical/surgical unit and they feel that was the best decision for them. "I really had it drilled in my head from the get go that the safest bet was to work on a medical/surgical floor after school. I just did what pretty much all of our instructors told us to do…I do think it was really sound advice" (Jessica). "Well, I guess I was kind of pushed into this area, but…if I didn't like it, I bet I would have been supported in a change" (Candice).

The participants were all advised to go into a medical/surgical unit. For those whose affinities and personalities were a good fit this was good advice; however, for those who disliked these areas as students but felt compelled to follow faculty advice, it produced a form of chronic stress in their new graduate role. Now, I discuss the curriculum components that participants found the most relevant in the workplace.

Curriculum ideals: application to the reality of the workplace. The two elements of the undergraduate nursing curriculum that emerged as the most important for professional

practice was the development of emotional management skills and the promotion of self-efficacy. Multiple factors interplayed to support or detract from these elements such as age, binary teaching practices, experience with a variety of population groups, advocacy, and goal setting.

Curriculum: application related to age. Two of the new graduates who were in their mid-twenties, with less time out of their house of origin, found that their time in nursing school was transformational. It enabled them to identify areas of unresolved dissonance, signaled by uncomfortable emotions that emerged within the undergraduate curriculum. "Nursing school did a lot of shaping of me. I learned a ton about being okay with who I am. I found a lot of support through my nursing friends…It opened my eyes" (Sarah). Rhonda also found nursing school transformational, "I feel way different, how I act might not be that different, but I feel really different."

On the other hand, those who were older and thereby had more life experiences before nursing school felt that the core personal development and relational practice curriculum components were too common sense. However, they benefited from the components that deepened their ability to work through conflict and that improved their organizational skills. "The communication part [was valuable]. I think the first year may have applied more if I wasn't a [Licensed Practical Nurse] LPN, I don't know it felt too common sense, a little too fluffy; it just seemed kind of like I was beyond it" (Candice). "I just found it very time-consuming in terms of workload…I just think we spend so much time on touchy feely subjects, which is important, but it's hard to teach empathy when you haven't experienced anything outside of your personal bubble" (Cherie). "As far as being able to time manage, multitask. The communication piece, it was really valuable" (Tabitha).

Another area of their undergraduate curriculum that the participants' struggled to integrate into their new graduate role was the binary nature of many of the nursing "ideals" that were taught in nursing school.

Curriculum: limiting binary teaching practices. Rhonda felt that if the undergraduate evaluation processes were less "black and white" or binary, it would better reflect the "messiness" of personal development and work environment dynamics. Janice echoed a similar sentiment and suggested that students receive more help to understand that they will be operating in grey areas, where they often cannot make the perfect decision. For example, they might need to delay giving a multivitamin so that they can go on a break. Being willing to give a medication late to provide self-care was an example of a form of self care that she felt was discouraged in nursing school, and yet she feels it is a necessary practice to thrive in the field. Sarah reported that the mental health components of the curriculum also applied to students' mental health challenges, which was an example of how dissonance and incongruence could be addressed in the curriculum. Cherie felt that "walking the walk is really important for faculty," but in her experience the teaching ideals did not align with the reality of the student-faculty culture at her nursing school. "Horizontal violence is given such lip service, but the same teachers that talk about it are also the same ones that abuse the students and don't respect their mental health" (Cherie). Cherie's experience in nursing school intertwined with her frustration regarding the amount of curriculum devoted to touting the importance of self-care and addressing tensions, without providing the time and culture to practically apply it.

Another participant's suggestion was to bolster student readiness for the field by maximizing exposure opportunities to a variety of diverse populations.

Curriculum: experience with a variety of population groups. Exposure to a variety of populations can breed familiarity and promote self-efficacy in unfamiliar environmental and relational contexts. Cherie connected this exposure to the development of empathy and familiarity with different environments and ways of being. "Some of the students came right from high school into nursing, and they are so coddled…so unaware" (Cherie). These statements reflected an articulation of the benefit of exposing nursing students to unfamiliar environments and populations groups, as these experiences may illuminate areas of unresolved dissonance before they enter the workforce. Ideally, they might have these difficult experiences with the support of a faculty member and counselor. Based on my work as a clinical teacher, when students are in unfamiliar situations, it raises feelings of vulnerability, which often uncover areas of incongruence. Illuminating these areas offers an opportunity to practice working through dissonance in a safe and controlled environment. Rhonda reflected on how her exposure to different patients brought up some of her childhood dissonance, which presented a chance to work on resolving them.

> Nursing school allowed me to see it [childhood adversity] in a more positive way, how it got me here today, how it even helps me in my job. …I did a lot of that work in nursing school because it's such a reflective process. …Nursing school forced me to look at myself and then I went and figured it out. It puts you in different situations where you have to deal with other people, which can either bring out the best or the worst in you.

Another component of the undergraduate curriculum that participants felt was impactful were those that provided opportunities to exercise their role as an agent of change.

Curriculum: opportunities to act as agents of change. Tabitha, Candice, and Cherie all remembered having opportunities to practice being an advocate in their previous life

experience, or as a student nurse with the support of faculty; all three described it as a transformational experience. They now feel empowered to exercise their skills in their professional nursing role. As a result, they were able to recall ways in which they re-enacted those same skills in their workplace. This confidence to be an advocate was unique to them compared to the participants that did not have similar opportunities in nursing school. Additionally, while goal setting was an explicit part of all of the participants' undergraduate curriculum, most of them felt it was more obligational than beneficial.

Curriculum: obligational versus authentic goal setting. I included goal setting habits in the interview questions because according to my initial literature review this practice correlates with self-efficacy. Furthermore, for all of the participants, goal setting was a part of their undergraduate curriculum. However, while all of them had life and career goals, only two of them had a regular practice of writing them down. Those who wrote them down did so for fitness goals, which was a normal part of that particular culture. Seven out of the eight participants felt the obligational goals they set in nursing school had little to no influence on achieving them. Cherie underscored this collective sense in her comments about goals. "I hate writing goals. I had to all through nursing school. Learning plans, goals, none of them mattered. For me, at the end of the day it is going to get done, so those exercises are pointless" (Cherie). However, most of the participants had clear goals in their mind, and they felt confident to work toward them. Regarding goals, the most significant challenge for the younger participants was deciding what they wanted, as opposed to what others wanted for them. According to Rhonda, "There [are] just too many options. It's hard to know where to start."

In summary, the undergraduate nursing factors that participants felt were the most impactful in their ability to thrive as a new graduate included the inability of students to

realistically practice self-care, whether or not faculty supported students to choose a work area that aligned with their personalities and preferences, and whether curriculum components translated well into the workplace.

Based on my experience as a nursing student and as an educator in an undergraduate nursing program, there are many factors in this theme I can relate to. For instance, I remember feeling overwhelmed by the need to achieve in nursing school. I found the reflective activities often overshadowed by the highly prioritized binary components of the program. The binary nature of the program, whereby I felt that I had to perform perfectly to achieve good grades, perpetuated my tendencies toward perfectionism. Even though the reflective pieces of the curriculum felt the least significant to me back then, I can now appreciate their importance in exploring areas of dissonance. Additionally, self-care felt like a luxury that I did not have the time to enjoy, at least not compared to the looming assignments that consumed me. Finally, I disliked hospitals from my first clinical experience and throughout my undergraduate experience. As a student, I too felt pressured to begin in an acute care unit, despite feelings of dread that led up to each practicum day I spent there. As a result, I took a full-time position on a medical unit and to have an escape route for myself, I took a casual position in the community setting and I voluntarily redeployed myself into the emergency room as much as possible. My desperate attempts to open doors in areas outside of a medsurg unit resulted in a chaotic work schedule, a lack of sleep, and exhaustion. Fortunately, my efforts paid off before I burned out completely, and I was able to find a position in the community where I could thrive. I consider myself lucky, as I know many do not find an area where they can thrive for many years and some burnout before they do.

Circling back to my research sub-question - how might undergraduate curriculum efforts enable or disable their ability to thrive in the workplace? - the most prominent undergraduate suggestions toward a more successful transition into the field were as follows: (1) formal integration of self-care practices into practice and evaluation, (2) transparency regarding the risks and benefits of specializing versus taking a medsurg position, including personality factors and affinities, and (3) a greater focus on congruence in the implicit and explicit nursing curriculum. Now, I address how the interplay of factors varies based on the unique participant contexts.

Areas of Interplay

My primary research question was: How might the unique life experiences and contexts of new graduate nurses interplay to enable or disable their ability to engage in the process of self-actualization as a novice nurse? Areas of interplay relate to the contextual components or mechanisms that influence one's ability to engage in self-actualization. In this study, interplay was dependent on the unique contexts and life experiences of each participant. While the contexts varied, patterns of interplay were collectively evident in a few key areas. No one factor in this study was independent of the influence of other factors. Two examples of this interplay that I describe further below are the development of congruence and previous experience as change agents.

The development of congruence was an essential factor in the participants' ability to navigate stimuli before they became stressors. However, the path toward congruence was highly variable depending on their unique life opportunities. In this study, the most prominent developmental factors that interplayed to promote congruence were a child-centered upbringing, feelings of unconditional positive regard from others, and the tendency to practice self-compassion. Additionally, some key contextual stimuli served as powerful distractors, such as

hostile work environments and workloads that did not take into account novice inefficiencies; all of these factors limited self-actualizing activity, even for the most congruent participants. Finally, the participants who felt the most congruent or accepting of their "real" self as their "ideal" self, had a greater tendency or willingness to act as agents of change in their workplace, despite the social challenges.

An additional area of interplay was demonstrated by the participants who had advocacy/leadership experience in previous life roles, nursing school, and/or in a work setting. As a result, they were more willing to take on the same role as a novice nurse. Additionally, having a supportive mentor promoted a willingness to be vulnerable, which was necessary to confront the perceived injustices in the workplace. When Tabitha addressed workplace hostility, assertively resolving dissonance, she felt "exhaust[ed]" to the point that she "almost quit nursing." However, she did not regret her decision to speak up. She felt that her childhood experiences, the nursing school curriculum, the support of a mentor, and her previous role as a "protector" to her special needs sister prepared her for taking on an advocate role in the workplace. As she recalls, "I had full intentions of making a difference wherever I went to work, full intentions" (Tabitha).

Similarly, Cherie took on a leadership role while in nursing school, which ignited her passion for advocacy. The Chair at her nursing school encouraged her in this role, which gave her the confidence to manage her fears of retaliation from faculty. "We went up against faculty, and we had the Chair's back, which definitely helped…So now at work I kind of take that on too, you know, 'what are they going to do?'" Candice's nursing school experience, where she was faced with a situation where she had to advocate for herself, helped prepare her for a similar

effort at her workplace. Like the others who acted as change agents toward hostile workplace behaviors, she too had a mentor who supported her advocacy efforts in the workplace. "My [mentor] has advocated for me, they weren't allowed to touch me. …Now, [after confronting a hostile senior nurse], I feel like she respects me…that really empowered me."

In my experience, I can see how my childhood experiences interplayed and interplay with my tendencies toward perfectionism, my challenges with self-compassion, and my willingness to be vulnerable in nursing. For instance, I had to spend many years working to develop congruence and to practice self-compassion; as a result, I am now more willing to be vulnerable as a change agent in my field. Even this example is overly simplistic, unable to account for all of the conscious and subconscious factors that layer and intertwine to enable and disable my ability to engage in self-actualization in any given moment. However, despite the complexity, the power of articulating key factors towards congruency, understanding dissonance, and further developing my self-compassion empowers my journey towards healing, which promotes an ability to engage in self-actualization.

Circling back to my primary research question - how might the unique life experiences and contexts of new graduate registered nurses interplay to enable or disable their ability to engage in the process of self-actualization as a novice nurse? - while I explored the individual factors that aligned with my research sub-questions, their degree of impact varied amongst the participants and was highly dependent on other interplaying factors that were unique to their context and experiences. There were too many interplaying dynamics to note, but I provided exemplars such as the interplay between congruence and the willingness to act as an agent of change in the workplace. Now, I address how unmet needs (Maslow, 1943) relate to the

experience of stress, which emerged as factors that distracted or disabled the new graduate study participants from thriving at work.

The Hierarchy of Needs Evident in the Study Findings

While I discussed workplace stressors that emerged during the participants' interviews above, this section explicitly draws from Maslow's hierarchy of needs (1943) to explore the source(s) of the participants' workplace stress to provide additional insight. For example, according to the hierarchy of needs, a lack of esteem and belonging produces feelings of insecurity, which may provoke anxiety/stress. In this study, participants who articulated a lack of belonging in certain work areas reflected on the anxiety they felt as a result. As Janice articulated, "Other places are stressful because I don't know the staff, I don't know how they run the floor. I feel like a fish out of water.". In addition to how the theory offers insight to the source of new graduate stress, two of the participants referred to Maslow's hierarchy of needs when describing components of the nursing curriculum that they regularly use in their work environment.

As a reminder, I already explored many the unmet needs of the participants that emerged in the thematic analysis of life experiences and work context sections. Four factors which I did not anticipate, were the interplay between introverted personalities and feelings of exhaustion within the highly stimulating work environment, the frequency and impact of physical violence, the effects that moral/ethical dissonance had on the ability to engage in self-actualization, and the need to feel a sense of belonging at work. Using Maslow's hierarchy of needs as my framework, I provide more detail on these unanticipated areas below and then finish with a discussion of how the participants demonstrated engagement in the process of self-actualization.

Physiological: introversion versus extroversion. Most of the participants felt they were able to get adequate food and water breaks in their workday. However, the ability to break away from the high stimulus environment to recharge was often lacking. Four of the six participants described themselves as introverted, but they worked in a highly stimulating social environment. All four of them described feeling a sense of guilt with their "real" personality not matching well within the high stimulus environment, which produced exhaustion and moral distress. All six of the more introverted participants felt that the 12-hour shifts, characterized by many hours of social prompting, were highly draining. However, some were able to proactively manage the effect of the constant stimuli better than others. For example, advocating for breaks away from the stimulus was more natural for some, and quite difficult for others. Those who regularly practiced self-compassion were more likely to advocate for their needs, without feeling guilty as a result. Janice shared, "[I had] a realization that if I don't take care of myself, I can't do as good of a job taking care of my patients." In addition, the introverts who were aware of their needs recognized that working in a highly stimulating social environment was a source of chronic stress in their nursing role. They viewed it more objectively, realizing that their social and then emotional exhaustion was not a failing on their part, rather a biological reality that they needed to manage. Not being able to control or predict the intensity of social stimulation from day to day, and on some days not being able to take breaks away from the stimulus at all, put them at a higher risk of being disabled from engaging in self-actualization. Interestingly, emotional distancing or dissociation was often employed when they were unable to leave the work environment to recharge. This was evident when they focused heavily on charting or other work tasks that enabled them to disengage from emotional and social stimuli for a time. According to Rhonda, "When I feel like I am getting everything done, [focusing on tasks without being

stimulated by social engagement with patients] is when I feel like high on the job" (Rhonda). They used this form of emotional distancing to manage the impact of social stimulus when they felt emotionally drained and they felt free of guilt because they were completing tasks they deemed worthy. Essentially, by focusing on tasks that didn't require their emotional energy they could meet a need and not feel socially shamed for doing so.

Regarding emotional management strategies, another challenge for the self-ascribed introvert participants was the guilt that arose from feeling "grumpy" when they were unable to get their introverted needs met. Conversely, Candice considered herself an extrovert who thrived within the socially stimulating environment. At times, she felt a few of the introverted nurses resented her for her ability to enjoy and benefit from the energy of the highly social environment. "I see the anger and frustration in my coworkers who are introverts…being on the floors is absolutely made more for people like me" (Candice).

Janice identified as an introvert. She enjoyed relational connections but often felt exhausted by the frequency and intensity of the social stimulus over her 12-hour workday. She experienced moral distress when she got irritated at her patients who wanted to connect, but at times she felt unable to do so. This scenario reflected a gap between her "real" and "ideal" self, which produced a "real [mental] battle" for her, as reflected in the following:

> I have feelings of not wanting to connect, feeling like I can't, like I don't have the capacity because I'm so stressed out with other stuff. It feels bad, like I am not valuing them or something, but I'm just so stressed…It feels like they are sucking your soul somehow.

Conversely, Sarah, who identified as an extroverted personality felt drained when social interactions were lacking due to the capacity of her patients, tensions amongst coworkers, or

getting consumed by tasks. "It is the people shutting me down or not allowing me to care for them that really exhaust me and if I have days of that, it gets really tiring " (Sarah). In addition to the challenges of getting physiological needs met, the potentially chronic stressor that resulted from threats of physical violence and work-related injuries surprised me.

Safety: physical violence/injury. All of the participants dealt with a persistent threat of injury from patients, patient family members, or ergonomic injuries. For a few of the participants, violence was a regular part of their daily work. Janice described an ongoing experience with a patient on her unit who affected her inside and outside of work hours, when she "almost didn't go back to work because [she] felt so sick about it."

> I have had night terrors actually, about a patient that we have on the floor. ...I would wake up feeling like his hands were around my neck, he would hit me and I would wake up in tears.

When Mary was pregnant, she experienced an event that threatened her fetus. She felt that her choice to work in a higher risk community context put her fetus at risk, producing a high degree of moral dissonance as a result. "I walked in on someone who was smoking fentanyl when I was pregnant and tested positive for opiates, plus one of the users grabbed my belly" (Mary). Rhonda described her surprise at the regularity of which she had to deal with violence. Furthermore, she felt she had become "numb" to the events due to their frequency and being immersed in a culture that had become resigned to accepting it; this acceptance was evident in the often apathetic and humorous response that resulted. She did not believe her employer recognized or supported the toll it was taking on nurses.

> It [safety] feels at risk on pretty much every shift. Last set a patient charged me with a med cart. … The day before that a patient took a sheet and put it over my head. … We

had a patient's family member shoot himself outside the hospital, and the hospital did not do anything, like no debriefing or anything, which made me feel really unsafe and unsupported. Pretty much every shift people are threatening us, saying that they are going to come back with a gun…there is just so much dementia on our floor. (Rhonda)

Jessica recalled an event when a patient who had dementia punched her. She stated that "there are definitely situations where we call security, and they don't get up there right away, it can be scary" (Jessica). Cherie felt that workplace violence had become normalized and she lacked confidence in the reporting system for safety hazards at her place of work.

> The resident…was asking me if I go to church and then was calling me a demon and swearing at me and then he hit me. He obviously had dementia. … It's sad that violence feels so normalized now. … The amount of violence I see is so much more than I was expecting. Also thinking of reporting it, what are they going to do? The report will go back to my [manager], and they will say, 'well he has dementia,' and then it is normalized. It just seems pointless to report it…nothing is going to change. (Cherie)

There was an initial adjustment period that occurred, where at first, the violent occurrences produced an acute stress, but with repeated exposures, they evolved into a subtle and chronic stressor.

Tabitha did not work in an area where patient violence was an issue, but she found that the physical requirements of her role threatened her physical health. While this may be different from a threat of violence, the pain and fear of injury can still be a distraction from one's ability to thrive. As she expressed,

> Ergonomically it kills you, your shoulders, and your back. I still have a numb spot on my thumb from when I was a student. [There are] times when you have to hold your arm up for an hour. No wonder there is so many around here hobbling around. (Tabitha)

In summary, whether the threat of injury came from a patient, or was in response to an overuse injury or ergonomic strain, it was a common and chronic source of stress for all of the participants. Another common stressor that participants reported was the threat of being "excluded from the coworker network" (Cherie), which was especially threatening for those who had a natural tendency towards pleasing others.

Belonging: the impact of co-worker relations. All of the participants who had positive and supportive co-worker relationships felt that it was one of the most rewarding and energizing components of their job. Feelings of belonging related to their ability to get excited about going to work. To demonstrate this point, Rhonda said, "the only thing I like about my job is the people that I work with, and now I feel like they are all leaving" (Rhonda). Similarly, Tabitha found that "if you know the people you are with for the day it is amazing how you can just have an awesome day. …Then there are those days when you are partnered with other people, and you have to do a lot of [positive] self-talk to get through the day" (Tabitha). Conversely, when co-worker tensions went unresolved, it produced an enduring stress that affected them inside and outside of work.

The desire to gain coworker approval also related to the participants' willingness to address areas of moral and ethical dissonance. If the fear of coworker disapproval threatened their need to belong, then addressing areas of dissonance was no longer the priority.

Esteem: the impact of moral/ethical dissonance. Some participants felt morally dissonant when they had negative thoughts about their patients, and ethically dissonant when

they felt their actions were not in the best interest of the patient. The feeling that they were not able to be an "ideal" nurse threatened their esteem.

Ethical dissonance occurred as result of having to make nursing decisions that were not in the best interest of the patient. Competing pressures at times overrode patient interests, which often involved overcrowded hospitals and a lack of resources. Candice described an example of this happening when discharging patients that were not ready to go home. "We push people out the door because the hospital is exploding…knowing they will fall and come right back…the guilt for me is a product of an overwhelmed system" (Candice). Additionally, she described a situation where she felt morally dissonant when deciding between taking a much-needed break and missing her break to get a task done for a patient. "Those times when you are like, 'do I take my lunch break and go eat my sandwich when it is so busy or do I…?'" Cherie felt ethically dissonant about a family's decision to keep a patient alive when he was clearly suffering. She felt powerless to speak up about it. As a result, she put on a positive emotional display while she cared for him, which required her to deny her authentic feelings.

> A man there that was in his late 60s who had a brain injury about three years ago and was now a vegetable, that was essentially his medical history. The wife and daughter wanted all these medical interventions and a CT. This man has no feeling, he can't see, he can't hear, he is basically dead. It was the first time I had experienced moral distress while caring for someone. … I was really angry that this family was doing this to this poor man who had absolutely no quality of life. … He had this wound on his chest from drooling because of the position of his head…that pushed me over the edge…and I felt like I couldn't ethically care for that man because I was so angry about his situation. (Cherie)

One of the most stressful components of Mary's job was the lack of community resources available to her clients, which resulted in ethical dissonance. "There is just such a general lack of resources. It can feel like sometimes there is just nothing you can do for them" (Mary). Additionally, she experienced moral distress related her pregnancy and the physical risk factors she had to navigate within her work context. She felt that her work frequently put her fetus at risk, resulting in a high degree of moral dissonance.

