The Patient – in Shaping the Professional Identity of the Future Nurse

Mihaela Cătălina NECULAU¹

¹ Doctoral School of Sociology, University of
Oradea, Romania,
catalinaneculau@yahoo.com

Abstract: Understanding how nurses are constructing their professional identity can be the first step for a better training for the students in nursing. The clinical practice is exploited mostly for its technical skills development. Listening to the stories of the future nurses from the clinical practice is a way to understand the huge potential of resources for learning. Students in nursing are entering the clinical practice with some expectations and values which are challenged during their experience in the medical environment by many factors, one of the most important being the patient.

Together, with fear of error associated with the responsibility of the nurse profession, identifying strategies of preferred identities constructions, in relationship with the personal values identified as significant and with the rejected professional identities, lead the future nurse to reach professional preferred identities associated with socially desirable behaviors highlighted and validated by patient contribution.

Keywords: *preferred identities, mistake, future nurses, patients, identity validation.*

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1. Introduction

The clinical practice of the future nurses provides a context in which they can assess their skills both the theoretically and practically. The qualitative analysis of the data resulting from the students' participation in a program for conversations about the significant stories encountered during the clinical practice highlighted an important category for the professional identity construction that reflects the dynamics of futures nurse interactions with the patient.

Approaching clinical practice as a complex development for future nurses, beyond the limits of the technical development goals, could contribute to a stronger identity construction, the relational and emotional management aspects of the clinical practice being revealed as significant by future nurses participation in the narrative medicine program, raising questions about how to build stories and how they could influence the professional identity construction. There have been also issues related to the way the learner relates to the various interactions he attends or is involved in in the clinical practice, which may cause the future nurse to assess his own resources, skills that could help him cope with various situations and highlighting this process could be used to direct an identity construction based on trust and security, these aspects being reported by the future nurse as problematic or to be developed.

2. Methodology

This article is based on a secondary analyzes of the data collected in 2 years, with students in nursing which we call future nurses to underline the construction of the nursing identity like a process who starts form the training time. The findings of the study are very complex and this article it focuses on the role of the patient in shaping the professional identity of the future nurses. There were 13 interviews with 53 participants on the meeting that took place during the clinical practice of the students in nursing from a post-secondary school for general nurses.

The main goal of the interviews were documenting the narrative medicine program meetings, which were held once a week during the clinical practice of the students, and they followed a narrative approach practice called outsider witness practice which gives the complexity of the data, because of its structure. Therefore, we have 13 central stories and 13 interviews, and 13 other reflecting thoughts stories where are involved all the participants which are going to be the center of the focus in another article. The meetings were inspired by Charon's Narrative Medicine Program

(2001), which were held once a week during the clinical practice of the students.

The data are collected from the interviews which was a semi structured interview applied to the storyteller. The interviews were followed by a transcription and using Grounded Theory (GT) gave us more categories. One of them is the importance of the patient in construction professional identity for the future nurses, and this category is sustained by many other subcategories, like: intentional identities, “*primum non nocere*”, consolidation of the preferred identities, rejected identities and the countermodels subcategory.

This article is concerned about understanding what the meaning of the mistake in the clinical practice of the future nurses is, how the intentional identities which were discussed in an another article are transformed in preferred identities and how the values of the student and also the rejected identities contributes to the construction of the professional identity of the future nurses.

3. How stories become reality in healthcare

Gergen (2015) describes the reality as a result of human interaction considering that through “participation in relationships the world becomes what it is for us”, the realities getting meaning or value in the human relational existence which offers language, values, faith about the world and life in which are born descriptions and explanations of lived events. If we take into account the reality constructed by nurses in relation to their colleagues, doctors and the patients, there is the need to continuously adapt and adjust the language to the level of understanding of the interlocutor, to suppress or reduce the values of the medical staff that become secondary in relation to the values and beliefs about the world and life of the patients.

Another way of understanding the construction of reality is through story, human being considered as an entity that express itself through story, which formulates its reality and makes it known to the others through “fragments of narrative, moments told in time and space, reflected upon and understood” (Clandinin & Connelly, 2000), which suggests the subjectivity of the expressed reality, on one hand, but the narrative inquiry gives more importance to “local” stories as they are lived, considering them the immediate reality of the narrator, which have greater significance for him, than the generally universal truths.