Sarah's had staffing concerns that produced ethical dissonance. She saw many nurses leave her place of work due to these same concerns. "They can pull us wherever and it doesn't matter. I don't feel heard, and I have no control. I feel like we are pawns that they just toss around however they want."

Dissonance was evident in the self-shaming that occurred when nurses had negative thoughts toward their patients, which often led to feelings of guilt. As exemplified earlier, Janice struggled with feelings of guilt, which occurred when she felt too tired to engage in meaningful connection with her patients. The feelings of guilt seemed to relate to her "real" self not lining up with her "ideal" self. Rhonda articulated a similar experience at work, "I definitely feel frustrated and then get frustrated for being frustrated, maybe if people were naïve to that they would be less likely to feel burned out about it all the time" (Rhonda). Tabitha also felt guilt when she lacked energy for her family after working all day, which produced a form of moral dissonance for her. "By the time you leave you are so tired…and my kids are like Mommy, Mommy, Mommy! Then I feel guilty for not having any energy left."

All of the perceived areas of unmet needs, explored above, interplayed to impact the participants' ability to engage in self-actualization in their novice nurse role.

Engaging in self-actualization. Relating to self-actualization, none of the participants considered themselves to be self-actualized, rather they discussed it in terms of the frequency and duration of engaging in self-actualizing activities or thriving at work. Some participants spent more moments of their day engaging in self-actualizing activity than others do. The ability to participate in self-actualization correlated with the ability to get their basic needs met. For instance, the physical needs such as hydration, food, and hydration; feeling safe, which related to the frequency of violent encounters; and the meeting of their psychological needs via congruence, belonging, and acceptance. Those that did not have these needs met expressed feelings of stress, which served as a distraction from their ability to thrive or engage in self-actualizing activities.

Signals of self-actualizing/moments of thriving. Participants who felt that they were frequently thriving at work described an ability to be present in their tasks. They felt energized by a sense of purpose and meaning in their work and supported by relationships where they feel they can genuinely connect. They often felt that their work duties aligned with their desires, as opposed to feeling stifled by more pressing obligatory tasks. Finally, they had a natural tendency to view their work and life through an optimistic lens. Furthermore, these moments were free of the distractions of physical (safety, food/water needs) and psychological (negative self-talk, hostility from others, time pressures) threats or unmet needs. When threats or unmet needs arose, depending on how they were perceived, it did not necessarily mean that they could not engage in moments of self-actualizing. For some, they were distractions or challenges to manage. They were able to navigate the distractions and re-engage in self-actualization. Others felt emotionally consumed by the stressor; thus, they were unable to engage in self-actualizing activities. The point of perception and the felt intensity of an unmet need varied among the

participants, which depended on their experiences, their current perspective or orientation to life and more specifically, their perspective of their role as a novice nurse.

In summary, I categorized the disabling and enabling factors that address my research questions. I then discussed how interplay occurred, based on the unique life experiences and contexts of the study participants. Finally, I explored how unmet needs (Maslow, 1943) relate to the experience of stress in the workplace. Below, Figure 3 provides an abbreviated overview of the impactful factors that emerged in this study.

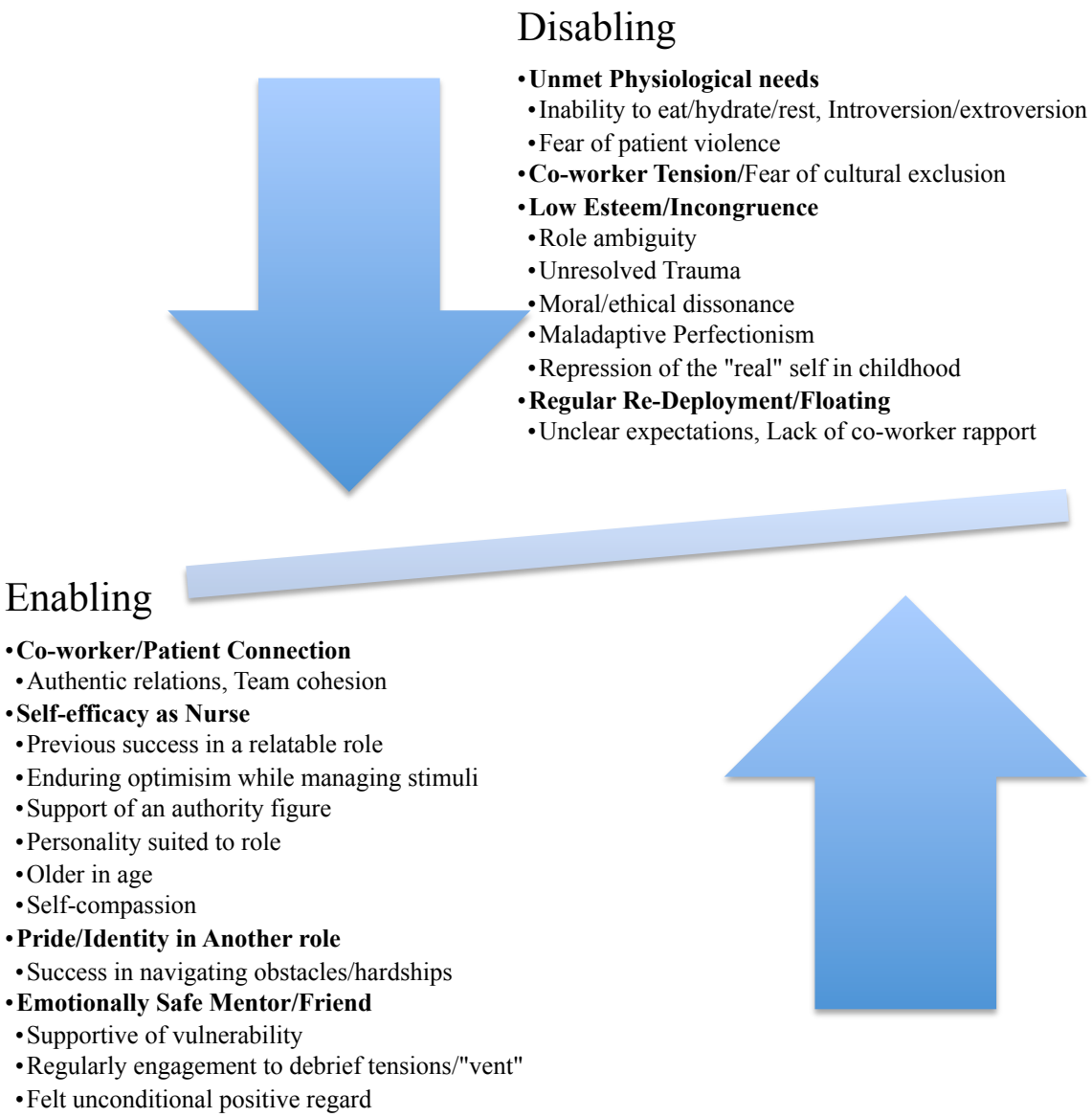

Figure 3. Factors that impact the ability for novice nurses to engage in the process of self-actualization. This figure represents the individual and contextual mechanisms that interplay to influence the capacity to thrive in the new graduate registered nurse role.

Now, I will summarize the most prominent themes that emerged in the study. The themes underwent respondent validation in the third round of participant interviews.

Prominent Themes

In this section, I highlight the factors and the interplay of factors that participants found the most prominent. While I came to this research with assumptions, based on my experience

and the existing literature, the findings deepened my understanding, and a few took me by surprise. For instance, I was expecting to find outliers in the data, however, due to interplay and the unique contexts of each participant there were no obvious outliers in the usual fashion, due to the complexity of the factors. I expected that the participants who self-identified as introverts, needing time away from the social stimulus to recharge, would be exhausted after a 12-hour workday. However, this was not always the case if they got enough breaks away from the stimulus or if they found other ways to socially disengage despite the environmental stimuli. This scenario demonstrates an example of where what may seem like an outlier was really a reflection of interplaying factors. The benefit of the three interviews was that outliers were explored and even explained by identifying interplaying mechanism that may not have been clear in the previous interview. In addition, I did not anticipate that introversion versus extroversion would be so influential in ones' ability to thrive in the high stimulus work environment, and I was surprised at the frequency and intensity of physical violence.

To summarize, three major themes emerged as enabling or disabling factors that influenced the novice nurses' ability to engage in self-actualization. First, developmental factors that enabled congruence were significant in the capacity to manage workplace stressors, without feeling disabled by them. Factors that influenced the participants' perceived congruence were their childhood experience or time in their young adult life where they engaged in relationships that provided unconditional positive regard, the habitual practice of self-compassion, and the confidence to resolve areas of moral and ethical dissonance. Second, biological factors buffered the experience of stress in the field, which included age and having a personality suited to the work environment. Third, contextual factors that enabled thriving or self-actualizing included having a trusted mentor at work and feelings of meaning and purpose within another life role.

Finally, contextual factors that were disabling were the threat of emotional and physical violence in the workplace, workloads that did not take novice inefficiencies into account, redeployment to unfamiliar work areas, and work schedules that did not allow for adequate rest between sets. I will now provide more detail on the most prominent enabling and then disabling themes.

Prominent Themes that Enabled Self-actualization

A child-centered upbringing. The participants' childhood years influenced their ability to enter adulthood with a sense of congruence. Those who still had prominent areas of incongruence that were unresolved were more likely to experience a higher intensity and frequency of emotional transference in the workplace. They were also more likely to fall into maladaptive perfectionism, resulting in anxiety and feelings of insecurity when their nursing practice was challenged. As a result, the triggering of unresolved dissonance resulted in a stress response, which impeded their ability to engage in self-actualization. In this study, the participants that were younger in age reported more felt incongruence than their older counterparts; this mostly likely related to having had less time and opportunity to work through their unresolved childhood dissonance. Participants that had childhoods with frequent adversities were able to see the benefits of working to resolve areas that resulted in incongruence; these experiences were recognized as an opportunity to better understand and connect to their clients/patient's suffering. In addition, they recognized that their suffering motivated them to engage in a meaningful process of self-exploration.

As for the source of childhood adversities, three of the eight participants felt that the primary reason for the incongruence they experienced as children came from their peers, rather than their parents. These experiences range from years of traumatic bullying to more subtle feelings of not fitting in and not measuring up against their peer group. Another three felt that

they lacked a child-centered upbringing from their parents as the primary source of incongruence. Two felt that they went into adulthood with a high degree of congruence based on the child-centered upbringing they received.

Four of the participants felt that the most impactful component of developing congruence occurred shortly after leaving their house of origin. Two experienced a rapid period of growth while traveling independently. They felt that being away from their support systems and in an unfamiliar environment encouraged them to work through areas of incongruence. Two other participants considered nursing school the most transformational time in their lives. They felt that it "forced them" (Rhonda) to look at areas of dissonance that were causing them distress. These transformative experiences occurred as a result self-compassion and self-acceptance, evidenced by a closer alignment of their "real" self with their "ideal" self. As a result, they felt freer to be who they are, rather than who they felt others want them to be. Having these opportunities to become more congruent promoted their ability to engage in the process of self-actualization more frequently.

Having a child-centered upbringing involves having a parent who provides unconditional positive regard, which promotes the development of congruence. Congruence was evident in one's ability to accept their "real" self as opposed to the "ideal" they may feel they need to be.

Having relationships with unconditional positive regard. A few participants had a parental figure that provided unconditional positive regard (Rogers, 1959). However, most of them found this form of relationship after leaving their house of origin. The development of this factor correlated with the willingness to resolve areas of dissonance or incongruence. Relating to workplace tensions, they were also more likely to address conflict if they felt supported by a workplace mentor. Additionally, those who were able to find a senior nurse who provided

unconditional positive regard were better able to tolerate times of incongruence, characterized by a feeling that their "real" and "ideal" nursing images were not in alignment. Incongruence was evident in how they handled mistakes and in how they reacted to negative feedback by their colleagues. In this study, experiences of unconditional positive regard interplayed with the likelihood of practicing self-compassion and thereby promoting engagement in the process of self-actualization.

Habitually practicing self-compassion. A primary factor that influenced the ability of participants to engage in moments of thriving or self-actualizing was the practice of self-compassion. Employing self-compassion in the face of mistakes, role ambiguity, and coworker corrections was a commonly used skill amongst those who successfully managed stressors. This management buffered them from being emotionally consumed by workplace stimuli; thus, stimuli were more of a temporary distraction than a disabling stressor. Furthermore, those that felt more self-compassionate when their imperfections became apparent were more likely to accept their shortcoming as a condition of being human and less likely to ruminate on negative self-talk. "The more incongruent you are on the inside, the more congruent you try to make things on the outside and the more stressed you get, but it's just not possible, and you have to accept that (Candice)." Finally, congruence interplayed with optimism; those who were more congruent tended to maintain an optimistic objectivity, as opposed to succumbing to self-destructive thoughts.

A tendency toward optimism. Participants who tended to view workplace stimulus through a positive lens were less likely to feel emotionally threatened when unexpected stimuli arose. They perceived challenges as problems to solve, rather than as personal threats, which enabled them to manage them more objectively. This management of stimuli was also evident in

their ability to positively reappraise their childhood challenges from a strengths-based approach. The tendency toward optimism also interplayed with personality type and the participants' belief that their work area suited their personality.

Honoring one's personality. The degree of impact that one's personality had on engagement in self-actualization at work was surprisingly large. For instance, those that identified as introverts struggled to thrive for 12 hours in the highly stimulating work environment. Additionally, those who felt their personality and preferences aligned well with their work environment had a more optimistic view of their work. They felt a greater bond with coworkers who shared the same affinities and were more likely to experience feelings of thriving in their role. This sense of belonging was a prominent factor in the participants' desires to stay or leave their current position. Age interplayed with personality in that those who were older tended to have a better sense of how their personality did or did not align with their nursing context.

Older in age. Another factor that was significant was age, which interplayed with the ability to maintain emotional objectivity, higher levels of self-esteem and self-efficacy as a novice nurse. Additionally, those that were older had more time to work through unresolved childhood dissonance, to develop supportive relationships, and to develop meaningful roles outside of nursing.

Having a meaningful role(s) outside of nursing. Participants that identified with another life role outside of nursing were better able to let workplace stressors go. They had another role that they could transfer their focus to, which prevented them from ruminating on their nursing role. Perhaps this also occurred because they felt less personally threatened when they fell short of their nursing "ideals." It promoted the ability for them to put tension and

dissonance in perspective, as opposed to feeling consumed by it. Examples of meaningful roles included being a parent, an athlete, and a person of faith. One participant accepted that she did not feel well suited to nursing, and thereby did not feel she formed a strong identity within it. This acceptance buffered her from feeling threatened by the feeling prone to perfectionism in her nursing role.

Essentially, those with other meaningful life roles were able to put stressors in perspective, and then to objectively manage them, rather than feel consumed or devalued by them. This ability to manage feelings of dissonance allowed them to move through times of stress more efficiently. Conversely, those that felt personally threatened were more likely to ruminate on negative thoughts, which kept them from engaging in self-actualizing activities. Other interplaying factors that buffered novice nurses from feeling personally threatened were mentorship and having a stable work environment.

Having a mentor and a stable work environment. Having a work mentor and being able to stay in one unit were impactful factors that promoted the participant's ability to thrive or self-actualize. Mentors provided a safe emotional space for new graduates to process workplace dissonance, which helped to build their confidence to resolve stressors. In addition, those who felt that they had the support of a senior nurse were more willing to address workplace hostility. Additionally, those who were able to work with a trusted group of coworkers on a unit in which they were familiar found it easier to keep up with the workload, to feel they were meeting their own and others expectations, and they were more likely to advocate for themselves and their patients. These all promoted engagement in the process of self-actualization, expressed via feelings of thriving. Conversely, redeployment to unfamiliar areas produced stress, which then disabled them from thriving. Finally, having a predictable work schedule that allowed for

adequate rest and emotional recovery between sets influenced their ability to engage in self-actualization inside and outside of work.

Above, I described the most prominent themes that enabled engagement in self-actualization. Below, I address the factors that distract and for some even disable them from thriving at work.

Prominent Themes that Disabled Self-actualization

Frequent physical violence. Seven out of the eight participants frequently observed or were victims of aggressive physical contact from patients. While there was often a feeling of "being on edge" (Cherie), most of them began to view it as a regular part of the work. Due to its high frequency, they often had to deal with the event on their own or with their nursing team because security officers were not always immediately available. At times, the perceived sense of danger disabled the novice nurses from being able to engage in the process of self-actualization. In addition, coworker scrutiny and hostility was another form of violence that the participants encountered in the workplace.

Frequent horizontal/emotional violence. Only two of the participants in this study directly challenged the hostility they experienced in their new graduate role. Due to cultural pressures and mentorship from senior nurses, the participants were often perpetuating the dysfunctional cultural norms. For example, they may be more likely to report coworker actions to other nurses or the manager without first addressing the person that offended them. Their novice nature made them feel vulnerable; therefore, they often did not feel safe to address tensions directly. The subtle pressures and stress associated with going against the established cultural ways of behaving produced a form of stress for all participants. Feelings of threat that arose from a fear of rejection or exclusion from senior staff members often disabled them from

resolving dissonance, which impeded their ability to engage in self-actualization. One of the participants who challenged the cultural norms by addressing conflict and hostility felt punished via scrutiny for nearly a year. She developed a fear of consequences when she considered challenging the nursing culture. This experience explains why many nurses choose to stay silent when ethically dissonant events occur in the workplace.

In this study, those that identified as more congruent had a greater tendency to address tensions, despite the cultural consequences of doing so. However, they still chose their battles carefully with an effort-reward balance weighing heavily on their decisions. Finally, the three nurses that explicitly challenged the cultural norms, taking on hostility directly, had a few notable commonalities. Each of them had a previous experience in an advocate role where they feel they were successful and as a result, they felt empowered and confident in their ability to make a difference. Another key factor that promoted confidence was the support of an authority figure. This support gave them the courage and self-efficacy to speak up, despite feelings of vulnerability. Finally, those that felt more emotionally guarded at work were less likely to resolve sources of moral and ethical dissonance proactively.

Unresolved moral/ethical dissonance. Morally/ethically dissonant events occurring within the workplace were a common source of emotional strain, which threatened esteem. Those who spoke of examples where they resolved their dissonance by advocating for themselves or others felt empowered by their success. However, most of the novice nurses noted that events often occurred that they felt could not be resolved. Examples of these included discharging patients too early due to hospital capacity, a lack of community resources to meet their client's basic needs, and a hostile work environment that discouraged them from resolving coworker tensions. Another common source of moral dissonance occurred as a result of feelings

of shame when participants had negative thoughts toward patients whose behavior or needs impeded the novice nurse from getting their own needs met. Finally, heavy workloads, redeployment to unfamiliar work environments, and unbalanced work schedules led to a higher frequency of unresolved morally and ethically dissonant events.

Heavy workloads. At the beginning of the participants' new graduate role, seven out of eight of the participants had workloads that were equal to the senior nurses on their unit, despite their novice inefficiencies. All seven of them missed breaks, stayed late, and felt exhausted during, after, and in between work sets. While this stressor resolved with experience, those that dealt with frequent redeployment continued to feel strain from workloads that felt too heavy due to the compounding inefficiencies that came with working in an unfamiliar work environment.

Frequent redeployment. Redeployment to an unfamiliar work area produced stress/anxiety, which stemmed from role ambiguity, work teams that lacked rapport with one another, and tension between coworkers.

Exhausting work schedules. Difficult work schedules led to exhaustion. Specifically, stress arose from schedules that did not allow enough time to recoup on lost sleep, that prevented time and energy to emotionally recharge after long and arduous workdays, and when participants had to be available to receive on-call shifts. These factors promoted fatigue and stress inside and outside of work.

In summary, the most prominent factors that interplayed to enable engagement in the self-actualizing process as a novice nurse were as follows: (1) a child-centered upbringing, (2) relationships that provided unconditional positive regard, (3) self-compassion, (4) optimism, (5) the honoring of one's unique personality, (6) age, (7) meaningful roles outside of nursing, (8) mentorship, and (9) a consistent work environment. Factors that interplayed to distract or disable

engagement in the self-actualizing process as a novice nurse were as follows: (1) physical violence from patients, (2) horizontal violence from coworkers, (3) moral/ethical dissonance, (4) heavy workloads, (5) redeployment to unfamiliar work areas, and (6) work schedules that did not allow for adequate rest between sets.

Now, I will outline the participant suggestions for undergraduate and employer supports that arose from the thematic analysis of the workplace context and nursing curriculum. These reflect what participants in this study believed would be the most helpful for the student to new graduate registered nurse transition.

Participant Suggestions: Supporting the New Graduate Transition

Employer Transition Program

1. A formal mentor assigned to each new graduate.
2. A workload ease-in period.
3. Providing check-ins and normalizing the challenges of the new graduate experience.
4. Minimizing redeployment, allowing new graduates to establish a sense of comfort and confidence within a stable work environment.
5. Work schedules that promote adequate rest and recovery between work sets.

Undergraduate Nursing Program

1. Formal integration of self-care practices into practice and evaluation.
2. Transparency regarding the risks and benefits of specializing versus taking a medsurg position, including personality factors and affinities.
3. A greater focus on congruence in the implicit and explicit nursing curriculum.

Summary

This qualitative study aimed to understand how new graduate contexts interplay to influence their ability to manage workplace stimuli and subsequently, how this affected their ability to engage in self-actualization. In this chapter, I explored how life experiences shaped the new graduates, how they interpreted stimuli in the workplace, and how they found meaning in their work experiences (Merriam, 2014). As a result, I addressed the primary research question of the study using a basic qualitative approach (Merriam, 2014). Furthermore, through an iterative interview process, I established which factors had the most prominent influences on the participants' ability to engage in self-actualization at work. Finally, I provided the undergraduate curriculum and employer suggestions that the participants' felt would be the most helpful in the student to new graduate transition.

Chapter Five will include the findings, aligning them with my theoretical framework, comparing them to the literature, the implications of this study, and recommendations for future research.

CHAPTER FIVE: Discussion and Recommendations

Overview

The purpose of this qualitative study was to gain an understanding how life experience, engagement with the undergraduate nursing curriculum, and workplace elements interplay to impact the ability of new graduate nurses to thrive or engage in self-actualization as a novice nurse. I also aimed to discover how the new graduate registered nurse participants interpreted and then found meaning in the interplay between their unique life experiences and their work context. At the end of Chapter Four, I outlined three over-arching themes that emerged as enabling or disabling factors that affected the novice nurse's ability to engage in self-actualization. First, developmental factors that promoted thriving via congruence were significant in the capacity to manage workplace stressors, without feeling disabled by them. Prominent factors that influenced the participant's perceived congruence were their childhood experience or time in their young adult life where they engaged in relationships that provided unconditional positive regard, the habitual practice of self-compassion, and the confidence to resolve areas of moral and ethical dissonance. Second, biological factors played a role in buffering the experience of stress in the field, which included age and having a personality suited to the work environment. Third, contextual factors that enabled thriving or self-actualizing included having a trusted mentor at work, and feelings of meaning and purpose within another life role. Finally, contextual factors that were disabling were the threat of emotional and physical violence in the workplace, workloads that did not take novice inefficiencies into account, redeployment to unfamiliar work areas, and work schedules that did not allow for adequate rest between sets.

This chapter provides a summary of the study results by summarizing how they relate to my research questions in conjunction with the literature, how they interplay, and how they align with my theoretical framework. I then conclude with a description of the study implications for future new graduate preparation efforts and my suggestions for future research.

As a side note, to avoid terminology confusion, in this study I use the terms self-actualization and thriving interchangeably.

Comparison of Results to the Literature

As noted in Chapter Three, an important aspect of this study's validation efforts is the correlation of the research findings with the existing literature. Therefore, I will now summarize the study themes, grouping them based on how they relate to my research questions and which met/unmet need they illuminate, and finally, how they compare to the literature.

Research Sub-question #1

How might previous life experiences enable or disable the ability to thrive in the workplace?

Self-compassion was the most prominent factor that promoted congruence and buffered participants from experiencing workplace stress. Multiple factors interplayed to support the development of self-compassion; these included a child-centered upbringing, relationships of unconditional positive regard, age, an optimistic perspective, and self-efficacy in one's roles inside and outside of nursing. Below, I describe the factors that enable and disable congruence, which in this study directly correlate with one's ability to engage in the self-actualization process and I also view these factors through Maslow's (1943) hierarchy of needs and discuss them in comparison to the literature.

Promoting the care of physiological and esteem needs: self-compassion. A prominent theme in this study was the relationship between one's self-compassion and the experience of workplace stressors. While a stimulus objectively occurs, how those stimuli are perceived, interpreted, and navigated was highly subjective. One factor that resonated for all the new graduate participants was the common struggle with perfectionism. According to the literature, in its extreme form, it leads to dissociation from emotions characterized by ignoring and internalizing fears of worthlessness, shame, and failure (Petersson et al., 2014; Shafran et al., 2002). Additionally, those who tend to fall into maladaptive perfectionistic are not necessarily doomed to burn out, as self-compassion is a personality trait that can develop with education and intention (Boellinghaus, Jones, & Hutton, 2014; Gazelle et al., 2015).

In this study, those who felt less affected or controlled by perfectionism credited their development of self-compassion as a protective factor. For example, those who naturally practiced self-compassion were more likely to advocate for themselves to take breaks to nourish themselves and rest when needed. Conversely, those with lower levels of self-compassion were more likely to skip breaks and deny their needs, prioritizing the completion of work tasks. Furthermore, participants that demonstrated self-compassion learned from their mistakes and received coworker feedback with more objectivity, rather than experiencing feedback as a threat and then succumbing to negative self-talk. Neff (2003) explained that self-compassion:

> Involves being touched by and open to one's own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one's suffering and to heal oneself with kindness. Self-compassion also involves offering nonjudgmental understanding to one's pain, inadequacies, and failures, so that one's experience is seen as part of the larger human experience. (Neff, 2003, p. 87)

Montero-Marin, Zubiaga, Cereceda, Piva Demarzo, Trenc, and Garcia-Campayo (2016) found that health care providers that suffer from burnout are also deficient of self-compassion. Those who demonstrate higher levels of self-compassion are more likely to effectively cope with workplace stressors, as opposed to feeling overwhelmed by a sense of personal inadequacy in addition to the initial stimulus. Additionally, those who regularly practice self-compassion had higher levels of emotional intelligence (Heffernan, Quinn Griffin, McNulty & Fitzpatrick, 2010) and had a greater ability to provide empathy to others (Boellinghaus, Jones, & Hutton, 2014; Raab, 2014). Finally, self-compassion is a protective factor against depression, mixed anxiety-depressive disorder, eating disorders, and post-traumatic stress disorders (Bluth, Campo, Futch, & Gaylord, 2017; Hwang, Kim, Yang, & Yang, 2016; Kelly, Vimalakanthan, & Miller, 2014). One's ability to be self-compassionate buffers them from the emotional exhaustion that can be a result of feelings of insecurity and habitual rumination on self-destructive thoughts.

Emotional exhaustion leading to burnout occurs when workplace stressors outweigh an individual's resilience (Ingram & Luxton, 2005). The development of burnout typically involves perfectionism, guilt, avoidance of vulnerability, and self-denial (Gazelle, Liebschutz, & Riess, 2015). Unfortunately, these same characteristics tend to be implicitly encouraged in nursing schools (Gazelle et al. 2015). It is the implicit curriculum that is most impactful in the shaping of student identity and for learning what kind of person they will be as a professional nurse (Foster, 2007). In the short-term, these components promote success in making it through their training, but in the long-term, they promote incongruence, erode energy stores, and fuel feelings of inadequacy, which then lead to burnout (Gazelle et al., 2015). For those who experienced childhoods that lacked opportunities to develop congruence, tendencies toward maladaptive perfectionism are likely compounded in nursing school.

Promoting esteem and belonging: child-centered upbringing. Regarding the ability for new graduate nurses to combat self-destructive thought tendencies or maladaptive perfectionism, in this study, childhood development was a highly impactful factor. Tanaka, Wekerle, Schmuck, Paglia-Boak, and the MAP Research Team (2011) sought to understand the linkages among childhood maltreatment, adolescent mental health, and self-compassion in child welfare adolescents. In their study, they found that emotional abuse in childhood correlates positively with reduced levels of self-compassion. Those with low self-compassion have a higher likelihood of mental illness, alcohol use, and reported suicide attempts compared to those with high self-compassion. Additionally, Neff and McGehee (2010) studied self-compassion and psychological resilience among adolescents and young adults. They found that greater maternal support and family functioning correlate with higher levels of self-compassion. Amato and Kane (2011) who studied childhood and the psychosocial adjustment of young adult women found that one's house of origin was significant in their ability to psychosocially adjust to their challenges in adulthood. Fergusson and Horwood (2003) performed a 21-year longitudinal study of 1,265 children in New Zealand. They found that children who garnered higher sense of coherence scores also tended toward a positive temperament, higher intellectual skills, and a positive view of the self. Likewise, in this study, the ability of participants to manage workplace stress seemed to positively correlate with their tendency to practice self-compassion, which related to their childhood opportunities and having the time to resolve areas of incongruence in their young adult years. Additionally, based on the reflections of the participants in this study, those who were older felt that their experience, garnered through age, gave them time to seek the opportunities necessary to develop congruence outside of their house of origin.

Promoting esteem and belonging: age. Another factor that pointed back to self-compassion was age, whereby those participants who had more life experiences had more opportunities to become aware of maladaptive tendencies and to work toward resolving them. The older nurses had more time to find and develop personal relationships that provided unconditional positive regard for their "real" selves. Similarly, Hwang et al. (2016) found a significant connection between age and self-compassion, and an even stronger correlation between age and self-esteem. In their study, which was not limited to nurses, those who were older reported that they had high self-esteem and efficacy, which they largely credited to life experience.

Allan, Duffy, and Douglass' (2015) study on meaning in life and work, coming from a developmental perspective, found that individuals between the prime working ages of 20-50 years who found a high degree of meaning in their work also had higher levels of overall life meaning. While speculative, they also discussed how those managing stressful family roles might look to their job for meaning, despite looming personal stressors. Furthermore, in line with Erickson's stages of development (Allan et al., 2015), adults nearing their 40s are more likely to feel driven to contribute to causes beyond themselves, which promotes a sense of meaning at work. Those in their young adult years and those heading into their 60s were less likely to be driven to contribute outside of themselves, and thereby experienced a lower sense of meaning from their work (Allen et al., 2015; McAdams de St. Aubin, & Logan, 1993).

The literature described above provides some understanding of why it seems that the older participants in this study were more connected to their work; frequently reflecting with a sense of optimism and gratitude for their ability to contribute to the lives of others, and seemingly less disabled by momentary stressors. In turn, I suspect their ability to stay focused

on a cause outside of themselves buffered them from feeling personally threatened when stressors arose. In addition, they had more life experiences to gain a sense of self-efficacy to manage stimuli before they became stressors.

Promoting esteem: optimism. In this study, I use the term optimism to describe individuals who habitually reappraise workplace stimuli in a positive light, identifying opportunities within challenges and having the confidence to navigate them. This tendency toward optimism is significant in one's resilience against numerous psychological illnesses (Aldao, Nolen-Hoeksema, & Schweizer, 2010). The connection between optimism and resiliency is also evident in my study findings. Those participants who were able to see the opportunities in workplace challenges felt less personally threatened by them. For example, co-worker feedback and learning through mistakes provided a chance to practice self-compassion and to seize the opportunity to improve one's practice. Those that tended toward an optimistic orientation reflected on workplace challenges from a strengths-based approach. As mentioned above, when one cannot modify their context, optimism is helpful. Conversely, if the stressor is controllable, it is more advantageous to have the self-efficacy to resolve it by changing the contextual factors that are producing the stressors (Troy et al., 2010).

Promoting esteem: self-efficacy. Participants who felt called to their work not only felt meaning and purpose in their tasks but they were also more likely to feel congruent within the role and to have a greater attachment to their work team and patients. Cardador, Dane, and Pratt (2011) also found this theme within their research, whereby feelings of purpose and meaning in one's work positively correlate with greater congruence and attachment to their profession and organization. For this study, meaning and purpose are characteristics of engagement in self-actualization. Munn (2013) described this engagement as:

> Enjoyment of one's job versus the duty of doing one's job to obtain a paycheck is also likely to be influenced by the organizational culture in which the individual works and can show his or her true personality. For instance, do employees have the freedom to be themselves? Or must they hide their true identity because it doesn't fit within the standards of their work environment. …The freedom to be oneself within the environment we spend at least a quarter of our day significantly impacts our reactions not only to work but also to how we handle the world. (Munn, 2013, p. 409)

Relating back to findings of this study, one of the participants considered leaving the nursing profession in search of a career that would foster a greater sense of meaning and purpose. She did not feel bonded to her role as a nurse, nor did she feel a meaningful sense of purpose within it. Conversely, the other seven participants felt a high degree of pride and meaning in their nursing role and had no plans to leave the profession. However, the participants in acute care that were more introverted felt pulled to a nursing position other than acute care, that was more suited to their personality.

Participants that had a meaningful life role outside of nursing felt it helped them feel more confident to manage workplace stressors. Identifying with more than one life role diversified their sense of self, as opposed to having all of their eggs in one basket. I did not anticipate this finding. However, when searching for the topic, I found empirical studies on the subject that demonstrated a correlation to one's overall self-efficacy and sense of overall life meaning. Steger, Dik, and Duffy (2012) described meaning in work as the subjective perception that one's labor is significant, that it promotes personal growth, and that it contributes to a greater cause. The question brought about by this study is how one's meaning in work relates to meaning felt outside of work. Numerous studies concluded that work is one source where people

can draw meaning from in their lives, but other influential sources can add or subtract from one's overall assessment of their ability to lead a meaningful life (Allan et al., 2015). Munn's (2013) study of work-life balance amongst a sample size of nearly 700 employees from the United States, found that when life roles and work roles balanced positively, there is a 21% increase in meaningful work. Conversely, when life roles and work roles conflicted, employees experienced 6% less meaning in their work. Their findings are consistent with other studies, demonstrating a similar relationship between the synchronicity of life and work roles (Mann, 2013).

While limited research exists around the connection between meaning in life roles and work roles, Duffy, Allan, Autin, and Bott (2013) performed a quantitative study with 553 employees from the United States to better understand the relationship. Their findings confirmed that there is a significant connection between one's felt meaning in their roles inside and outside of work. They described it as 'living a calling,' which refers to the ability to feel that one is fulfilling their life purpose. Capacity to do this within the workday positively correlated with feelings of well-being and meaning in their work role. In addition, one's capacity to experience meaning in their roles outside of work relates to their ability to find satisfaction within work. This correlation is contingent on their overall feeling of well-being and satisfaction that they are successfully living their calling (Duffy et al., 2013).

In this study, it was apparent that those who developed high levels of self-efficacy in their life roles felt a high degree of confidence in their nursing work, and felt less personally threatened when negative stressors arose. I did not see the converse of this in my study, but the research demonstrates that role conflicts diminish the amount of meaning felt at work (Mann, 2013). Those who were mothers in my study seemed to find a balance between their roles, where their role at work did not feel threatening to their role as a mother. In fact, work was a

welcome break from their parental stressors. As described above, the concept of living a calling (Duffy et al., 2013) is relevant to the study results. Those who were satisfied and found meaning in their other life roles and who felt a sense of achievement in their ability to answer their life calling, approached work with a greater sense of optimism and positive esteem.

Research Sub-question #2

How might contextual workplace elements enable or disable their ability to thrive?

Participants reflected on their ability to manage their energy over a typical work set where they worked four 12-hour shifts for four days in a row. Multiple factors affected the participant's ability to maintain a balance between their felt sense of reward and effort at work over these long shifts. Turning to the literature, the effort-reward imbalance, particularly for newer nurses, is a major contributing factor in nurses' intent to leave (Boamah & Laschinger, 2016; Currie & Carr Hill, 2012). Those that function regularly with an imbalance toward the effort end of the spectrum will rarely thrive, and many may not remain in nursing (Boamah & Laschinger, 2016; Currie & Carr Hill, 2012).

Participants in this study found that making authentic connections with their patients was a highly rewarding component of their work. Additionally, they reported feelings of reward from positive relations with co-workers. Having a mentor at work and working with a consistent nursing team underscored a felt sense of belonging and camaraderie with coworkers. Conversely, co-worker tensions, patient-nurse violence, and frequent experiences of ethical/moral dissonance increased feelings of stress, and thereby effort in their workday. Now, while viewing these factors through Maslow's (1943) hierarchy of needs, I will discuss them in comparison to the literature.

Promoting belonging and esteem: mentorship. Participants who had a mentor with whom they could be vulnerable, felt more congruent in their novice nurse role. As a result, they reported frequent moments of thriving or engagement in self-actualization. This finding aligns with Rogers' (1951) work, whereby he suggested that relationships of unconditional positive regard improve congruence between the "real" and "ideal" self. This congruence then prevents feelings of shame, which is a common feeling associated with failing to meet unrealistic expectations on oneself. Additionally, having a mentor in their place of work, which they felt they could relate to and be accepted by, promoted the ability for three of the nurses to take on highly vulnerable advocate roles that challenged the nursing culture in their place or work. The literature that I reviewed underscores the value of mentorship in the workplace. Retention rates positively correlate with the assignment of a preceptor for each new graduate registered nurse and the length of time support is available (Salt, Cumming, & Profetto-McGrath, 2008; Scott et al., 2008). Furthermore, support systems that provide an emotionally nurturing space to be vulnerable enhance feelings of security and belonging (Brown, 2010; Rogers, 1959). Another enabling factor that emerged in this study was familiarity, acceptance, and feelings of belonging from one's work team. This required team and environment consistency to build trust and rapport. This factor relates to the importance of stable work environments.

Promoting belonging and esteem: a stable work environment and schedule. Participants that dealt with frequent redeployment reported a high level of anxiety due to a variety of stressors that felt out of their control and a perceived lack of support to resolve them. To be specific, they experienced a higher frequency of coworker hostility and role ambiguity. This finding aligns with the literature in that new graduates who establish trust and rapport with their work team are more likely to report higher levels of confidence and satisfaction in their

work (Beecroft et al., 2008; Boamah & Laschinger, 2016; Cho, Lee, Mark, & Yun, 2012). Findings also align with Lave and Wenger (1991), Palmer (2008), and Blackmore's (2010) publications that outlined the benefits of flourishing communities of practice; they have authentic relations and openness to diverse ways of being. Given that nursing culture has garnered a reputation of being homogenizing, it seems fitting the new graduate nurses in this study feel more vulnerable when they have to work in unfamiliar environments with unfamiliar colleagues.

Another impactful factor that promoted work-life balance was consistent work schedules that enabled enough time to resolve workplace stress, to rest, and to recharge between work sets. Participants that had sporadic schedules felt a greater amount of strain when anticipating going back to work and experienced more fatigue inside and outside of work. This strain was evident in how they felt during the one or two days leading up to going back to work. For some there was a build up of suspense, even dread, to go back into their next set. While they acknowledged that once they begin working they "feel fine," it did not prevent them from re-experiencing stress going into their next set. This suspense weighed on them during their waking hours and affected their ability to sleep, knowing they would have to start work the next morning. When exploring the literature, I found that there is a significant connection between how job strain and sleep, with the level of strain correlating inversely with quality and quantity of sleep (Burgard & Ailshire, 2009; Perhats, Delao, Wolf, & Clark, 2017). Additionally, fatigue and inadequate downtime between shifts has a detrimental effect on staffing, patient mortality, and the long-term health of nurses (Trinkoff, Johantgen, Storr, Gurses, Liang, & Han, 2011). In this study, factors that interplayed to impact the amount of strain experienced between shifts related to role ambiguity or insecurity, not having enough time to emotionally and physically recharge from the last set, feeling scrutinized by colleagues, and not wanting to return to patients that were a source

of frustration. Jessica exemplified this point when she described her struggle within a previous work environment where she did not feel supported. As a result, she called in sick on a regular basis to cope with her anxiety.

> [Now], I'm usually excited to go back to work. I usually end up staying up later because I have to get up early the next day, so I fall asleep around midnight and then get up at 5, so I'm a little sleep deprived on that first day, but it's manageable. …I keep going back to that time I was in the float pool, I was calling in sick often, like once a set, because I dreaded going into work. I got put on probation because of it. It was a really unsupportive environment. I was super stressed out and burned out. There was no support there. There was no teamwork. There were no resources or senior nurses to ask questions. Now that I'm on floor [#], I feel safe, and it is so much better. No matter what happens, I can call for help, and someone will be there to help me. I don't call in sick now. I feel supported and excited to go to work now. (Jessica)

Steege and Rainbow (2017) performed a qualitative interview study with 22 RN's and found that many nurses, especially the newer nurses, experienced fatigue related to the pressure to single-handedly fulfill rigid and unrealistic nursing ideals. They asserted that this form of maladaptive cultural pressure, very much in line with maladaptive perfectionism, affects patient safety, nurse satisfaction, and nurse retention rates.

Adding to this, in my study, feelings of fatigue also tended to prevent participants from putting in additional effort to resolve, rather than avoid, areas of ethical/moral dissonance at work.

A threat to esteem: ethical/moral dissonance. Another impactful factor was the stress that arose from ethical and moral dissonance in the workplace. This stress directly affected the

participant's esteem as a novice nurse. Examples of where this occurred included making clinical decisions that they felt put their clients at risk and feelings of guilt or shame when irritated by their patients. Self-compassion buffered them from the stress that stemmed from ethical/moral dissonance. Those with lower levels of self-compassion were more likely to experience emotionally disabling anxiety if they felt their decision or thoughts did not align with the prescribed nursing ideals. This form of incongruence is evident in my review of the literature. Feelings of powerlessness and shame occur when people are in a role in which they do not feel prepared for, or when they feel they are not living up to the prescribed expectations (Dayal, Weaver, & Domene, 2015). These feelings can then erode confidence, which may prevent them from resolving areas of moral/ethical dissonance that may require them to speak up about their concerns. As long as new graduates are unable to resolve areas of dissonance, via denial of vulnerability, denial of self, and emotional dissociation to cope with stress, there will be little opportunity to work through ethically dissonant events. Thereby, I suspect that those with less self-compassion may experience more stress related to ethical and moral dissonance. Another common stressor arose from unresolved hostility between co-workers.

A threat to belonging: horizontal violence. The results of this study demonstrated that new graduates often avoid resolving workplace conflict directly. According to my review of the literature, nursing culture has a tendency to control its members through homogenizing tactics, such as scrutiny of those who challenge the status quo and by subtly shaming those who threaten the unwritten cultural rules (Cho et al., 2006; Jackson, Clare, & Mannix, 2002; Jacobs & Kyzer, 2010; Lively, 2000; Porath & Pearson, 2012; Spence Laschinger et al., 2010). Additionally, regarding Maslow's hierarchy of needs, participants who felt threatened by coworker hostility were distracted, at times even disabled, from thriving or self-actualizing in those moments.

Based on their level of congruence and their ability to practice of self-compassion, some viewed stressors more objectively than others did. This objectivity then promoted a greater capacity to resolve or at least manage feelings of dissonance, which improved their ability to re-engage in the process of self-actualization. In addition to horizontal violence, physical violence is another source of stress experienced by new graduates in this study.