Write (2001) in the review of the book “Shaping the professional identity: stories of education practice” emphasize the importance of Clandinin & Connelly (2000) contribution to changing the vision in

education by focusing on “experiences and knowledge” of teachers in education, but also by recognizing the educational context introducing the term “stories to live by” as a reaction to the continuous change of the educational context. He underlines this change of vision by quoting Clandinin & Connely (2000) in the description of professional identity which is no longer seen as a static construction in the form of a “stone foundation” but one meant to “float like ships in the ocean” which suggest the contribution of the context to the construction of the professional identity together with the experiences and practical knowledge of teachers. Extrapolating their ideas to the training of the future nurses, their professional identity can be seen from a dynamic perspective, in a continuous construction influenced by different social, professional, and also personal contexts.

Suikkala et. al. (2020) analyzes the patient role in nurses’ training, underling the importance of involving the patient in the learning process with the future nurses, by sharing patient’s preferred outcomes of care to the student and also involving the patient in the evaluation of the student process. (Debyser et. al. 2011, Castroa et. al. 2016, Suikkala et. al. 2018, Suikkala et. al. 2020). Suikkala et. al (2020) suggest that the core of the student’s learning to be the patient as an important contributor to the clinical practice learning, emphasizing the significance of the student – patient relationship.

The contribution of the future nurse on the construction of his own identity influenced by the personal and the professional context is not analyzed from the intentionality of the shaped subject point of view, being rather the result of more or less controllable social and personal contextual influences to which the future professional is subjected.

Dewey (1986) addresses the importance of the experience in learning considering that “the basic problem in experience-oriented education in to select those present experiences that are found useful and creative in subsequent experiences.” If we apply this idea to the internship experiences from Dewey’ perspective the importance of the clinical practice experiences selected by the students in nursing through their influence on future experiences becomes visible.

The conscious or less conscious way in which future nurses keep stories about the professional experiences seems to consolidate a “preferred identity” by recounting and retelling experiences from clinical practice that are generally related to their preferred way of describing themselves as professionals or people who adhere to a certain set of values, often socially desirable.

To the question how some aspects of reality are selected if we count the objectivity of the individual, even if we think about journalism or science, Gergen (2015) underlines the idea that the values system influences the story of the individual who emphasizes certain aspects and omits others, without being aware of his selection. The story in the medical field contributes to the construction of a reality where the professionals are influenced and understanding the importance of the story can make possible some conversations about the significant experiences from the medical field in a safe environment, which can contribute to a different way of doing medicine.

Berger & Luckman (1996) suggest the dependence of the self-identity on others, considering that a negative identification by several people can disrupt what “significant others” have offered as identification. A possible negative identification for the future nurse could come from experienced medical staff, for example, and the question is whether patients who have been invested by the future nurse with significant influence in their evaluation could be considered as part of “others significant” for future nurses and could invalidate their profession identity which is in development.

Sandu et. al. (2013) talks about the “professional relationship objectification” that comes with elimination of the personal aspects, according to the social realism theory, which eliminates other relationships between doctor and patient, making it possible to build a professional relationship, which can also apply to the patient – nurse relationship, a context that becomes limiting if we relate it to the social interaction released by professional constraints. Suikkala et. al. (2020) describes more kinds of relationships between the student and the patient: a mechanistic one, where the authority is at the experienced nurse and is focused on the student needs, patient having passive observer role; authoritarian relationship where the student offers care depending on the needs of the patient; and the facilitative relationship where there is a collaborative relationship, based on reciprocity, where the patient and the student can express equally and the student gets feedback on his professional performances from the patient. (Suikkala & Leino-Kilpi, 2005, Suikkala 2007).

The future nurses are having their clinical practice in clinical units that are officially involved in training activities under the coordination of some “qualified nurses” as it is provided in the curricula for general nurses, but it needs enough qualified nurses for being able to provide quality care. The context of the clinical practice is very important for the student, and we

will see next what kind of influences the future nurse can encounter in the clinical practice.

4. Results

4.1. Subcategory „primum, non nocere” is explained through the fear of not making a mistake in front of the patient to offer a desirable image as a future nurse and also it is associated with the responsibility derived from the risks of the professional errors that can occur and could hurt the patient. In this way, the future nurse has the opportunity to explore in the clinical practice what it means "to have someone's life in your hands" (Neculau, 2020).