A threat to physical safety: patient-nurse violence. I did not anticipate that physical violence from patients would be a significant stressor in my initial literature review. However, it did emerge as a common concern in this study. Physical threats due to assault or ergonomic challenges affected all of the participants in this study. Most of them came to consider physical violence from patients a regular part of their work. A significant amount of literature underscores this issue of violence within nursing environments. The majority of nurses working in acute care areas experience violence in the workplace, which has detrimental effects on their mental health and their ability to care for their patients (Gates, Gillespie, & Succop, 2011; Roche, Diers, Duffield, & Catling-Paull, 2010). Frequent experiences of violence may prevent novice nurses from feeling safe in the work environment. These feelings of threat will at least distract, and may even disable them from engaging in self-actualization. Participants in this study discussed a normalization process that occurred for them, which is echoed in my literature review (Gates, Gillespie, & Succop, 2011; Roche, Diers, Duffield, & Catling-Paull, 2010). To be specific, the first one or two violent events created a feeling of acute fear or stress, which then evolved into viewing such events more dismissively, often using humor to cope. Based on my experience and the reports of the participants in this study, I suspect that the normalization of this threat may temporarily resolve the intensity of the stress, but based on the long-term mental

health effects that emerged when I reviewed the literature, this normalization most likely shifts it from an acute stressor to a subtler chronic stressor.

Research sub-question #3

How might undergraduate curriculum efforts enable or disable their ability to thrive in the workplace?

I explored undergraduate curriculum factors concerning how they affect the new graduate's ability to engage in the process of self-actualization. The most prominent factors that enabled self-actualization were congruence and self-efficacy. The interplaying factors that influenced congruence were self-awareness and working in an area that was well suited to one's personality and preferences. The interplaying factors that affected self-efficacy included a history of goal achievement and confidence as a change agent in their nursing role. Below, I discuss these factors in relation to Maslow's (1943) hierarchy of needs in comparison to my review of the literature.

Promoting the care of physical and esteem needs: self-awareness and the care of self. Congruence requires awareness and then an acceptance of the "real" self, as opposed to the "ideal" self. This acceptance involves employing self-compassion, whereby one invests in prioritizing the care of self over the "ideal" image that they or others prescribe for them. In this study, participants felt that self-care was more of a token part of the explicit nursing curriculum. Additionally, even for those who considered their time in nursing school to be transformational, it was mainly due to the relationship they developed with faculty and other nursing students, rather than curriculum components. For example, one participant found that "just being aware of it [the impact of perfectionism and its source], seeing it in writing and doing the self-exploration has really helped [to] cope with [workplace stress]" (Candice). Those who had a clinical mentor

in nursing school that demonstrated the of practice self-care, and despite pressing tasks, found it empowered them to get their needs met at work. Similarly, Sarah had a faculty member normalize her challenges with depression, referring "to it like it is as simple as diabetes," which empowered her to let go of the shame she felt and seek the help she needed.

The study findings align with the literature in that one's identity as a nurse is highly influenced by the implicit nursing school curriculum (Bain, 1990; Hooper, 2008). Implicit components include program culture, customs, rituals, and how people relate to one another. It is the implicit curriculum that is most impactful in the shaping of student identity and for learning what kind of person they will be as a professional nurse (Foster, 2007). Because it is through the implicit curriculum that students appear to be the most impacted, it is here that faculty can influence how students come to know themselves. When self-exploration becomes a habit within one's daily life, there is a greater likelihood of developing self-compassion and congruence. However, teachers can only demonstrate how to walk the path if they walk it themselves. If educators do not feel congruent or are not working toward congruence themselves, then they are not able to provide the implicit curriculum to encourage students and new graduates to do the same. Another factor, within the nursing program, that relates to one's self-awareness is the ability to make informed career choices based on personality typing and preferences.

Promoting the care of physical, belonging, and esteem needs: honoring personality. While this factor interplays with the workplace context, it begins in the undergraduate setting. Based on my experience as a nursing student and now as an educator, nursing students are often heavily influenced by faculty members in regards to where they decide to work as new graduates. However, the role one's personality plays in their ability to thrive as a new graduate

may not be given enough weight when faculty guide students regarding this initial step in their career. For example, in this study, those working in acute care areas that identified as introverts felt they needed to break away from the social stimulus to recharge. Those that could not break away to honor this personality trait were motivated to find a position in nursing that was better suited to their needs. This dilemma was common among the introverted participants that worked in a high stimulus work environment. It was difficult for them to tolerate a 12-hour shift with little control over their ability to break away, which resulted in a higher frequency of feeling emotionally exhausted. The literature that I explored mirrors this scenario, where personality is a significant factor in one's burnout risk (Geuens, Braspenning, Van Bogaert, & Franck, 2015; Hakanen & Bakker, 2016; Swider & Zimmerman, 2010). Those who are vulnerable due to specific personality traits are more sensitive to stress, prone to negative self-talk, and maladaptive coping behaviors. Conversely, those with less trait vulnerability can endure more workplace stimuli before a stress response is triggered (Geuens et al., 2015). Another example of the influence of personality is that extroverted personality types tend to have a greater tendency to be optimistic in highly stimulating environments, which acts as a buffer when negative events occur in the workplace (Clark & Watson, 1999). This study and my literature findings align with Antonovsky's (1979) concept of sense of coherence and the related abilities to manage stimuli before they become stressors.

Essentially, the literature reviewed suggests that the ability to navigate stimuli is highly related to personality traits and that the more vulnerable personality types can be identified and worked with preventatively. For example, Geuens et al. (2015) found that nurses with a particular personality typing are five times more likely to burn out, even when taking job-related factors into account. Perhaps related to this is the degree of emotional labor (Hochschild, 2012)

that new graduates are enduring. Those who are more vulnerable to the workplace stimulus are likely to spend more time surface acting, which is the practice of putting on an emotional display that is incongruent with authentic emotions and as a result, they use their energy stores more rapidly. If they then are a more vulnerable personality type, they are at a disadvantage compared to their peers.

Promoting the care of physical, esteem, and belonging needs: working in a context that aligns with the "real" self. The participants in my study varied in whether they felt faculty supported them to choose a new graduate work area that aligns with their personality and passions. One participant knew early on that she would not do well in a typical medsurg environment, and yet she felt "pushed" (Cherie) into going there despite her misgivings. She is now considering leaving the profession altogether. Two of the eight participants chose not to take work on a medical/surgical floor, despite faculty recommendations. Both participants have a high degree of self-awareness and self-efficacy, which enabled them to forge their own path, despite the pressure they felt to do otherwise.

Based on a fear of making the wrong decision, most of the study participants followed faculty advice and took a position on a medical/surgical unit. They felt torn between following faculty recommendations and choosing an area that better matched their personality and interests. As a result of these findings, I suspect that many students may not be making informed decisions, taking into account the unique facets of their personality, which may influence their ability to survive and thrive those first two years. For example, Cherie and Sarah experienced emotional strain during their days off, which relates to the suspense of having to go back to an area where they did not enjoy working.

> In acute care, it was definitely full dread [leading up to going back into a set of workdays]. Just absolutely dread. A little bit of panic, but generally just not wanting to go. Being so relieved not to have to go to work and then having to go to work and having to prepare for it. Then I would have a really bad sleep before working. (Cherie)
>
> If I had a crappy set, I really don't want to go back. It depends on whether I was redeployed, or if I've had arguments with co-workers, or just had really sick patients. (Sarah)

The literature that I found on the retention of nurses demonstrates that new graduate nurses who work in an environment that aligns with their preferences are at a lower risk of leaving their job (Beecroft et al., 2008). Based on my experience and the literature trends (Shattell, 2009), new graduates are often advised to spend one or two years working on a medical/surgical unit to consolidate acute care skills, despite their workplace preferences. Adding to the consolidation argument, over 70% of new graduate job openings are in the hospital setting, and many of those are on medical/surgical units (Spence Laschinger, 2015). Regarding retention, nurses over the age of 30 are four to five times more likely to intend to leave if they are not able to work in their area of choice (Beecroft et al., 2008). Finally, there is an interplaying effect relating to one's ability to manage stressors. Those who are well suited and passionate in their area of work, or as described above as living their calling (Duffy et al. 2013), are more likely to resolve or manage stimuli before they became stressful. As a result, they are then freed up to engage in the process of self-actualization in the workplace.

Promoting esteem: self-efficacy and goal setting. Interestingly, while all of the participants had life and career goals, only two of them had a regular practice of writing them down. Those that tended to write them down did so in relation to fitness goals, which were

encouraged in that particular culture. Goals they set in nursing school felt token and obligational to all but one participant. In Chapter Two, I provided numerous studies that underscored the value of setting formal goals and as such I anticipated that it would be an impactful factor in this study. However, the results of this study demonstrated that even though participants may not set goals per the formally prescribed ways, they did set and achieve goals in their own way. Seven out of the eight participants felt the obligational goals they set in nursing school had little to no influence on their achievement of them. Most of the participants informally kept clear goals in their mind and they felt confident to move toward them. The greatest challenge for the younger participants was not a lack of confidence to achieve goals, but rather having difficulties identifying and living their unique calling (Duffy et al. 2013), as opposed to feeling obligated to what others want from them.

Based on Rogers' congruence theory (1959), successful goal setting requires congruence between one's "real" and "ideal" self to feel motivation and ownership in living one's calling (Duffy et al., 2013). Conversely, "ideal" goals that are not subconsciously supported by the "real" self will lack the motivation and commitment that is required to reach them (Zimmerman et al., 1992). Duckworth, Peterson, Matthews, and Kelly (2007) completed numerous research studies to identify the most significant factors in one's likelihood of success. They found the most primary factor toward achieving one's goals is their level of grit. Grit relates to the enduring perseverance to achieve one's goal. Rather than focusing on the micro-details of how they set the goals, perhaps it is more helpful to promote the development of grit. Grit is the confidence to persevere through challenges, which is a reflection of self-efficacy.

Promoting esteem: self-efficacy and advocacy. Three of the eight study participants explicitly challenged unwritten cultural rules by making formal reports of hostile behavior and

documenting unsafe work events. All three had two factors in common. First, they had previous life experiences where they took on this role and were successful, which promoted confidence and positive esteem that buffered fears of vulnerability in similar situations. Second, they had a mentor that provided them with unconditional positive regard and that supported them through their work challenges.

Based on my literature review, there are opportunities in nursing school to develop skills and to bolster confidence to take on these change agent type roles. Cook-Sather (2007) found that if students are engaged in a meaningful way, where they feel heard and have the authority to impact change, they developed greater confidence, self-esteem, and belief in their abilities to succeed. There are also culture and curriculum benefits to engaging students in this way:

> Recognizing students as authorities, affording them greater responsibility and a voice in preparing teachers and reflecting on their own education, and inviting them to analyze their classroom and schooling experiences with an eye toward improving these areas all contribute to greater engagement among students and a greater continuity between teacher preparation and classroom practice. (Cook-Sather, 2007, p. 359)

Providing opportunities for nursing students to take on leadership roles as change agents within their undergraduate experience can promote a greater confidence to do the same in their new graduate role.

In summary, the literature that I reviewed on congruence and self-actualization aligns with my study findings. The findings of this study add to the literature by taking nursing and non-nursing concepts that relate to the promotion and prevention of thriving/self-actualization and applying them to the new graduate registered nurse experience. In addition, the emergent themes of this study align with concepts from the field of nursing, education, and psychology.

Topics include optimism/positive reappraisal, self-compassion, congruence between the "real" and "ideal" self, personality, childhood upbringing, self-efficacy, ethical/moral dissonance, mentorship, work environment stability, physical and emotional violence, and implicit versus explicit curriculum efforts. By aligning the concepts that emerged in this study to the literature, I completed a final form of validation. In addition, I add to the literature by providing a deeper understanding of how these concepts interplay in their application to the new graduate registered nurse experience.

Addressing Interplay

The primary research question is: How might the unique life experiences and contexts of new graduate nurses interplay to enable or disable their ability to engage in the process of self-actualization as a novice nurse? In this study, interplay was dependent on the unique contexts and life experiences of each participant. Even though contexts varied, patterns of interplay were collectively evident in a few key areas. While I discussed interplay within the sub-questions above, a significant demonstration of its impact is evident in the development of congruence as an essential factor in the participants' ability to navigate stimuli before they become stressors. However, the path toward congruence is highly variable depending on their unique life opportunities. Factors that interplayed to promote congruence included a child-centered upbringing, feelings of unconditional positive regard from others, and the tendency to practice self-compassion. Additionally, even for the most congruent participants, some contextual stimuli still served as distractors from engaging in self-actualization. Congruence did seem to help with the participant's ability to maintain objectivity, which then promoted their ability to manage stressors in their workplace context. Numerous interplaying factors contributed to one's ability to develop congruence, which was addressed in the literature review in Chapter Two and echoed

in my study results in Chapter Four. Those that were more congruent, involving multiple interplaying factors, were more likely to manage stressors, without feeling disabled by them. This management then allowed them to manage the stressor and then re-engage in the process of self-actualization. Those that were less congruent reported feelings of insecurity and found themselves habitually ruminating on negative self-talk, which then disabled them from engaging in self-actualization in the workplace.

Turning again to the literature, Troy (2015) demonstrated another significant relationship between stress, context, and whether or not one tends toward optimism or positive reappraisal (Troy, 2015). If workplace stress is uncontrollable, whereby one cannot change the context, the tendency toward optimism is the most effective skill to employ (Troy, Shallcross, & Mauss, 2010). However, if one can control the stressor or change the context to resolve it, then it is more advantageous to have a high level of self-efficacy to modify the context, rather than to positively reappraise their emotions about it (Troy et al., 2010). This research demonstrates the importance of context and self-efficacy in one's ability to manage stressors. In addition, the workplace setting determines whether stressors are controllable. The Serenity Prayer, written in 1943 by Reinhold Niebuhr, is a widely adopted frame of mind and reflects this same sentiment. "God, give us the grace to accept with serenity the things that cannot be changed, the courage to change the things that should be changed, and the wisdom to distinguish one from the other" (Sifton, 1998).

Alignment with the Theoretical Framework

My ontology is seated in critical realism, which acknowledges that there are real structures and mechanisms that can be uncovered (Bhaskar, 1978). In this study, these structures and mechanisms refer to the resources garnered through life experiences and the contextual

factors that impact the ability of the new graduate participants to engage in self-actualization at work. Aligning with this ontology, I viewed the study results through Maslow's (1943) hierarchy of needs. The theory was relevant in that when participant needs, or real human requirements went unmet, they were at the very least distracted, and in some cases, disabled from engaging in self-actualization. As part of the thematic analysis I offered in Chapter Four, I categorized the findings according to Maslow's theory. For example, when they felt physically unsafe, their attention was diverted from a higher meaning and purpose to the need to feel safe. They were then distracted from feeling inspired by a sense of meaning and purpose in their work. Another example is evident in the feelings of insecurity and fear of rejection that ensued when participants did not feel accepted by senior nurses, which prevented them from being vulnerable and thereby authentic at work.

Rogers' (1951) concept of congruence, which supported my theoretical framework, is also relevant to the study results. For example, participants in this study that felt secure and confident in their novice nurse role also felt that their "real" self and "ideal" self were closely aligned. This congruence was evident in their ability to practice self-compassion during times of ambiguity and to maintain an optimistic and objective orientation toward workplace stressors. Additionally, those who reported feelings of congruence believed they developed this within a relationship(s) that provided unconditional positive regard (Rogers, 1959). Receiving unconditional positive regard from a senior nurse was especially helpful to empower authenticity and to promote the self-efficacy required to effectively navigate workplace stimuli. The freedom to be authentic also promoted congruence and subsequent engagement in the process of self-actualization.

I also drew on Antonovsky's (1979) sense of coherence to support Maslow's (1943) hierarchy of needs. Sense of coherence (SOC) is a descriptor of one's orientation to life and a predictive tool for health outcomes. It describes one's degree of confidence to manage life's stressors and feelings of optimism that events will work out reasonably. These feelings of control and optimism can free one up to look forward to new and exhilarating opportunities and in essence, toward a more self-actualized way of being and doing (Antonovsky, 1979). Turning to the results of my study, those who felt optimistic and confident in their novice nurse role were more able to navigate and manage stimuli, resolving them before they became chronic stressors. Additionally, Antonovsky's (1979) general resistance resources applied, whereby those with greater social supports, a positive childhood upbringing, and roles in which they developed high degrees of self-efficacy, had more self-actualizing tendencies.

In summary, I used different components of my theoretical framework to better understand my study results, whereby unmet needs distracted and for some disabled them from engaging in the process of self-actualization. Adding to Maslow's work, those who had more developmental resources, garnered from previous life experiences had a greater tolerance for managing stimuli before they became stressors. This finding aligns with Antonovsky's (1979) discoveries surrounding the impact of sense of coherence, and Rogers' (1959) claims that congruence is a promoter of one's ability to engage in self-actualizing activities, despite the high stimulus work environment. The complexity presented by my theoretical framework underscores the impact of interplaying factors that influence whether workplace stimuli are perceived as unmet needs/stressors versus resolvable challenges. Additionally, these interplaying factors have implications for the field nursing.

Implications for the Field

This study has numerous implications for new graduate nurses, health educators, and nursing employers. Understanding the sources of new graduate stress may inform educators and employers, which promotes targeted intervention efforts. Furthermore, I believe that students and new graduates are overwhelmed with a vast amount of information, which they are expected to sort through and identify the most important pieces. The risk of this strategy is that it may be a barrier to deep learning, and it can water down the most significant factors. Improving awareness of factors that promote self-actualization as students will promote an ability to better articulate and address their challenges in the workplace. Additionally, it may better enable them to navigate workplace stimuli before they become stressors, which can buffer them from many of the stressors endemic in the field.

Implications: **New Graduate Nurses**

My study results demonstrate that congruence is significant in the ability of new graduates to manage workplace stressors. Congruence promotes the ability for stressors to be managed more objectively, which then enables new graduates to engage in self-actualization. Conversely, those who are less congruent tend to view stressors as highly threatening. This subjective sense of threat is likely to disable novice nurses from engaging in self-actualization in the workplace. Awareness of congruence is the first step to address the inequities of nursing students who have had varying levels of development opportunities as children and young adults. Other factors were also significant for new graduates in this study. These factors included an awareness of whether the source of stressors is changeable, development of self-compassion, a willingness to work through dissonance as it arises, supportive relationships, and living one's calling.

First, students and new graduates need to be able to identify what can and cannot be changed to enable thriving in their novice nurse role. When a stressor can be modified then taking action is often the most effective way to resolve the dissonance. However, if it cannot be changed, one must employ positive reappraisal/optimism to manage the stressor, which may prevent them from feeling emotionally disabled by it (Troy et al., 2010). An example of this is whether or not one's personality is a match for the work environment. Those who feel well suited to their work environment are more likely to thrive in their routine tasks to have a sense of meaning and purpose in their work.

Second, factors that protect new graduates from workplace stressors include the practice of self-compassion and a willingness to work through dissonance as it arises. Practicing self-compassion is a necessary element towards congruence, and is evident in one's ability to be their authentic selves, rather than feeling the need to put on an ideal display. Regarding working through dissonance, a factor that promotes resolution is the awareness that unresolved dissonance from the past often compounds the frequency and intensity of the emotional transference that emerges in the workplace. Promoting this awareness could better enable students to articulate their challenges and seek help to resolve the cause of the stressor. The process of working through dissonant areas requires a willingness to be vulnerable and to address shame. If left unaddressed these repressed areas of dissonance remain a source of haunting, resulting in a chronic form of stress. Addressing uncomfortable emotions when they arise, rather than succumbing to the temptation to avoid or deny them, requires self-compassion. Ultimately, self-compassion enables new graduates to objectively navigate workplace stressors, rather than feeling disabled by them.

Third, in addition to developing self-compassion and working through dissonance, according to Rogers (1959) research, those had relationship(s) that provided them with unconditional positive regard were more likely to manage workplace stressors and to engage in self-actualizing activity. Because many nursing environments prevent nurses from being vulnerable, they must find emotionally safe relationships inside or outside of work to process dissonance as it arises. Those who do not find these spaces are more likely to repress dissonance due to the threat of horizontal violence if they express it, thereby resulting in a more subtle but chronic form of stress. Additionally, establishing relationships that provide unconditional positive regard promotes acceptance of one's "real" selves, which is a reflection of congruence. This congruence reduces the stress produced from maladaptive perfectionism via the promotion of self-compassion and objectivity. Conversely, those who suffer from incongruence may experience feelings of shame, which results when one does not feel that they are meeting their "ideal" expectations.

Finally, thriving in a self-actualized state requires a willingness to take the initiative to live their calling (Duffy et al., 2013). While there may be many practical reasons to follow the paths recommended by others who are well meaning, this will not sustain them. No amount of money or job security is worth the cost of losing sight of who they are, what honors their passions, and what provides a sense of meaning and purpose in their work. The consequence of silencing their inner voice, which may feel less important than the opinions of others, is a higher risk of emotional burnout. These risks of burnout are real for new graduates and nurse educators have an opportunity to articulate and even buffer the impact of the stressors that new graduates will likely face.

Implications: Nursing Educators

Based on the study results and supported by my review of the literature, nursing school is highly influential in the shaping of new graduate nurses. Participants in this study felt that the most personally impactful components of nursing school were those that were implicitly taught through modeling and relationship. As a result, they learned about not only the value of self-care but also how it is lived out via the practice of self-compassion. Based on my literature review, these components are necessary for new graduate nurses to be able to survive and thrive in the first year of nursing practice. Now, I will provide three potential implications that the study results may have for educators.

First, there could be further development of how self-care practice integrates with the explicit curriculum. Providing time for self-care in nursing school will encourage its application. Furthermore, including it in the evaluation process, via the practice of reflection that is already a part of the curriculum, will instill its importance. Additionally, relating to the implicit curriculum, the practice of self-care via working through areas of incongruence is an important part of promoting congruence. Congruence is necessary to survive and thrive in their journey as a new graduate, yet many students are not aware of its impact. In this study, the participants found it helpful "be able to look at [their] upbringing and to see how much it impacted [them] as a person and going into [their] career" (Janice). Candice found that "just being aware of it, seeing it in writing and doing the self-exploration has really helped [to] cope with [workplace stress]." I suspect that many faculty members may lack an awareness of the potential benefits of these critical dialogues. This is an area that can be developed with faculty to better support their own work toward congruence, which will then naturally promote the same practice in nursing students. Ultimately, if nursing students do not learn to address their areas of incongruence, they may be at a higher risk of burnout.

Second, regarding the development of self-compassion, nursing students come into the curriculum with varying stages of development. In this study, those who were more congruent coming into nursing school felt that the personal development assignments were too common sense, time intensive, and had little overall value to them. However, those who were less congruent found that the personal development curriculum was transformational. These developmental inequities result in a delicate balance for educators. Furthermore, based on my literature review, the implicit curriculum is far more impactful than adding more assignments to the explicit curriculum. For faculty to provide an implicit curriculum that promotes congruence, there needs to be a collectively established awareness and value of the work. For example, faculty can promote self care by guiding students within the clinical setting to navigate competing priorities between the care of self and the care of the patient. Encouraging and modeling direct communication between students and faculty members, thereby minimizing triangulated communication in the face of tension. Additionally, a more explicit unveiling and then navigating of areas of oppression that often arise due to systemic power imbalances. In this study, one student described a recent situation where she decided to delay giving a low priority medication so she could take a much-needed lunch break. She then dealt with moral dissonance because she felt she put herself above her patient. She believed nursing school promoted perfectionistic thinking and this denial of self, which resulted in feelings of guilt when self-care was prioritized. She must now learn to undo this way of thinking so that she not only survives but also thrives in her nursing role. Similarly, other study participants expressed feelings of guilt or shame that were a result of delaying patient care to get one of their primary needs met, which was especially apparent in their early new graduate work days. Unfortunately, on many occasions, due to cultural pressures and tendencies toward perfectionism, they denied their own

needs to ensure they checked all the tasks off their list. Participants that had higher levels of self-compassion were better able to challenge the cultural pressures and perfectionism. They understood that if they cared for themselves, they would be more likely to provide a higher quality of care to their patients.

Third, faculty can support students by ensuring that they are making informed choices about the nursing area they choose to work in as a new graduate. While there are factors to weigh out, such as employability and consolidation, the detrimental effects of going into an area that does not support their personality type and affinities should also be part of their informed decision-making process. It needs to be clear that students who choose an area that is not well suited to their personality and affinities may be at a higher risk for burnout. Adding to this, employers also have a role in buffering the impact of these and other new graduate stressors.

Finally, there could be a greater focus on the synchronization efforts between undergraduate educators and employers, whereby students are supported via bridging strategies as they cross the threshold into professional practice. For example, a mentor that supports their final fourth year practicum could remain as a mentor as they move onto their new graduate role, providing consistency, empathy, and unconditional positive regard as they navigate their transition.

Implications: Employers

In this study, workplace factors were highly influential in the ability of the new graduate nurses to engage in self-actualization in their novice nurse role. While the significance of these factors varied based on the unique contexts of each participant, some common themes were collectively established. These themes included the support of mentors, protection from

redeployment, addressing workplace hostility, physical violence, and work schedules that allowed for enough time to recharge between sets.

First, based on my study results and echoed in the literature that I explored, providing workplace mentors and providing a reduced workload were identified as the most valued forms of support. In this study, only one out of the eight study participants had formal transition supports. While most of them found informal mentors, they all agreed that this form of support at the beginning of their new graduate experience was significant in their ability to thrive at work.

Second, while five of them avoided frequent redeployment, three of them were regularly pulled to unfamiliar work areas; this was a source of stress for all of them. Participants underscored the need to protect new graduates from redeployment, especially in the beginning, as an important support priority.

Third, regarding workplace hostility and violence, this study aligns with other studies whereby patient violence and coworker hostility have become a normal part of the work. Based on my review of the literature and this study, surviving the new graduate journey seems more about adapting to the nursing culture, than feeling empowered to have a positive influence on it. All of the study participants felt that they often avoided conflict, believing that their novice status precluded them from having a voice. Those that felt more empowered to address conflict chose their battles carefully. There was a collective awareness of the consequences of being perceived as a threat to the established nursing culture. Empowering novice nurses as change agents is an area that can be developed in both the undergraduate curriculum and in the workplace.

Finally, while results varied depending on the unique circumstances of each new graduate participant, most of them felt that more support is needed to ensure that new graduates are able to

take breaks at work. All of them believed that new graduates need a reduced workload in the beginning to acknowledge their inefficiencies as novice nurses. Seven out of the eight participants received a full workload, equal to senior nurses, which resulted in them missing breaks and staying late to finish their tasks. Additionally, two of the new graduates had work schedules that made it difficult to recharge between sets, which resulted in feelings of fatigue inside and outside of work. This fatigue then led to a higher frequency of sick days. Those with more balanced work schedules dealt with less sleep deprivation and felt less strain associated with the anticipation of returning to work.

Recommendations for Future Research

Research is lacking in the relationship between burnout and incongruence and how it relates to childhood adversities. Even fewer studies look at strategies to address incongruence as an adult and specifically, as a new graduate nurse. I see this as an area of inequity amongst our nursing students and new graduates. Those who suffered as children seem to be set up for more years of suffering as young adults, which is then further pronounced when immersed in highly stressful work environments. Developing effective strategies that promote congruence amongst new graduate nurses will require more research. Specifically, I recommend that we continue to build on our understanding of congruence and how educators and employers can support its development. Additionally, more research is needed surrounding efforts to synchronize and formally bridge transition efforts between undergraduate educators and new graduate employers. Finally, while this study was largely culturally homogenous in nature, more research into interplay with a diverse sample size is needed.

Summary

The purpose of this qualitative study was to gain an understanding of how life experiences, the workplace context, and the undergraduate curriculum affected the ability of the new graduate nurses to engage in self-actualization. This study built upon existing literature to inform solutions to the problems that continue to promote high attrition rates and burnout. Data was collected from a basic qualitative approach (Merriam, 2014), using in-depth semi-structured interviews.

Three major themes emerged as enabling or disabling factors that influence the novice nurses' ability to engage in self-actualization. First, developmental factors that promoted thriving via congruence were significant in the capacity to manage workplace stressors, without feeling disabled by them. Prominent factors that influenced the participant's perceived congruence was their childhood experience or time in their young adult life where they engaged in relationships that provided unconditional positive regard, the habitual practice of self-compassion, and the confidence to resolve areas of moral and ethical dissonance. Second, biological factors buffered the experience of stress in the field, which included age and having a personality suited to the work environment. Third, contextual factors that enabled thriving or self-actualizing included having a trusted mentor at work and feelings of meaning and purpose within another life role. Finally, contextual factors that were disabling were the threat of emotional and physical violence in the workplace, workloads that did not take novice inefficiencies into account, redeployment to unfamiliar work areas, and work schedules that did not allow for adequate rest between sets

Results demonstrated that childhood upbringing and adversity are highly influential in one's ability to feel congruent as a young adult. Those who were still young adults were more

vulnerable to workplace stressors if they continued to grapple with incongruence between their "real" and "ideal" self. Self-compassion was the most impactful developmental factor toward gaining congruence as an adult and novice nurse. Also, being older, having success in other life roles, and being in a relationship that provided unconditional positive regard, all promoted feelings of congruence. Those with mentors who provided them with unconditional support and acceptance were more likely to feel congruent in their novice nurse role, resulting in feelings of confidence and satisfaction. Most of the participants found spaces where they could be authentic in their workplace. However, due to the homogenizing forces within the nursing culture, they also reported frequent moments of feeling distracted or disabled by day-to-day tensions that often go unresolved. The risks of actively resolving these tensions often outweighed the benefits.

At the beginning of their transition from student to new graduate, most of them felt unable to keep up with the workload demands, resulting in high levels of stress and exhaustion. After gaining experience, workload stressors subsided. Factors that continued to cause emotional exhaustion included frequent redeployment to other units, the threat of physical violence from patients, hostility from senior coworkers, and an inability for those who were introverted to break away from the highly stimulating work environment.

The study findings are relevant to new graduate nurses, educators, and employers. My goal in completing this study was to explore the inequities and to better understand areas of interplay amongst new graduate nurses. Personally, the process and findings of this study have given me greater insights into my own areas of incongruence, which has enabled and empowered me to develop these components. Furthermore, I am more able to have the dialogue with students when they are struggling, which I have already seen the fruits of in my practice as a

nursing professor. As a nursing profession, by better understanding areas of vulnerability, I am hopeful we can address them more effectively. Ultimately, despite our hierarchical stations, we are equal in our humanity, and in our shared yearning to live our calling. As a practical example, results demonstrate that those who grappled with incongruence, which correlated with childhood experiences, were more vulnerable to workplace stressors. These results underscore the important work to be done to address the challenges facing new graduate nurses, giving voice to their vulnerability and as a result, empowering them to garner the resources that will promote their ability to thrive. I hope that it will inspire and inform further research and strategies that support the ability of new graduates to engage in the process of self-actualization in their novice nurse role.

Appendix A: Describing the Background of the New Graduate Nurse

This guide provided background information surrounding previous life experiences and the current work environment. Additional questions provided in the following interview guide were asked to further elaborate on impactful areas, and those in which interplay of factors is evident.

Age____

Gender _____

1. How many months have you been a new graduate nurse?
2. Where have you worked as a new graduate?
    a. Do you currently work in your ideal specialty? If not, why not?
3. Where did you obtain your nursing degree?
4. Have you participated in a new graduate transition program at your place of work? If so, for how long?
5. Would you describe your childhood experience as one that was characterized by warmth, cohesion, nurturance, and a supportive relationship with at least one parent? Can you describe why or why not?
6. Would you say you mostly survived your childhood, or that you were able to thrive in your childhood? Can you describe why or why not?
7. Are there any significant life experiences that come to mind that have heavily influenced who you are today and how you perceive life events? If so, can you describe these?
8. Did you feel your experience in nursing school adequately prepared you for emotionally charged components of being a nurse? Can you describe why or why not?

9. Do you feel you can exercise the ideals you learned in nursing in your daily work? Can you describe why or why not?
10. Do you feel supported by more senior nurses in your work environment? Can you describe why or why not?
11. If you knew then what you know now, would you still choose nursing as a career? Can you describe why?
12. Do you intend to stay in your current place of work? Can you explain why?
13. When you see other new graduate nurses who are struggling with stress versus those who seem to be thriving, what do you identify as differentiating factors within their workplace experiences?

Interview Guide: Themes and Questions

This interview guide is meant to follow part one, most likely in a separate interview, and to provide a deeper probing of potentially impactful factors within the new graduates previous and current life experiences. Specifically, we will be discussing potential factors that serve to enable or disable engagement in the self-actualizing process as a novice nurse. Focus on particular topic areas may differ based on the participant's unique context.

Personal Development Factors	**Workplace Effort-Reward Balance**
Childhood Please describe your childhood, including relevant family of origin details, and make connections to the level of safety/trauma you experienced. In what way have these experiences had an impact on your ability to survive and thrive as a novice nurse (stories and examples)? *Adulthood (pre-nursing)* Please describe opportunities you have had since leaving your house of origin and prior to entering nursing school, which have impacted to your	Please describe the parts of your nursing role that feel stressful or expend the greatest amount of effort/emotional energy (stories and examples). In addition, what parts of your role recharge your emotional energy (stories and examples)? How would you describe the balance between these rewards and efforts during a typical workday? Do you regularly take breaks out of the practice area? How often do you come in early and stay late to complete the required tasks for the day? When you finish work, how would you describe the process of 'switching gears' to fully engage in your personal life roles?

sense of security in the world and your ability to resolve or manage stress. In what way have these experiences had an impact on your ability to survive and thrive as a novice nurse (stories and examples)? *Adulthood (in nursing)* How would your description of yourself now differ from your description of yourself before entering your nursing training and career? Please describe the factors that initiated and fueled these changes. Finally, how are these changes congruent or incongruent with who you are (personality, culture, values, beliefs)? When you think about where you 'want' to go in nursing, describe your sense of confidence and empowerment to get you there? Do you regularly and voluntarily set goals (that you want, not that you are obliged to set) in your personal and professional life that guide you forward? What is an example of a recent goal you set?	How would you describe the general morale in your place of work? During a typical day as a nurse, how would you describe your level of comfort (name feelings such as comfortable, confident, anxious, sad, mad, afraid)? *Employer support* Please describe how your employer has formally and informally supported you in your new graduate transition? In what way have these experiences had an impact on your ability to survive and thrive as a novice nurse (stories and examples)? How could these efforts be improved toward helping you feel 'comfortable' in your role? Please describe your current level of satisfaction with nursing as your career choice? Do you ever consider leaving your current worksite? Or nursing altogether? If so, why?

In what ways did the undergraduate nursing curriculum assist in preparing you for the high stress work environment as a new graduate nurse? Please describe events or experiences that allowed you to develop the ability to manage your own emotions and the emotions of others. How could this be improved? How would you describe the environment for you as a nursing student, specifically regarding feelings of safety to be vulnerable and authentic? How could this be improved? Describe the alignment between the teaching that you received in your undergraduate education and the reality of your nursing role. In this same regard, please describe how your own affinities in nursing were honored or not honored through practicum placements and faculty advice on where to focus your career efforts (examples, stories).	
Deeper Probing for Interplay: Now that we have discussed these influential areas of your life, how	

you have come to know what you know, and be what you are today…how do you see your previous life experiences impacting your ability to manage stressors in the workplace? In what ways do you seem them as intertwined? In what ways have your previous life experiences made the work more challenging? In what ways have they prepared you for the high stimulus work environment? Have you had the opportunity to reflect on this interplay before, such as in your undergraduate experience or now as a new graduate? If so, when?

Appendix B: Research Sub-questions with Data Segment Examples

In Table 2, 3, and 4 I provide examples of how the data aligns with my research sub-questions. In Table 5, I categorize the data based on how experiences of stress at work relate to unmet needs. Following the tables of data below, I discuss the individual and interplaying of themes in more depth.

Table 2

Sub-Question #1: How Might Previous Life Experiences Enable or Disable the Ability to Thrive in the Workplace?

P	Factor	Factor within Unique Context
1	Congruency	While she did not feel that she had a relationship(s) where she received unconditional resolve in her childhood, she did establish them in her young adult years. Similarly, she feels that she began to develop congruence in her young adult years. Now in her 30's, she is feeling more congruent. She credits nature, loving relationships with her friend, intimate partner, and a mentor at work as the most influential in her ability to resolve her childhood dissonance.
	Habitually resolves dissonance	She has a friend and a partner who she feels accepts all sides of her, providing spaces where she "can talk about anything." She describes nature as grounding. She described her counselor as a voice in her life that helped to challenge her own "lies" and "call her out." This relationship provided a confidential space where she could open up, bring her story to the table, and challenge the messages that were holding her back. She exercises regularly. "I don't do it [exercise] because I feel like I need to exercise, I do it because it is our routine and we enjoy it. It relieves stress, and we [with her partner] talk." Regarding how she deals with workplace stressors, "I learned to put something up to protect myself… knowing that's their path and I'm on my own path…it's like a wall I created." She considers her opportunity to compete as a dancer and her role as a mother as important parts how she grounds herself and in her identity formation.
	Self-compassion	Having walked a path that had periods of suffering, she developed her compassion as a nurse, and she continues to develop the practice of self-compassion. Her experiences have provided her with a greater capacity to connect with clients and a greater sense of meaning and purpose in her work. She views her mental health challenges from a position of strength and optimism, seeing the gifts that have come from her suffering.
	Self-efficacy	When she has a goal in her sights, she feels motivated and confident to move toward it.

		"As a new grad I feel like I need to jump through a lot of hoops, take due time to get to where I want to go, but I feel like I'm making progress." Regarding other life roles, she feels a great sense of identity and pride in her role as a mother. Additionally, she grew up competitively dancing for many years, which promoted confidence and self-efficacy going into her young adult years.
	Unresolved dissonance evident in the field	She has a fear of disapproval and ultimately "public shaming." This fear makes her more hesitant to speak up in work environments where she does not feel she can be vulnerable. This fear related to her experiences as a nursing student, where she observed hostility directed at nursing students and the more emotionally vulnerable nurses in the workplace.
2	Congruency	She describes her childhood and a current relationship as foundational areas where she experienced unconditional positive regard. She came into her adult years feeling quite congruent.
	Habitually resolves dissonance	She freely talks about decisions that she made in her past that were not socially acceptable and yet she has come to accept and make peace with these parts of her self. She demonstrates awareness and congruence between her "real" and "ideal" self. "I just know that everything in my life is so fantastic right now, that I stop myself from going there. … I can now look at it and put it aside because I'm so much strong than I used to be." She talked about her pride of being a nurse and about her accomplishments as a young mother. She sees herself as more "balanced and happier than ever."
	Self-compassion	She advocates for her needs by taking regular breaks and exercising her rights as a new graduate. She does not allow cultural pressures to prevent her from getting her needs met. She recognizes times when she emotionally dissociates after a stressful day, but also views these moments with a high degree of self-compassion.
	Self-efficacy	She can recognize when she has a need and explores ways to get it met; this is a natural tendency for her. As for goal setting, she writes down fitness goals and regularly moves towards them. "I have my own personal fitness goals, where I write with a dry eraser on the mirror. It helps, but it's more focused on being mentally and physically healthy." Regarding her other life roles, she is a mother, and she prides herself on being fit and healthy.
	Unresolved dissonance evident in the field	Regarding feelings of unresolved dissonance that are sometimes triggered at work, she is learning to challenge her 'people pleasing' tendencies. "I do take it personally; it is important to me what other people think of me. I want to look like I know what I'm doing. Like yesterday when the CSO was barking down my neck. I really had to check myself because in my past I was really hard on myself, and I don't want to be that way anymore. I think that that has to do with the young mom thing and the judgment, of people thinking me a certain way."
3	Congruency	She did not have relationships that demonstrated unconditional positive regard in her childhood, but she did find this in her young adult years and has had the time to develop congruence due to her older age. She did not experience a

	child-centered upbringing.
Habitually resolves dissonance	Through counseling and a close personal relationship, she feels free to communicate her dissonance without shame. She developed the habit of regularly communicating, talking through areas of difficulty, rather than allowing things to "bottle up." She can articulate her struggles of not feeling "adequate" as a new grad. "I think it's because I'm still so new, most people don't take me seriously, I still need a lot of help. I feel like I can contribute more when I've proven myself. They still look at me like I'm a new grad, like you don't know what you are doing, which is hard."
Self-compassion	She struggles with guilt, which is evident in her tendency to feel responsible for mistakes that are not necessarily a result of her actions. She also feels a strong need to achieve. These feelings and obligations often drain her energy. "I don't really trust people very easily, and also I have that feeling that I need to achieve all the time. If something goes wrong in the room, even when I'm not even remotely close to the area, I automatically think it is my fault somehow. It's the guilt, ya, that really gets me sometimes…definitely drains my energy. …If I do make a mistake, I'm the first one to own up to it, which is easier, than assuming that somehow a mistake that happened four rooms down was my fault some how. I have to tell myself, 'no, that was not on me.'" She continues to struggle with perfectionism, but now recognizes the value of embracing her uniqueness and can give herself the grace to have flaws. She exercises regularly, gets rest, time alone to recharge, and prioritizes a balance in her life. She has no problem turning down extra work to promote a work/life balance.
Self-efficacy	She feels like her personality and affinities are a good fit for her role and the balance that her current position provides. She sees her new graduate role as getting easier as she gains experience, and she feels rewarded when she can identify tangible ways in which she contributes to her team. As an adult, there are numerous examples of how she has taken on challenges and grown through them, which have built her confidence. She regularly sets goals and achieves them. Regarding other life roles, she has been highly successful in a competitive sport and as a personal trainer. She discussed how the feelings of confidence from her other life roles transfer over into her nursing work. "I have done it for so long it is kind of my identity. Everyone knows me as [her sport identity] and has for a long time. It's kind of an identity for me. …When I'm in the gym, it's the most confident and authentic I feel compared to anywhere else. Not cocky, but I just feel like I got this, I know what I'm feeling, I know what I need to do, I'm 100% comfortable and confident. Definitely where I feel the most whole. …It almost grounds you, It makes you feel like, because I'm so new, I don't know everything and have questions all the time, it easy to wonder if you will ever get it, but then you have to remind yourself that outside of nursing I know that I am really good at this and this, and in terms of my identity I am first and foremost a mother and a [sport]. It feels okay to feel crappy at work when I know that I'm really awesome over here!"
Unresolved dissonance evident in the field	Regarding how unresolved dissonance impacts her at work, she continues to catch herself taking on mistakes that are not hers, with an inflated sense of responsibility and guilt. She recognizes when it happens and is quick to

		redirect her thoughts.
4	Congruency	While she did not have a childhood that offered her a sense of unconditional positive regard, she did find this in her young adult years. She feels she is still working toward feeling more congruent as an adult.
	Habitually resolves dissonance	She credits nursing school for her willingness to reflect on the parts of her childhood where she continued to feel a sense of incongruence and shame related to her childhood experiences. She is comfortable using a professional counselor and has a few relationships where she feels safe to talk when uncomfortable emotions arise. She acknowledges that she uses humor, which has been a coping and connecting tool, but recognizes that it also serves as a source of deflection from the other more painful emotions that are often simmering beneath the surface. She often speaks about how far she has come and how fortunate she is in her career. She acknowledges the strength of her work team and that she does not have to get pulled to other areas. She also sees that while she still has personal work to do, she is proud of the progress she has made.
	Self-compassion	She is actively working on demanding less perfectionism from herself. "I definitely used to think I had to be perfect but I'm trying to be open to not being perfect, more accepting of it. But whenever anyone in power says, 'I need to talk to you' I'm still like, 'oh my God!' Ya, there is still that." "I think humor is a big part of my identity, both as a coping mechanism and also a way of connecting with people. I can be quite, mum...in a good way, self-driven, motivated, and in a bad way, being really critical at myself, taking over and not letting others help me. I can be a pretty critical person; way worse on myself, but also on other people too."
	Self-efficacy	In terms of her confidence at work, she acknowledges how introversion affects her ability to thrive. "Ya, I don't want to go to work, when I'm there it is okay, but I just enjoy being by myself so much. It's not so much about work, but about the other part of me. …There is always someone wanting something from you, so many distractions. When I feel like I am getting everything done is when I feel like high on the job [discussion around how this time is less about engaging with patients and more about being in a more introverted zone by focusing on getting tasks done]." While she continues to feel like a "little" nurse, she also demonstrates confidence and pride in her independence as a professional nurse. She already works in a leadership capacity on her unit, and on most days she feels comfortable in her novice nurse role. She does not feel comfortable in an advocate role, as she doesn't want to stand out as someone trying to change the culture. She feels too vulnerable in this position. "We have a unit culture that everyone comes 15 minutes early, which is annoying, but one person can't change it, it has to be everyone who changes it, and that is just not going to happen." Regarding working through tensions in the workplace, addressing them directly, she states, "It would make me stand out, maybe feel bossy. Like I'm trying to change culture or something, I don't know…I don't like to confront tension, cause I guess I'm worried for being called out for being wrong or bad or whatever."

		Regarding other life roles, she does not have a formal role she ascribes to besides nursing, and she has some concerns with this being the case. "I'm pretty good at taking care of our household, so I've thought, hey maybe I should just be a stay at home wife. That is probably the only thing, and that sounds really sad."
	Unresolved dissonance evident in the field.	Self-ascribed perfectionism causes her stress at work, where her standards are high, which can lead to negative self-talk. This seems to relate to fear or shame of not measuring up to the "ideal." "I can be quite, ummm...in a good way, self-driven, motivated, and in a bad way, being really critical at myself, taking over and not letting others help me. I can be a pretty critical person; way worse on myself, but also on other people too."
5	Congruency	She characterized her parents as loving and supportive. However, she felt she was conditionally approved/accepted based on her ability to perform. While describing her childhood, she felt that rather than thriving, she "probably survived." "I always compare myself, like I can't say that I did drugs or was beaten or something like that, but I can't say that I thrived. I do feel that now." "When I was really little, I was definitely thriving…. [But then it changed, which she felt was] probably when the bullying started. In elementary…I was the odd one, the weird one; I couldn't be myself for sure. It wasn't okay to be different."
	Habitually resolves dissonance	Now, she has a friendship where she feels she can be vulnerable. "I can go there and say I'm having a shitty day and she gets me; she would be there. She accepts me for who I am." She found nursing school helped to normalize her challenges with depression, which enabled an ability to talk about it with others and to seek out counseling. She recognizes that she is in a growth process and still finds herself experiencing emotional discomfort at work, which relates to areas where she continues to feel incongruent. "[Triggers at work remind me of] when I was really bullied in middle school and when I was really depressed…I'm getting emotional, I'm getting more comfortable letting my emotions out, which is nice." "Looking back to my first few years of university, all the growth that has happened is amazing to me." While she has tried to resolve areas of tension with coworkers, there have been a few senior nurses with whom she has found that it has not been well received.
	Self-compassion	She is making her personal growth and healing journey a priority. She feels empowered and motivated to take the time she needs to reflect and process her emotions. "Mostly with what I'm supposed to want, but I'm working on being happy with who I am, to be alone with my thoughts and feelings. My goals for that are to do things that Impulsively feel like I need to do or want to do and make me happy. To breathe through discomfort, go for drinks by myself, try new things and getting more comfortable with myself." She continues to work on ways to be kind to herself (making time to reflect),

		recharge (Yoga), and process her emotions with people that feel safe for her to do so (her friend and mother). She experiences stress due to her high standards on herself but also recognizes her limitations, based on her heavy workload some days and her inability to always finish her tasks. She still finds it difficult, feeling stress when she doesn't complete all of her assigned tasks. "It's probably the thought of others, that things didn't get done, that I didn't do a good job because I didn't get things done, that I'm not a good nurse by not getting everything done. …I think it is also a job security thing too, that is always a fear that if I don't do everything possible for my patients and something happens, I might be blamed some how for delaying said meds or something like that. …I think being a new grad has helped with that because I'm learning, and I'm aware I'm learning, and I will be learning for a long time. It is a journey, a process again. I don't like when I don't get all my things done, that is definitely difficult, but I am also able to fall back on that idea that I have too many patients, there is not enough time in a day, and there are too many tasks to get done. I think I am okay with it, it is the things that don't get done when something happens, like a patient coded or something and we didn't do all we could do."
	Self-efficacy	She recently left a competitive sport and is looking for ways to fill the void. [How would you describe yourself?] "I think that is really evolving for me. I used to always say I'm a loving, caring person, family means a lot to me, I'm very outgoing, but I am definitely evolving now. …Usually, when you meet someone, the first thing you say is your job, where you live, what you do kind of thing. All of the attributes that I just mentioned play into my role as a nurse." Regarding other life roles, she credits her success in a competitive sport to helping keep nursing school stressors in perspective. Having a sense of achievement and confidence in her sport buffered her from fears of not measuring up as a nursing student. "It probably does quite a bit, mine was always [competitive sport], that was my be all end all, that was who I was, I was a [sport] player. Now, I'm a nurse, and I am outside of that other role. [Sport] was always number one, even in nursing school; it came second to [sport]. So yes, totally, nursing school stress came second to my role as a [sport] player, it probably was less stressful because of that."
	Unresolved dissonance evident in the field	She can easily recall times when she felt powerless and disapproved of at work. However, this primarily came from a small number of senior nurses/authority figures. At times she feared that she would be viewed as a "bad nurse" if she didn't complete all of her tasks. She fears being powerless, which she feels when those in authority use a "power over" approach with her. "Those are the things that really bother me because she doesn't listen. I am feeling unheard and that if I am going to take the time to listen to someone's opinion, it should be reciprocated."
6	Congruency	She had one parent in her household that provided her with unconditional positive regard. However, she also endured frequent abuse. She went into her adult years feeling a high degree of incongruence. As a result, she found herself with a social anxiety disorder as a young adult. "I don't feel congruent, it's interesting, I'm not going to lie, there is nurse [her name], and then there is me. …On this journey in nursing, I become more and more congruent. In my childhood, my dad and I stopped talking to each other, and we still aren't talking to each other, it was more my mother, the

	unconditional thing. I've always felt a little different than most of my peers and most of the people I work with, who are mostly tradition. I'm not traditional. I still don't feel like I fit in exactly, but I love who I work with, but more and more I'm showing more of who I am. I didn't always trust that, especially in the beginning, it was a lot of a huge front and I hid who I am." She credits a close relationship with her mother and a work mentor for the emotionally safe spaces where she can be authentic. When dealing with emotional tension, she resolves the biological effects via exercise and feels safe to debrief the mentally stressful components with a friend or family member.
Habitually resolves dissonance	She finds meaning and purpose in her work and prides herself on how she optimistically approached challenges. Others know her as someone who is "happy" and who faces life with a "positive attitude." She is appreciative of how her suffering has shaped her. She continues to struggle with perfectionism, but is actively working to give herself grace when she makes mistakes. "I beat myself up really really bad when I make a mistake. I'm trying not to do that so much, but I'm really hard on myself. …Like before I knew how to be charge and I'd make mistakes, and it was hard, and in retrospect, of course, I would make mistakes, you don't know what you don't know. For instance, this one time with [omitted event details] no one was trained on it, and I wasn't trained on it…the wife of the patient was in tears…it was so hard, I beat myself up. I went home in tears." She is insightful and motivated to be more objective and less personally threatened by workplace stimuli. She frequently reflects on her progress in this area. "The more incongruent you are on the inside, the more congruent you try to make things on the outside and the more stressed you get, but it's just not possible, and you have to accept that."
Self-compassion	She freely uses counseling when she needs it and feels no shame attached to its use. She is also working on being more self-compassionate, which she recognizes is difficult in the moment an event occurs. She has become better at preventing rumination on negative self-talk after an event occurs. She also views her personality and proclivities through a self-compassionate lens. "I bike and I have to. I find my exercise is huge to me, even after this I will ride my bike…If it wasn't for my biking, my exercise, like it's in my genes, I think I'm an addict, I have an addictive personality, I have to keep healthy habits, something healthy to reach for, so it's not a drink or whatever...it is something I will be vigilant for the rest of my life."
Self-efficacy	Relating to her sense of confidence, she feels if she wanted to make a change she "absolutely" could. She is highly appreciative of where she works and how she has personally developed. She feels confident in her ability to reach her goals. "I have my whole life to go there, why rush it when I love it so much. If I'm happy where I am now, what more can I ask?" Her greatest fear is being perceived as incapable or "dumb," which is a result of the emotional abuse she received as a child. However, She is confident in her ability to navigate her triggers in the workplace. She does this through reflection. "I can almost describe the feeling as a crappy feeling in my chest, but how I get through it…hmmm…I talk to my coworkers, I ask for feedback. I'm also so fueled by my patients that I can move on. I'll put it away and then go back to

		it after my shift. I try not to dwell on it, which I am sometimes guilty of, but ya, I can usually put it aside and then reflect on it after." Regarding other life roles, she feels confident in her friendships and her fitness routine outside of work. She also considers that she might benefit from a more defined role at some point to build her self-efficacy outside of nursing. "It [lacking another role] probably really would hurt me if I had issues at work, maybe more than someone who does have a more defined role that they get a lot of confidence in."
	Unresolved dissonance evident in the field	Regarding emotional triggers that arise at work, she recognizes her struggle with perfectionism, which can lead to rumination on negative self-talk. "I am really hard on myself. I need to be careful because sometimes I not only believe the feedback, but I take it to heart more. …When someone I respect gives me regular feedback, I have a maximized response to that [biological stress response]. It goes back to my dad who would tell me I was stupid and would really bully me. I placate too much, I'm really hard on myself, and others tell me that too. Being aware of it is huge, huge, huge. It used to be so much more intense; now it is not nearly as bad. Being aware of it seems to transmute it, even to positive energy sometimes."
7	Congruency	"I would say that I definitely had that [an environment of unconditional positive regard]. I know that no matter what I do, even if they don't agree, they will always love me as a person; I know they are always there." She feels "grateful" and "lucky" for her sense of congruence and her ability to engage in self-actualizing so readily in her novice nurse role.
	Habitually resolves dissonance	She calls her parents or her nursing friends to help her process workplace dissonance. She also has had a nursing mentor from nursing school that she contacts when she needs to work through difficulties at work. She does not shy away from uncomfortable feelings, taking time reflect as she needs to. Her fear of failure still bothers her at times, but she can "manage it." "Exercise is huge for me. For me also, part of who I am in my faith, shift work sucks for that. Not being able to make it to church or be a part of the bible studies is really hard." "A lot of my friends are nurses though, so they understand. So when I call and cancel because I need to sleep or something, they totally get it. All of those things are things I have learned to do."
	Self-compassion	She naturally practices self-compassion at work, which she credits her childhood and spirituality for. However, she has had to consciously practice self-compassion as a novice nurse, where the environment is often binary in nature. She has been working to integrate self-care into her life, which felt like an impossibility when she first started her new graduate role. In the beginning, she felt to consumed with the heavy workload and feelings of insecurity to be able to objectively reflect on her emotions and ways that she could better manage them. She is now able to objectively reflect on the emotions that are arising at work. This enables her to navigate stimuli and often prevents them from becoming stressful for her.
	Self-efficacy	She feels confident in her ability to reach her goals. "I'm toying with my NP and maybe teaching… I'm not in a rush because I love where I work!" She finds she is regularly thriving at work, feeling energized in her job and feeling confident to advocate for herself, which ensures she gets her needs met. Regarding other life roles: "I'd say, I'm a nurse and an athlete. People always ask, and that is usually what

		I would say, being active outside, being with friends, that is mostly what I do…ya, I don't like gyms, it is always outside, I love being outside, I always played outside as a kid…[discussion about summers outside, living in a camper, after school, how nature somehow helps us make sense of our chaos]. …For me too, I just see so much beauty and connections to my faith. I feel so blessed to be able to go out and do these things, to take a deep breath."
	Unresolved dissonance evident in the field	She has an optimistic and confident orientation within her challenges. It is now rare for her to feel consumed by emotions at work. "My challenges at work, my mistakes, and all of those things don't make or break who I am. Ya, I feel terrible when I make mistakes, or I miss seeing an order. It doesn't mean I'm a bad person, or that I'm failing. I can't dwell on it; it doesn't help for me to wallow in it. My faith helps me feel that you know it's okay, I've done what I can to make it right, I've changed what I can change, I know I am forgiven, and I can move on. Dwelling on it will just impact my ability to take care of my other patients, and I'll probably miss a whole bunch of other things and fall behind."
8	Congruency	She credits her mother for her ability to fully accept who she is, which has enabled a sense of congruency. "My mother probably plays a big part of it. She has always been and still is very accepting. …My mom and I have always been very close, and she has always been a sort of bedrock." When discussing her ability to be congruent with her real and ideal self, she says: "It comes from a comfort with who I am. I still want to be validated by others, but I'm okay being by myself. It would be nice to be part of a big group, but I've come to accept that it is likely never going to happen. Whether it's my personality or their personality. It's like a self-acceptance of this is who I am, and that is okay."
	Habitually resolves dissonance	Her primary way of processing dissonance is to debrief with friends, most of which are nurses, and her mother. She is highly reflective, finding great company in herself and in alone time. She naturally talks through areas that she cannot work through on her own. She is open to counseling if and when she cannot work through an issue on her own. She considers herself a great "de-briefer." She is highly optimistic but also considers herself to be a realist. She sees her potential for a bright future but also understands the wisdom of accepting the reality of what is. "I would say I'm a realist optimist. I am not a pessimist. I think that most things are going to work out, or at least I hope so. I don't like to dwell."
	Self-compassion	She naturally practices self-compassion. For example, she doesn't see mistakes as personal failings; rather, she sees them as opportunities to explore the role of the environment in how that mistake took place. "I mean I make mistakes at work, but I don't really feel bad about it. I [report] everything because I really do feel like there is usually something in the environment that enables the mistake to happen, so it is more important to look at what is happening to cause that to happen in the first place. It isn't all about me." "I don't really do any vices really; I don't drink or do drugs. I do a lot of self-talk. I work through a lot of shit on my own. I love talking and thinking about my past and myself. I spend a lot of time thinking and talking, calling people, that kind of stuff. I probably eat [to cope], but I don't really have anything harmful. I like to think things through to the point until they are exhausted. I

	find it to be a fun journey."
Self-efficacy	She demonstrates a confidence to try new ventures in life. Her greatest challenge is finding an area or work that she will enjoy. Due to her young age, she feels she is still developing a sense of her wants and needs. "Future possibilities seem open to me. I feel I have a lot of options that are not blocked off to me." "I started traveling when I was like 20. This is when I ended getting to know myself more. …Literally, after that is when I started talking and I haven't really stopped since. It was very much like this switch in me. I was so starved for conversation. I don't know what it was…I knew I needed to reach out instead of squirreling away by myself. I just actively sought people out and asserted myself and then when I came back; I haven't stopped talking." She is confident in her ability to advocate and to be a change agent. She is eager to look for areas of change, analyzing systems, and making improvements. She credits her experience in nursing school for the sense of empowerment she now carries into the field. "Also in nursing school, this program we did, with advocacy, it really helped. I learned a lot, I just realized, what are they going to do, you know. We went up against faculty, and we had the chairs back, which definitely helped! And I just figured, 'what are they going to do?' I mean really! Faculty complained that we were too negative, and you know it worked, and really we had the Chairs back so what were they going to do. So now at work I kind of take that on to, you know 'what are they going to do?'" Regarding other life roles, she is searching for a meaningful role outside of nursing. While she currently sees her greatest strengths being her level of intelligence, her "coming out," and her being a "loyal friend," she yearns to take on a career that will provide her with more meaning and purpose.
Unresolved dissonance evident in the field	Regarding emotional triggers that arise at work, related to her past, she has fears of exclusion or being left out of the "coworker network." This feeling reminds her of being excluded by her peers and being labeled as "weird" in her adolescent years. Because she was able to articulate the discomfort of taking on a nursing role that she has not enjoyed, she feels she is not as prone to feeling threatened by criticism at work. "I don't really want to be a nurse, so I feel like I'm a nurse and it takes up all my time, but it is not my one true love and dream and passion. So, if I'm having negative experiences at work or something, it doesn't really negatively affect me because I know this is not really what I want to do." "I don't really have a sense of purpose though like some of my peers do. I'm looking for that still."

Table 3

Sub-Question #2: How Might Contextual Workplace Elements Enable or Disable their Ability to Thrive?

P	Factor	Factor within Unique Context
1	Managing workplace	She was able to prioritize her internal compass over the "should" statements coming

	tensions	from more experienced colleagues. She found spaces at work to process her dissonance, instead of allowing it to be a source of enduring stress. "I guess I also learned to just not give a shit." "I would say I keep it [my self-care practices] to myself…maybe because I feel shame…because it's unacceptable in society…what I did or do for self-care might be considered unacceptable."
	Consistency in work environments and work schedules	Regarding self-care in nursing culture, she noted, "all the senior nurses I saw had really unhealthy self-care practices." However, regarding morale, she found that "most were happy with what they were doing and the few that weren't were very vocal about it."
	Workload, reward/effort balance	She cannot take uninterrupted breaks on many days. "Staffing is huge, not enough and being redeployed into areas where they don't have experience. There is a huge number of senior nurses retiring." In response to work that felt like the reward equaled or exceeded the effort, "when working with people with addictions it felt like I wasn't really doing anything, very few people want to get clean. But when with another program, seeing progress, it was very rewarding."
	Suggestions for transition support by employer	Mentorship was highly influential for her. "It's really helpful that I can voice my opinions on one type of nursing practice compared to others, get his feedback, talk through it, it is really helpful. If it wasn't for [work mentor], I wouldn't be where I am today."
2	Managing workplace tensions	"That takes me to the concept of horizontal violence, nurses eating their young. I definitely face that as a new nurse, on top of the stress of being a new nurse, when they are rude to us, when they know we are new and still trying to learn. They just don't have time and don't think we know what we are doing."
	Consistency in work environments and work schedules	"I think there is a lot of really good teamwork on our floor. People will go to the other end and ask if people need help. That is what I did the other day, I went over the other side, which I knew was heavier, and I offered my assistance. All of the full-time staff do that."
	Workload, reward/effort balance	Her workload feels manageable to her now, but she found it difficult in the beginning. She feels rewarded via relational connection, and she feels emotionally drained when making connections is difficult. Additionally, seeing how she is affecting or contributing to her patients or their families is energizing for her. "I get the most satisfaction from my job when I'm working with those that are younger. It is hard when they are older people waiting for placement, where they are just really confused and been there for several months. It just doesn't satisfy me. I like working with families, where I can help them, explain what's going on and they thank me for being a good nurse, and I feel like this is what I'm supposed to do. It makes me wonder if there is an area where I can do more of that." She reflected on her stress in a previous position that didn't feel supported and how it led to her calling in sick to manage. "I tend to procrastinate so will do a bunch of last minute things. …I'm usually excited to go back to work. I usually end up staying up later because I have to get up early the next day, so I fall asleep around midnight and then get up at 5, so I'm a little sleep deprived on that first day, but it's manageable. …I keep going back to that time I was in the float pool, I was calling in sick often, like once a set, because I dreaded going into work. I got put on probation because of it. It was a really unsupportive environment. I was super stressed out and burned out. There was no

		support there. There was no teamwork. There were no resources or senior nurses to ask questions. Now that I'm on floor [#], I feel safe, and it is so much better. No matter what happens I can call for help, and someone will be there to help me. I don't call in sick now. I feel supported and excited to go to work now."
	Suggestions for transition support by employer	Regarding suggestions to improve transition support for new graduates: "A mentorship program would have been huge. Working with the same nurse, that one person to go to. I felt really lost for the first three months. I'm not afraid to ask questions but on top of everything else you have to go out of your way to figure out who has worked there for a while and who you are comfortable with and kind of latch onto them. It would have been huge. It would have helped in the transition for sure."
3	Managing workplace tensions	She feels like her authentic communication style is quite different from the norms in her workplace. This difference has caused some hostility from those who seem to be threatened by it. "It seems like everyone will tip toe about issues, rather than calling out the elephant in the room. There is a lot of talking behind people's backs. I don't understand it. What goes on on the surface is not real. Things that go on between nurse and nurse, nurse and surgeon, everyone seems to have a problem, but no one will speak up about it. I've heard on a few occasions that you can't speak up because you will be busted for bullying. …People are afraid to say anything; they bully behind the scenes now. I find a lot of people just saying everything's great, but they can't call it out for what it is. This willingness to work on things. People won't go there. If you say this one word, you will be reported and be called into the office. If someone asks me about my experience, I'll be honest, but that's not the way it works in general in the culture. You can't call things out for how they really are. …It's not a safe space at all, there are some people that you could have a conversation with, and it would be okay, and there are others who are not okay, they go into defense mode, instantly and they aren't even open to a conversation, and those people win all the time. No one will stand up to them. They are afraid of them, everyone knows who they are, and no one will say anything to them because they don't want to be on their bad side and are afraid of retaliation." The work environment has been one where tensions are "swept under the carpet" because tensions feel threatening within the work culture. Scrutiny feels commonplace; that, in general, it is "everywhere."
	Consistency in work environments and work schedules	She works a consistent work schedule that provides her with a work/life balance that is manageable. She continues to feel tired after long days of work, but she also recognizes that this may not be a changeable part of her career, at least not in the short term. She works in one area without fear of being redeployed to other areas.
	Workload, reward/effort balance	Her workload feels manageable now. However, she felt overwhelmed in the beginning, being "tossed in" with the same workload as senior nurses. She feels rewarded and energized when she can tangibly see she is contributing to the team. She feels more effort is expended in relation to coworker tension and when she is less able to help others on the team, needing more support herself. Regarding effort, ergonomics make it difficult for employees, finding that those who have been there for years are now "hobbling around."
	Suggestions for transition support by employer	She found her preceptor immensely helpful and supportive in her initial journey through coworker tensions. She suggests an advocate body that the new graduates could access to help bridge the gap between the union and employer when and if issues arose. This support could include help with forms, explaining the process, and providing objective support.

		"He [preceptor] was amazing. ...Having a little bit more, not necessarily prepping for bullying, but just really understanding what the process looks like if it happens and who is supposed to do what, you know what the union does, what respectful workplace does."
4	Managing workplace tensions	She often sees perfectionism as a driving force within her workplace nursing culture. In general, she avoids tensions and conflict in the worksite. She is more comfortable talking to another coworker about it, as opposed to the person she feels offended by, but is also aware that that isn't an ideal process. Because no one seems to address conflict, she doesn't want to stand out as the only one who does. "I subconsciously hope that that person will know that what they did bothered me and then they won't do it again."
	Consistency in work environments and work schedules	She primarily works with new graduates and few senior nurses. She feels her team is cohesive and supportive of one another. They support each other and do their best to help each other get adequate breaks each shift.
	Workload**,** reward/effort balance	She feels stress related to her self-doubt as a novice, questioning her practice. She still feels like a "little" nurse. She is hungry for feedback and is uneasy with the level of independence she has, due to her self-doubt. "Our practice is so independent it doesn't really matter what people think of me. That is also one of my biggest fears is that it is so independent. Like I could be totally sucking, and no one would know, which terrifies me. That is a really weird part of our job, but at the same time, it's awesome." She feels she can bring her "real" self to her work environment. "I love where I work; I'm just so weird at work, which helps me get through the day. I'm pretty comfortable. The people I work with are mostly young, and I think they appreciate that I work hard, but then I can also be really goofy. I feel like I'm approachable and I don't know, people are just really accepting." Most days she feels she maintains her energy well. However, the rotations have been a challenge to maintain a balance. "I like my job, the worst part is the shift, being out of my house for 12 hours a day and having to be back in 11 hours. It doesn't feel like I have a good balance. Normally I wouldn't do that; I wouldn't choose to work for those long days, four days in a row. It isn't a good balance for me."
	Suggestions for transition support by employer	While she was aware that a form of transition program existed with her employer, she did not experience any practice support from it. "I've never had a single person check in with me as a new grad, asking me what I may want or need to know. So it was pointless, like what's the point of having a program if your not checking in."
5	Managing workplace tensions	She describes how a typical work conflict unfolded with a senior nurse. "For example, I had a conflict with a nurse, she brought up her concerns, and I was open and listening, and when I brought up my side of the story she was very closed off and there was no give, and that has been a few times now. I don't know if its senior staff, or personalities. …[What I'm feeling is that] it doesn't matter what I say, they are right I am wrong; I basically don't have a voice. The few times when I do feel heard is when it is directly related to patient care." "On my floor, it is more student nurses where we see it and maybe the newer new grads [experiencing horizontal violence], as most of us are new grads, so I don't experience it that much unless we are talking about that one nurse, which it is definitely an unwritten rule with her."
	Consistency in work	She believes that deploying employees has had a detrimental effect on workplace

	environments and work schedules	morale. "Everyone has come to that conclusion that it kind of sucks but you have to deal with it." By and large, the regular work team is supportive and seems to work well together. It is mostly new graduates on her floor, so there is a feeling that everyone is in the same boat. This camaraderie provides less of a tendency to scrutinize one another. In regards to being vulnerable and asking for help, "it depends who I'm working with. On most days I would feel comfortable to ask at least one person for help."
	Workload, reward/effort balance	She feels her energy gets rapidly depleted when work expectations are ambiguous, which is more common when redeployment occurs. This same stressor is a common complaint on her unit, resulting in a high turnover rate of staff. "The type of patients that you see, the dynamics of the floor are huge. The care aids on our floor are absolutely amazing, when I went to work on [unit]…the care aids were totally different; there was no communication, they weren't answering call bells. It was just a whole new dynamic. …Also, just knowing the norms of your own floor and not knowing them on other floors. Talking to people that don't know you, it's just totally different. On [unfamiliar nursing floor] there is no floor organization, no flow, no consistency, no senior nurses, lots of new graduates, high turnover, it's super stressful."
	Suggestions for transition support by employer	She suggests "less floating required of new graduates, allow them to get comfortable with one or two environments." "I get pulled all the time…our floor has a high redeployment rate. When it first started, I felt a lot of anxiety and was very uncomfortable with it. …I was really anxious initially going anywhere, I'm a new grad, I don't know as much, going to a new place where I really don't know and then it got to a point where I just accepted that it just is what it is. I still get a little anxious, but I just have to deal with it. …Probably a little more comfortable now that I have more comfort with my nursing skills, but there are still some areas that I'm still not used to that I still get anxious to go to." She also suggests having a mentor assigned to each new graduate. "I found that just having a mentor or someone you can go to, even just to vent about staff members, because they will understand what is going on, or to vent about the floor. Even just to ask questions that you might not be comfortable asking."
6	Managing workplace tensions	While she rarely experiences hostility directed at her, she frequently sees it happen around her. "I do see it, especially when I was doing my practicum upstairs." "Yesterday, I had a care aid pulled; I noticed that she wouldn't answer the bells and she wouldn't do anything. No one had gotten their basic morning care. I tried to say something, and she snapped in my face. She was a bully. She would snap on care aids when they asked for help. I tried to approach her, and it didn't work, so I had to report her. …I told my CNL all of it because the first priority is the patient and she said she would talk to her and her manager, it was an example of horizontal violence." "There is one nurse that follows me all the time, and every little thing that she thinks I missed or did wrong gets reported. I don't think she was doing it to personally attack me, but it is just who she is as a nurse, and she did give me feedback that this is what she does. That's just her and fine, whatever. I looked on the intranet, and there is modules on how to deal with 'over reporting,' which can be a form of bullying by undermining others work. …One of the strategies is to ask for feedback so that it isn't put on you when you aren't expecting it. Just saying, 'hey, can you give me feedback?' I'm new and learning still." In response to her confidence to address tensions, "I did feel it was hard to address it at first, but [my mentor] has really helped me with that."

		"I never cry at work; I never come close. I'm in a mode. That just can't happen."
	Consistency in work environments and work schedules	Regarding coworker wellness and feeling like they practice self-care, "yes, I think the crew I work with is amazing. The odd person that seems burned out is usually pulled from another area."
	Workload**,** reward/effort balance	She works on one unit and does not get redeployed to other areas. Her work schedule provides enough time to rest and recharge between sets. "I'm very blessed to be where I am; I don't think if I was [on another unit] I'd feel that way, it is more chaotic. We have a small turnover of staff. There is a lot more turnover [in other areas], stress, bullying. I'm feeling really lucky to be where I am right now." She feels energized at work, characterized by frequent feelings of thriving. "I get fulfilled by bringing the best out of people. Even my coworkers, I don't care who you are, when you are around me I try to lift you up, I try to empower you, and it just creates an energy." She finds new roles are more exhausting as she takes on the learning curve, which requires more effort. "It is definitely hard, during those times to thrive, but once you get to know what your resources are then you can thrive." "People see it as just as a job. I don't see it that way; it's a spiritual connection for me. People ask how I'm always so happy. For me, it's nursing; maybe some people aren't cut for it. …Being present, how nothing matters, but right now, how everything just falls into place. I put it into practice, and it changed my whole way of thinking."
	Suggestions for transition support by employer	She suggests more training and encouragement of how to be an advocate for patients. "There is a lack of training in the [patient safety reporting] process, and it's the only way to protect the patient." She sees other new graduates pulled to unfamiliar areas and felt that it is detrimental to them. She has a mentor at work that advocates for her; therefore she has never been redeployed. She suggests lightening the workload for New Graduates and more training for roles they acquire, such as being in charge. "Definitely giving the new graduates the lighter team, the less acute team. I was thrown into charge; there is no difference in workload. You are thrown in. There is so much to know, like charge, you are just thrown in!" I learned the hard way, I had to make mistakes, I just didn't know what I didn't know, but if it was explained to you ahead of time that would be nice."
7	Managing workplace tensions	She feels morale is generally good, except for when people get redeployed, which she believes stirs feelings of tension on the floor. In general, she feels a sense of belonging and an ability to be authentic at work. "Even now there are certain nurses I just know who not to ask for help because they won't, and I just don't ask them. Nothing that has significantly influenced my work in a bad way though. There are definitely things where I just know I'm not going to go there because it won't end well. I know that if I go to someone else because they will be more helpful. I don't take it personally." Regarding her observations of perfectionism and how it relates to morale: "Normally I would categorize myself as a perfectionist, and I strive to do all that I can, it isn't like I'm slacking off, but I have seen some of the new grads on our floor that are trying to fight to hold onto unrealistic expectations, and they are not doing well. They don't look like they are enjoying their job, they are always stressed, and

	they won't let people help because they feel they have to do it on their own. I feel like I have gotten a lot better at asking for help, and that has helped with that perfectionism need. It's an acceptance that doing the best I can do, doesn't mean I have to do it all myself. It means I can get the job done well, even if it is not all me doing the job. It doesn't mean I have failed just because I wasn't the one to do it."
Consistency in work environments and work schedules	"Other places [redeployed to] are stressful because I don't know the staff, I don't know how they run the floor. I feel like a fish out of water. …[Unit that she is frequently redeployed to] is just a chaotic place to be, it isn't well funded, it's an area where patients are just in limbo, patients are doubled up in single occupancy rooms, there is no room to move around. Patients are acute, so it is so busy, and all the staff are floated there, so no one really belongs there. That place, I hate being there, I hate being there. The things about being floated, I don't feel supported because I don't know the people. I haven't gotten a good orientation to the places I'm floated to either. …When I go somewhere else I just feel flustered and stressed and then that impacts how I nurse and how I come across to my coworkers I feel like I look like this terrible nurse, but I know I'm not, I'm just out of my comfort zone. I just don't know how they function; I don't know their routine. I'm just so uncomfortable there."
Workload, reward/effort balance	She is assertive and motivated to advocate for her basic needs at work. Ensuring she gets her needs met has better enabled her to maintain her energy throughout the workday. "…At that point [first few months of being a new graduate] I was so stressed from work, I would just come home and cry. I would go right to bed. I'd call my parents or my running coach, which helped. I felt like I was spiraling. Then the acuity of patients changed. People weren't so sick, and as I got more experience I decided that I needed to step up my game, get more balance in my life. So I started doing my running and biking more, and that has made a big difference. I feel like at some point I was asked if I was running, basically because they thought it would help, but I just couldn't do it, I knew that I should, but I didn't feel like I could. I needed some time to settle, some transition time. I couldn't add one more thing; even if it may have helped, I was too overwhelmed." "Most of the time I'm ok unless they have been really challenging people, or when I have family members that won't leave me alone. That is when I get the most irritated, when I feel like I just need to hide in the back and get some charting done. I know I'm not being the person that I know that I am, that I get frustrated when I can't get away to get my charting done. I know that is also part of my job too, but it still feels frustrating."
Suggestions for transition support by employer	She suggests that a priority should be, "not floating new graduates, or at least limiting the occurrence." Also, promoting continuity from the last student practicum and providing a more robust orientation period. "For me, what I had worked because I had the best coworkers and there were a lot of other new grads on the floor at the same time. Because I had spent my last practicum there, it made it much better too. I knew people on the floor. I feel like my experience, like I lucked out in how it all worked, like the process and how it was for me. If I was moving to a new place and didn't know people or the area in the hospital having additional supports would have been hugely important for me. Because I had known people and a great team, it was okay. Recently though I was orienting a new person to the hospital, and it made me wonder if I even knew what to tell her, which made me think there could be a better process for orienting people."
8 Managing workplace	Her work environment feels cohesive and supportive. She has had some discomfort

	tensions	with physician communication. She concurs with the feeling that novice nurses do not feel they have a voice and that it does not feel safe to speak up about tensions, based on fears of being targeted or retaliated against socially. "No one wants to rock the boat. No one wants to take the extra step to make a change. It's much easier to complain than it is to take action. I would imagine if they bring a complaint against a coworker and it doesn't go through, what if someone finds out and then they aren't trusted as a coworker anymore?" Her coworker relationships are the one area where she often feels reward in her role.
	Consistency in work environments and work schedules	She chooses to not pick up many extra shifts. She feels that she needs as much time as possible in between her work sets to recover and emotionally prepare for the next set. Her current rotation enables her to rest adequately in between sets.
	Workload**,** reward/effort balance	She knew she was not suited to bedside nursing but felt pushed into it by faculty members. She now feels that her bedside tasks drain her. She does not feel she thrives in her role; this makes her effort reward balance heavily skewed toward the effort end.
	Suggestions for transition support by employer	Regarding transition program suggestions, she appreciated the mentorship and the ability to ease into a full workload. She traveled to a hospital that was a further from her house because of the transition support that was offered to new graduates. "Just the ability to ease into the work and to have someone to ask questions to. It was probably invaluable. I also had a really supportive nurse educator on the unit."

Table 4

Sub-Question #3: How Might Undergraduate Curriculum Efforts Enable or Disable their Ability to Thrive in the Workplace?

P	Factor	Factor within Unique Context
1	Prioritizing self-care	She feels that the undergraduate environment did not promote self-care practices that extended beyond "talk." She feels the undergraduate workload was too heavy. "Taking time for regular self-care felt like it was not possible to do and also be successful in the program."
	Faculty support to work in an Area of choice	"I'd say that mostly teachers allowed me to follow my focus toward mental health and addictions. I did have a few that told me it was a waste of time." She felt some dissonance in how some tasks, such as goal setting and journaling, were obligational with value for her. She resented the "should" statements, feeling they were often delivered in a patronizing and presumptive fashion.
	Curriculum ideals applicable to reality	She regularly refers to Maslow's (1943) theory in her work setting, which she learned in nursing school. She also draws on the medication administration curriculum components regularly.
	Suggestions for improving readiness efforts	She suggests that there could be, "more exposure to people that have hardships so they can actually see it." She believes that many students were naive to the depth of suffering and developmental barriers that many patients face.
2	Prioritizing self-care	Regarding self-care in the curriculum, in her opinion, they were not explicitly modeled. However, she felt there was a safe place for her to communicate her personal needs and that faculty supported her in getting them met. "[Self-care] was definitely talked about. I went through post-partum depression so it

		was different for me. It was different for everyone. I felt like I could be open with my instructors. There was some days where I couldn't make it to class, and there was open communication where I could email them and let them know and it was okay."
	Faculty support to work in an area of choice	"I really had it drilled in my head from the get go that the safest bet was to work on a medical surgical floor after school. I was so new and I had never worked in a hospital in my life, so I just took the advice. I just did what pretty much all of our instructors told us to do. I find it super helpful to be on a medical floor. I still haven't found my groove yet and maybe I won't get into public health, but I do think it was really sound advice."
	Curriculum ideals applicable to reality	She felt the ideals taught in school have applied to her in the field on multiple levels. In general, she felt the majority of the curriculum transferred into her professional role.
	Suggestions for improving readiness efforts	"I think just being in the hospital was the biggest. We can sit in a classroom and talk about theories, but being in the hospital and watching the nurses was gold."
3	Prioritizing self-care	Regarding self-care in the curriculum, while she did not think it was explicitly role-modeled, she recalled that is was regularly suggested. Her life experience was the primary factor that enabled her to prioritize self-care; knowing its importance and feeling motivated to take the initiative to get her needs met. "Yes, it was talked about…not necessarily role-modeled. …It was expressed as an idea, that it was really important and I hope you choose to do it. It was up to students to make it happen, which is fair. That is I; I go to workout between classes. …A lot of students showed interest in the idea, but they were intimidated, didn't know what to do or when to do it."
	Faculty support to work in an area of choice	She found faculty members were not supportive of her choice to specialize right away. "Not many people were supportive at all. Most [faculty members] told me straight out or hinted to the fact that it was a mistake because I needed to put my time in on med-surg, that my time would be better served consolidating my skills, that I would regret my decision to do OR, that I wouldn't be able to go anywhere else, that I would be too specialized. So no, there was not a lot of people that thought it was a good idea. …I'm so happy I ignored them!"
	Curriculum ideals applicable to reality	"Going into the OR is a whole different ball of wax, so it's a huge learning curve. As far as being able to time manage, multitask, the communication piece, it was really valuable. …I feel like I had the ability to study areas I was passionate about too [was able to write some focused papers on horizontal violence, which she put to use in the field]."
	Suggestions for improving readiness efforts	Regarding the prioritization of self-care, "maybe if there were classes made available, time and space that encouraged people to do it more, like hey, go sweat for 30 minutes between classes. Making it easier. I wonder if that might encourage more to do that." She suggests more mentorship surrounding, "the capacity to be empathetic towards someone, yet, not allowing someone to treat you in ways that you shouldn't be treated. …Being able to have those conversations, maybe giving them the ability or knowledge to do that. …Also having that knowledge to know what the boundaries are, and when those get crossed. A lot of people just accept the way it is, and they don't want to have those conversations, and I get it, I understand why they don't, especially after going through what I have gone through, with the experience I had when I reported being bullied. …Having a little bit more, not necessarily prepping for bullying, but just really understanding what the process looks like if it happens and who is supposed to do what,

		you know what the union does, what respectful workplace does."
4	Prioritizing self-care	She felt faculty was approachable and available to help her deal with dissonance as it arose. "Nursing school allowed me to see it [childhood adversity] in a more positive way, how it got me here today, how it even helps me in my job." "I did a lot of that [sifting through childhood pain] work in nursing school because it's such a reflective process, or at least I saw a lot of changes in my ability to cope with a lot of different situations compared to my first year. I'm feeling more stable and not that I'm done, but it is definitely better. Nursing school forced me to look at myself and then I went and figured it out. …It puts you in different situations where you have to deal with other people, which can either bring out the best or the worst in you. I wasn't comfortable with being uncomfortable like that all the time. I went and found help and talked to people and it worked."
	Faculty support to work in an area of choice	She didn't feel that faculty gave direction one way or another. However, she did wish that faculty were more transparent about her options. "Because I didn't know exactly what I wanted to do, I felt disadvantaged because the people that knew what they wanted tended to get paid specialty training as new grads and got positions there. I also found that those that did get those seemed to know someone who got them ESN [employed student nurse] positions or they knew before what they wanted to do."
	Curriculum ideals applicable to reality	She felt that her undergraduate education applied to her new graduate role on multiple fronts. Regarding the component with the most impact, she found that she found the explicit and implicit personal development curriculum to be "transformational" for her.
	Suggestions for improving readiness efforts	She wished she had gotten more "constructive feedback" both in nursing school and now in the field. She felt that when so little constructive feedback is given, rather than just to affirm, it makes it much hard to hear it when it does occur. Essentially, if it were more frequent, it may be normalized and thereby potentially less threatening. "It would be hard but I would like it I think. Even in nursing school, I would hardly get feedback. It's really hard to hear feedback when you never hear it, like it must be really bad. If I heard it more, it wouldn't seem so bad or something." She suggested looking at the black and white nature of evaluation, acknowledging that people are in process. "It's funny, the 'check box' [mentality] reminded me of nursing school and PAF's, how we had to meet or not meet, rather than it reflecting the process part of getting there. You know, some days I met it and other days I didn't, but we had to check that box. The further you get in your life it does make sense that things have to be less black and white fundamentals and they get messier, and that's okay. It's like things can become more fluid the further you are in your process and even in your education, like it's more about process."
5	Prioritizing self-care	She regularly debriefs with a person she feels she can be authentic with, and who is familiar with her job. She engages in yoga and has utilized counseling when she feels she needs more guidance. "I'm working on being happy with who I am, to be alone with my thoughts and feelings. My goals for that are to do things that I impulsively feel like I need to do or want to do and that make me happy. To breathe through discomfort, go for drinks by myself, try new things, and getting more comfortable with myself. That has been a big thing for me since I lost my [sport]."
	Faculty support to work in an area of choice	She feels grateful to have gained the experience she is getting in her current role. She does not feel ready to move to a more specialized area yet.

	Curriculum ideals applicable to reality	"Nursing school did a lot of shaping of me. I learned a ton about being okay with who I am. I found a lot of support through my nursing friends in the sense that we were all hating life at the same time. I really think the mental health stuff had a huge impact on me. It opened my eyes. I see it every day. …I hate when people are judgment and closed off, with no understanding of mental health. I think it's because I've come from the other side that it angers me, for personal reasons and others. …Looking back to my first few years of university, all the growth that has happened is amazing to me."
	Suggestions for improving readiness efforts	She suggests an intentional creation of space, where working through personal challenges is normalized. "Maybe having a mentorship program, or a safe space to talk through it somehow." Her experience with the mental health component of the curriculum was transformative. She felt it was more normalized, allowing her to look at her biology without feeling ashamed of her struggle with depression. "Mental health class was super helpful; the [instructor] referred to it like it is as simple as diabetes, which really helped me." Counseling was also normalized, "it took me a long time to go to counseling, it took a very long time to find the courage…It was [nursing student, while in nursing school] who normalized it [counseling] for me, she would talk about it and made it seem pretty normal." "I found preceptors really helpful, depending on your preceptor. In emerg, my preceptor would say, 'are they really sick? Can it wait? Yes, it can wait, go on your break!' I always thought more practice would be better in that way because you get to apply what you're learning, including self-care. The application is what really nails it in."
6	Prioritizing self-care	Counseling was recommended to her by a faculty member, which led her there and she feels grateful. She was able to utilize counseling and the support of a faculty member to exercise self-care at a time when she felt she a victim of bullying in nursing school.
	Faculty support to work in an area of choice	Regarding going into a nursing area of preference, "well I guess I was kind of pushed into this area, but it worked out well. If I didn't like it, I bet I would have been supported in a change."
	Curriculum ideals applicable to reality	Regarding whether nursing school applied to her work: "Not first year, not the relational practice part, definitely the communication part. I think the first year may have applied more if I wasn't an LPN, I don't know, it felt too common sense, a little too fluffy. It just seemed kind of like I was beyond it."
	Suggestions for improving readiness efforts	She stated that it would be helpful to intentionally mentor students to be change agents when situations arise that would warrant it. When she felt "bullied" she advocated for herself, but feels it would have been helpful if she didn't feel she had to "convince" her instructor and if she knew her "options." "[The faculty member said] she had never seen anything like it. It was imposter syndrome. I always felt like I had to be like them. …Every little thing they would attack me for and they would report me. So I advocated to leave the group. …Maybe if I had known, I had to advocate for myself to get out. Maybe knowing if you had that option it would be nice. I didn't know I had the option and I just had to get out and it got really bad before I made it clear that I had to get out." She suggested more training on the details of how to advocate for patients. "There is a lack of training in the [patient safety reporting] process, and it's the only way to protect the patient." She found this research process helped to build her awareness; that perhaps this sort of discourse could be replicated in the nursing curriculum. "Just being aware of it and seeing it in writing and doing the self-exploration has really helped me cope with it. …I

		have found this whole experience very interesting, and it has really helped me grow."
7	Prioritizing self-care	"I have thought a lot about that [making self-care more of a curriculum priority] because I've seen how hugely important it is but how challenging it is to figure it out because everyone is different. Like what you want to do at work and how you recharge. Like some people need to sit in a coffee shop and others something else. Like for me, people look at me like…how can that be energizing. Well, for me a 30 km run works for that. Not everyone works the same, so it makes it hard to make recommendations as a group. Like I've thought about our practicums, what if we were given a 10-hour day instead of a 12-hour day? They would have those two hours to use for something they could try to recharge with, and that might look different for everyone, but it would get them trying different things."
	Faculty support to work in an area of choice	"I don't really remember much advice given one way or another. I remember at one point I wanted to do OR and I was told it would be a waste, mostly because they thought I was so good with people and I wouldn't have the same opportunities. In the end, after I did it, I realized I would be so bored. There is not enough there for me. I might retire there one day!"
	Curriculum ideals applicable to reality	Regarding the curriculum applying to her work now: "Because of who I am I was able to take pieces out and adjust them a bit to make them more applicable in the field. I was able to hear something and take what applied and leave the rest." At one point she felt she had a role forced on to her, but it didn't feel genuine to who she was. This experience seemed to encourage surface acting, whereby she needed to dissociate from her genuine feelings to satisfy the prescribed expectations. "[In the] beginning it was hard because I was trying to bring myself to the area and it felt like they were trying to get me to talk in a certain way. I was like, 'but I don't talk like that, it just wasn't me.'"
	Suggestions for improving readiness efforts	She suggested making formal time slots for self-care as part of the clinical practicums, including a reflective process afterward. This integration would provide a greater focus on normalizing the priority of self-care, such as getting breaks, and learning how to prioritize breaks over tasks that can wait. Some new graduates she sees are missing breaks to get every low priority task done, when they could let some wait and go on a break. "Like patients vitamins, it's okay to give those later in the day…or asking another nurse to do a blood sugar for you so you can go." She found that having her practicum in the area she ended up working in was helpful in establishing relationship and routine, thereby reducing her new graduate stress. Additionally, the ability to be involved in this study helped her to become more self-aware. This type of reflective process could be encouraged within the nursing curriculum. "This has been hugely valuable. I've talked to a few people, and I wish that every new grad had the opportunity to talk through this with someone, to have this kind of experience. It has been so encouraging and so valuable. It has helped me to reflect on this last year and to see how far I have come. To be able to look at my upbringing and to see how much it impacted me as a person and going into a career."
8	Prioritizing self-care	"There is always lip service to self-care, but there are things that get pushed to the forefront, like knowledge. Everyone tells you to do self-care, but it isn't pushed. It could definitely be incorporated into the curriculum more, but I'm not sure what that would look like."
	Faculty support to	She did not feel that faculty supported her choices. "I did not want to be a bedside

work in an area of choice	nurse. I hate bedside nursing. For my preceptorship, I wanted to do clinic, community, or downtown eastside addictions type nursing but I was told that I wouldn't get a job unless I went into acute care. So I went into acute care, and I totally regret it. Everyone seems to say you can do whatever you want with nursing but in the same breath they say, but…you have to go do the shit jobs. I only met one that said, 'actually you don't have to do that.'"
Curriculum ideals applicable to reality	She struggled to identify curriculum components that have been useful for her in the field. "I thought nursing school was pretty stupid. I mean there was so much online stuff, and we had to do stuff like in one class we had to make a song. I didn't find the tests very hard, but I've always been a good student. I just found it very time-consuming in terms of workload. I'd like to see nursing be more academic. I just think we spend so much time on touchy feely subjects, which is important, but it's hard to teach empathy when you haven't experienced anything outside of your personal bubble."
Suggestions for improving readiness efforts	She felt that many students could benefit from more exposure to diverse population groups. "I guess it's one thing to talk about it [client populations and how to relate to clients], but [what is needed is] more exposure to life. …Some of the students came right from high school into nursing, and they are so coddled, in such a bubble and so unaware of things. …I was lucky, I got that exposure, but most of the students didn't. So, it's just how can we better reflect the environment that we are practicing in. Like right now, I am in geriatrics, and it is what we are trained for in school, but most of [city she lives in] isn't like that."

Table 5

Correlation of Emergent Themes with the Hierarchy of Needs *(Maslow, 1943)*

P	Needs	Participant Narrative
1	Physiological	She often does not get result breaks at work. However, she will advocate for herself when she needs to nourish or hydrate herself. It is common for her to eat while she is traveling between clients. "Most days I would not say I got breaks." She identifies as an introvert and feels that she can honor that facet of her personality in her current role.
	Safety	She has personally experienced physical threats in her work context. "I walked in on someone who was smoking fentanyl when I was pregnant and tested positive for opiates, plus one of the users grabbed my belly."
	Belonging, acceptance, and love	She experienced feelings of scrutiny from nurses with more social capital. "[They were] not accepting of what I was doing as a new nurse who wanted to cover my bases, like double and triple checking. Not understanding that I needed to do it for my own learning to cover my basis." Regarding her experience in nursing school, at times felt her process and what worked for her was overshadowed by "shoulds" that were pushed on her by faculty members.
	Esteem	She feels confident in what she wants, regularly articulates her goals, and does what she needs to do to achieve them. "I feel like I'm making progress."

		Her workdays are busy, but there is a high degree of independence, and it allows her to be flexible and creative. She feels well suited to these components.
	Self-actualizing	After working in the field, she sees how her previous life experiences makes her a "good fit" for the role. She is working in her area of choice and finds meaning and purpose in her work. She brings her authentic self to the field each day and feels a connection with her clients and colleagues. She has many moments where she is thriving in her novice role.
2	Physiological	She regularly takes breaks. "I find you really have to advocate for yourself. Some people don't take breaks at all, but I think that is silly, I have no problem taking my breaks." She identifies as an introvert but finds it difficult to recharge within her current high stimulus environment. She feels pulled to another area of nursing, which will provide her with more social balance. In addition, her role as a mother of active children is also stimulating; thereby going to can feel like a lower stimulus environment in comparison.
	Safety	She often feels her physical safety is threatened. "Being with violent patients, I haven't had any serious issues yet, but I have been punched in the shoulder, but I was far enough away. There are definitely situations where we call security, and they don't get up there right away. It can be scary sometimes."
	Belonging, acceptance, and love	She acknowledges the challenge of transitioning from nursing school, feeling she lost some support from her peers. "It is nice to know that I'm not the only one that who is dealing with this stuff. I was told the first year would be hard, but then it was like we were just set free. We all used to be so close in nursing school and then we have lost touch, so it feels like I lost some of that support from school." "The team I regularly work with is really great… I find that weighs heavily on my mind, but if I let my team know that I'm having a bad day, they are so understanding, a really great bunch of people, they get it." She articulates areas where she regularly finds meaning. She is mostly guided by her internal compass, rather than by the expectations of others. She looks for creative ways to fulfill others and to be fulfilled in her work. She has felt highly scrutinized when pulled to other areas that do not provide a safe space to be authentic. However, when she works with her regular work team, on her unit, she feels safe to be her authentic self.
	Esteem	She feels reward and affirmation from her patients and patient families. "I try not to brag, but I love telling people I'm a nurse…I'm feeling pretty special." "It has helped me because I've always had to stand up for myself and prove I'm not just a teen mom not going anywhere in life. It's unfortunate that I got judged and looked at that way and I guess I had confidence because I graduated university, so I didn't let it affect me like that. I took it from nurses and stood up for myself because I thought, screw you lady, you were a new nurse at one point too, and I didn't feel like I had to put up with that."
	Self-actualization	She feels meaning, a sense of contribution, and reward from her work. An internal compass guides her. She finds her greatest influences in promoting engagement in self-actualization have been the unconditional support of her parents and partner. She is also comfortable with her work colleagues. She feels she can come to work and be open with her coworkers if she has personal challenges.

3	Physiological	She takes regularly scheduled breaks. She finds it hard to stay hydrated, as there is not an opportunity to use the bathroom if it is not during a scheduled break. For this reason, she often goes without water to ensure that she does not need to go to the bathroom while on duty. She identifies as an introvert and feels she is in a role that is well suited to this facet of her personality. Additionally, she prefers night shifts for the lower stimulus environment it provides, but she feels her ability to get enough sleep is compromised. "I love the night shifts because there is less people around, which is so much better. Things can still go wrong, and it can be really scary because you feel more alone, but it is just one room, and you have a team, as opposed to it feeling so chaotic. They are really taking a toll on me though with the lack of sleep."
	Safety	She finds that ergonomically she is often concerned about her physical well being. "That bullying, that got a little physical at one point, but otherwise, hmmm…ergonomics is tough; ergonomically it kills you. Your shoulders and your back. I still have a numb spot on my thumb from when I was a student…having to retract…times when you have to hold your arm up for an hour. No wonder there are so many around here hobbling around. Unsafe in that area, yes. As far as physically, I only felt I was in danger with that lady bullying me. She was splashing me with things and smacking me on the head with things."
	Belonging, acceptance, and love	She lacks a feeling of safety to be authentic with her feelings. Managing emotions and tensions with colleagues are generally not culturally acceptable. She often experiences or observes people being retaliated against for speaking up.
	Esteem	Because she has high esteem in her other life roles, it is easier to manage the times when she feels a lower esteem in her novice nurse role. She is optimistic in that she sees the strengths in her job and feels that her esteem will rise in her novice nurse role as she gains more experience. Currently, experiencing a sense of reward can be difficult when her inexperience requires the help of others, which can result in her feeling like a burden to her colleagues.
	Self-actualizing	She is aware of which workspaces feel safe for her to be authentic. While she prides herself on being "real" wherever she works and lives, she also sees the consequences of doing so within her nursing culture. This makes her more tentative to be vulnerable when working with colleagues that are prone to hostility. "I love teamwork, I really thrive in that, and I love that it's a team environment. You have to do your job so that you others can do their job. I love that part." Her greatest influence towards self-efficacy in her role and feelings of thriving has been her ability to succeed in a competitive sport, and by the "unconditional love" provided by her intimate partner.
4	Physiological	Regarding breaks, she gets most of them, but not all. "Yes, I miss breaks every second shift or so, but I do get most of them…I was even lecturing a new grad recently about how important it is to go on breaks; she did a night shift and didn't take any of her breaks. She just didn't get how important it was, and it was making me mad." She identifies as an introvert and is aware that this part of her position [unrelenting relational stimulation] is difficult.
	Safety	"It [safety] feels at risk on pretty much every shift. Last set a patient charged me with a med cart. I pushed it aside into a patient room, luckily for our safety he fell. The day before that a patient took a sheet and put it over my head, which did not feel safe at all. He was like 6'5 and had dementia. He was really unstable, so I was putting a belt around him, and he took a sheet off our crash cart and put it over my head. I pulled it off, and he had a moment of lucidity and said, 'I'm so sorry!' We had a patient's family member shoot themself outside the hospital, and the hospital did not do anything, like no debriefing or anything, which made me feel really unsafe and unsupported. Pretty much every shift people are threatening us, saying that they are

		going to come back with a gun. …There is just so much dementia on our floor."
	Belonging, acceptance, and love	She feels her work colleagues are "accepting" and "approachable." She feels they appreciate who she is. While she remains partly guarded, this is not a reflection of her work team, rather her comfort level. Regarding the frequency of engagement in the process of self-actualization, she says, "I'll have a few moments like that for sure, where I have an interaction with a family member or patient, where I was who I am." She seeks spaces at work where she can be her "real" self.
	Esteem	She prides herself on her sense of humor. "I think I definitely bring out humor way more than I normally would to be completely fair, but it is also like a deflection of some sort so that other emotions aren't the other thing in the interaction. I like to bring a lot of humor, so there isn't too much crying. I don't think patients need the same thing from every nurse all the time. Humor is unique for me."
	Self-actualizing	In general, she feels confident in her novice nurse. She finds a "few" times each day when she engages in the process of self-actualization. She finds that the greatest influences that have promoted her development of congruence have been her experience in nursing school and relationships where she experiences unconditional positive regard.
5	Physiological	She typically gets breaks to eat and drink away from the stimulus. "The majority of the shifts I do [get breaks], most people do, and we support each other to do that." Related to her energy levels and how she manages them when it is busy: "I feel myself floating [dissociating] when I'm crushed for time and focused on tasks and just go go go." She ascribes to extroversion, where her energy needs are recharged through social connections.
	Safety	She has had moments where she feels she has not been treated respectfully and has had to endure verbal abuse from patients. "I had one guy who couldn't stand my face, he hated me from the get go, he would say, 'Get the Fuck out!' every time he saw my face. I had to go through the care aid all day for everything. He would take nothing from me. You get a team full of those types of people, and it is really hard." She often feels safe enough to display her authentic self at work. "When something is happening outside of my life I'm sad at work, shut down a bit and keep things close. Generally, I'm pretty happy."
	Belonging, acceptance, and love	She readily identifies situations where she has felt she lacked a voice at work. She felt she needed to earn a right to be heard amongst more senior nurses. This has been a source of stress for her. However, there were also many moments when working with her regular work team where she feels she can thrive.
	Esteem	She is gaining comfort and confidence in her novice nurse capabilities, which is reflected in how she believes people view her. "I'm comfortable where I'm at because I'm still learning and its become the comfort zone where I can ask questions and still learn. I definitely want to do emergency medicine still, but I don't feel like I'm ready. I've had coworkers tell me I'm ready, but I just don't feel ready. I don't know if it's the change I'm not ready for, or the skills, or confidence; I just don't feel ready. …My current happiness fluctuates because we've had a lot of change over, a lot of change over."
	Self-actualizing	She experiences moments of thriving, which is dependent on the work environment. She experiences less thriving when redeployed to unfamiliar work areas.

		"The biggest thing is when I have issues with coworkers. …[I know that] I'm going to have to deal with it tomorrow, not be angry, not say what I want to say. I'm going to have to accept that they are doing it and move on. I don't feel that my opinion has been heard, ya, I don't feel heard, and I don't feel like I can be heard. I don't feel like it will be resolved. …It [engaging in self-actualization] really depends on my coworkers and patients. Highly dependent on coworker support and patient connections." Regarding her desires to return to work, which may be perceived as a signal of her ability to thrive, she felt it depended on co-worker dynamics, redeployment, and the acuity of her patients were influential. "If I had a crappy set I really don't want to go back. It depends on whether I was redeployed, or if I've had arguments with co-workers, or just had really sick patients."
6	Physiological	She regularly gets rest, food, and hydration breaks at work. She identifies as an extrovert who thrives in the socially stimulating environment.
	Safety	She feels physically safe at work.
	Belonging, acceptance, and love	She feels highly supported by her mentor and her colleagues. "I'm becoming more and more comfortable in my surroundings and I'm trusting my peers more and more. My CNL has become more of a mentor to me to, which has really helped. Having an authority figure really accept who I am. I feel like she sees who I am, accepts me and encourages me, encourages my growth." "They love me and I feel that, that sounds so egotistical, but I just feel that they love me and I know that."
	Esteem	She feels she is "really" the nurse she "idealized" in nursing school. Due to my circumstances, I do feel like that nurse. I get to know my patients so well. …The families often ask when I'm on next, and I just know that I feel loved. I just love it. I love where I am! It has boosted my esteem hugely. When I was an LPN I was terrified, I didn't feel like a good nurse in the hospital, and went into long-term care because it felt safer, but now I'm back in the hospital and I love it!"
	Self-actualization	She feels she regularly engages in self-actualization or moments of thriving at work. "I owe it to work, but I feel that thriving on a typical day, more so at work than anywhere else in my life. You know how on the hierarchy there is acceptance and belonging? Well, I don't know if I had that until I got into nursing. I feel so lucky, I know that I'm lucky to be where I am." "I don't know if I'm at the place where I'm personally flourishing so much, but the context at work is so positive that it puts me there, I definitely feel that I flourish at work."
7	Physiological	She is now getting nourishment, rest, and hydration breaks away from the stimulus. As a result, she regularly gets her needs meet by advocating for breaks. In addition, she has a supportive work culture that works together to ensure most breaks are honored. "I try really hard to get my breaks but at the same time, there are plenty of times when I just decide to chart instead. I often have to decide if I miss a break to chart or I will have to stay late to do, which my manager does not like because then it's overtime. Plus, I don't want to stay late. Most of the time I'm okay missing breaks, I really just need to make sure I get food, I get 'HANGRY [hungry and angry]!' If I just eat at least I will be way better. If I do miss breaks, I'll miss one break. Often though, first break doesn't come until noon, and that is a long time, it's 5 hours with no break. In the beginning I wasn't taking breaks, it was just too busy, I was so stressed that I don't even feel like I have two minutes to go and talk to her. I just didn't even feel like I could take that time, because those two minutes felt so precious. We were all just drowning."

		In the beginning, she was not getting her physiological needs met because her work schedule prevented her from getting enough rest and emotional recovery. "For the most part, I don't dread going back [to work] because I am consistently having days off now. I was having stress in between, feeling like I didn't rest enough, and also because I was new. Yes, it was probably both. Now, I feel better with more days off to recharge, and I'm more comfortable at work. With five days off I feel like I can do this work forever! Before that, I would come off a night and have two days to turn around and go back for a day. I was a wreck. I was so exhausted. By the third night shift, every time I would turn into a crazy nurse by the third night. I was so emotional, I couldn't function, and I couldn't sleep. Now that I am having enough days off and I've learned to sleep better, I can handle those three nights because it doesn't happen that often."
	Safety	She experiences feelings of physical threat. She spoke about one patient in particular that caused her stress inside and outside of work. "I have had night terrors…I was afraid of him…he is inappropriate, he takes all his clothes off…he is a big guy, like over 6 feet tall. He … would tower over you when you asked him a questions, he was swearing at me…He would roam the halls at night, wearing his sunglasses. …He was swearing at me, he wouldn't' let me do his meds, he had fallen because he wouldn't go to bed, he was in a chair and fell out of his chair. He doesn't have a one to one because…I don't know why…I had night terrors after that shift. I would wake up feeling like his hands were around my neck, he would hit me and I would wake up in tears."
	Belonging, acceptance, and love	"The people at work with are phenomenal. …I feel so lucky to be where I am, the staff is great, the nurses, the care aids are so great. …On my floor, I can say, I'm having a bad day and it isn't a reflection on me as a bad nurse, because they know who I am and they know I'm a good nurse."
	Esteem	"My priority is keeping my patients safe, and I am okay with not being able to do everything. I know I'm not a super hero, and I'm okay with that. We are pretty close to superheroes, but not there!"
	Self-actualizing	In response to her ability to engage in self-actualization on a day-to-day basis, "I think it is pretty dang good, which I think I am very lucky for being on my floor. Just the way the floor runs, I feel there is a lot of work from a lot of the staff to make it happen. To make those connections between what the reality is and what we want to do, but maybe it is not realistic. We talk about how in an ideal world, how we would like it to be, but we are also open about the fact that there is a real work reality. At times, of course, there are some expectations where you feel like it isn't realistic, but I also feel okay going to someone one the floor that I know I can talk to, to say, 'hey, this isn't realistic.'"
8	Physiological	Her basic needs are generally met. "Stable home environment, good friends, I can eat every day." "In residential care, I take most of my breaks. In acute care, I was missing more than one break a shift." She finds it is difficult to get her more introverted needs met in a typical hospital work environment. Her sleep was impacted when she was working in acute care. She experienced an intense dread during her days off. "In acute care, it was definitely full dread [leading up to going back into a set of workdays]. Just absolutely dread. A little bit of panic, but generally just not wanting to go. Being so relieved not to have to go to work and then having to go to work and having to prepare for it. Then I would have a really bad sleep before working."

Safety	She experiences a feeling of being "on edge" due to the threat of violence at work. "There is a lot of violence in residential care; it surprised me. Like my first day, I had a resident spit in my eye. …[He also] likes to grope people, it was disgusting. It surprised me, it [violence] is far more than I thought it would be…they can snap at any moment, particularly with dementia, it really puts you on edge." "The resident…was asking me if I go to church and then was calling me a demon and swearing at me and then he hit me. He obviously had dementia. I was then texting a friend, and she was freaking out, saying I should report it, and I was saying well, it's really not that bad. Then I was thinking about how awful that is; it's sad that violence feels so normalized now. How sad is it that when someone is swearing at me, telling me I'm going to hell and hitting me and yet I should probably feel a little more concerned. The amount of violence I see is so much more than I was expecting. It's not all like big events, but every day there is these little violent events…it's just so ridiculous that it gets to that point. Also thinking of reporting it, what are they going to do? The report will go back to my [manager], and they will say, ya, well he has dementia, and then it is normalized. It just seems pointless to report it, like nothing is going to change."
Belonging, acceptance, and love	She feels unconditional positive regard in her life and has had supportive work relationships. Her work relationships were characterized as her greatest source of reward at work.
Esteem	She recognized the value of her capabilities and also felt appreciated by her colleagues. "Most people had pretty high opinions of me. …I would say I'm pretty smart, loyal, chill, or calm. I think I'm a good friend, a good listener." She demonstrates high self-esteem in that while she feels different, she has also been able to embrace her uniqueness. She considered her mother to be her "bedrock," with enduring acceptance from her. In addition, she felt she could be authentic with close friends and some of her coworkers.
Self-actualizing	She did not feel she engaged in the process of actualization or thriving in her nurse role. She felt she was not a good fit for structured bedside roles. She last felt passionate in nursing school when she was leading a student advocacy program. "I can't actually remember the last time I had a lot of fun. Nothing really stands out that is like that in the day to day. …The passion that I found was in doing the sort of advocacy work I did in nursing school. I had a lot of fun doing that, it was a lot of work, but I have never felt so fulfilled in anything than when I was trying to change things and make it better for the students."

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