The fear of the mistake in front of the patient can be undermining in the relationship with the patient or motivational, the answers of the respondents being very diverse. They have different attitudes towards the mistake but the most important aspect is the way that this fear changes the balance of power in the relationship with the patient, the future nurse investing the patient as an evaluator of his errors and by doing that, the future nurse puts the patient in the positions of power. Saikkala et al. (2020) was reporting that the role of the patient as an evaluator to the student empowers the patient which can give him a sense of being helpful to the learning process. Also is interesting that they may seem to internalize the patient's voice next to the voice of the personal models of identity and by doing that the inner patient can correct the students and, in this way, even in their absence the future nurses can stick to what they have learnt in the clinical practice to be right. This observation comes from the situations reported by some of the students who were saying that in some cases they were imagining what the patient would say if...and that was enough for them to struggle to do their best. We can see the way that some of the respondents are trying to control their emotions, using a mask which can hide the emotions of a beginner. (Bolton, 2011). From some respondents reports the mistake can disqualify the future nurse, can invalidate his nurse identity labeling him like a person "without experience" which "doesn't belong here. Their attention to mistake can be explained through the wish that the nurse has not to harm the patient, nor to become his cause of suffering (Suikkala & Leino-Kilpi, 2001, Macharhty et. al., 2018, Kaldal et. al., 2018, Suikkala et. al. 2020).

And then I said that...well, he's right. And this made me take a stand on myself. And I also said, mmmm, even if it happens, maybe, not...to be sure on what you do, but you need to give the impression...don't give the impression that you don't know, don't give the impression that you're not sure. In the moment when you started to do a

procedure, you don't know, then you better step away or ask a colleague or...but you don't have to be seen by the patient that you are not confident. If he does, you are eaten, like a colleague said. So he won't let you do the procedure, he will call someone else or he finds any other reason. (I01)

Memo: Probably some colleagues went through this experience of being rejected by a patient and they shared the story and it has strong effects on some respondents. If the mask with a smile, authenticity was rejected by some respondents it seems like is necessary for the future nurses to hide their sensitivity, insecurity under the mask of confidence to comfort the patient but also to be sure he is not going to be rejected by any patient.

Other patients because they were there and if, for example, I would have made a mistake, if, I don't know...they would have seen some blood or something like that, they would have been said "her hand was shaking" or "she didn't do the right way" something...or I don't know. (I025)

The patient can be as an observer from someone who evaluates the correctness of the procedures made by the future nurses (Suikkala, 2018) by many of the students, but one of the respondents goes further saying that the patient was telling the students what to do with her perfusion and as a mentor being seen like a model of patience and dignity.

Well, we have to say it, I don't know, we didn't know exactly how to install her perfusion, if the rhythm is right or not, if it flows correctly, if it isn't...what it should be...she was telling us. She was saying "look, is good like that. Look, this is not good". She knew better than us. (I050)

The concern for the negative evaluation from the patient can be explained through the fear of mistake of the future nurse, which can lead to labeling, to invalidation being described like important, especially when it comes from the experienced nurse, but also from the patient. In this way, the future nurse places the patient in a position at least the same important like the experienced nurse. This can lead him to put on a mask to hide the emotions, even if is understandable for the beginners, the voice of, let's say, their inner patient is associating the negative evaluation with insecurity and not knowing (Neculau, 2020). It is linked to the fear of making errors but is different because they are self-evaluating through the eyes of the patient. Their wish to avoid negative evaluation is linked to another fear, the fear of losing self-confidence, becoming a kind of signal which protects the preferred identity of a good nurse in front of the patient, which becomes an endorser of his future professional quality.

To have someone's life in your hands is a discourse met in the medical profession which it connects with taking the responsibility

associated with nursing profession, with the idea of not doing harm and with the subcategory of fear for the patient's security.

Fear for the patient security can be found in some of the respondents' reports which were involved in more invasive medical procedures. In this circumstance they describe the experienced nurse being focused only on the procedure, and the future nurse was focused on the emotional aspects of the patient but also on the procedure itself. Some of the students had initiatives which were taken into account by the experienced nurse. The fact that the experienced nurse didn't reject the student suggestions and the answers of the patient on the students' actions validated the clinical judgment and his decisions, which can contribute to the consolidation of some aspects of future nursing preferred identity which are known and recognized also by others.

The moral attitude in profession during the clinical practice is developing based on some previous skills and values of the future nurse, which are described by the students to be learnt through education. The desirable interactions are learnt within relationships with the medical staff and the patients. During the conversations in the narrative medicine program the students' values were focused through the significant stories collected from the clinical practice. Considering that the participation of the future nurses at the program was by volunteering arises the question in what direction or how is the moral development of the future nurses happening if someone has different values, like some undesirable values.

The orientation of the future nurse on the aspects that are less technique may be explained through his focus on the aspects from this comfort zone, where they can feel in control like psychological and physical support and the comfort of the patient, the technical aspects being not yet developed, what sustains the idea that at the beginning of their career the emotional involvement of the future nurse tries to compensate the technical skills and the lack of knowledge. By doing that the future nurses can bring easily more personal satisfaction, being one of the domains that he is controlling. This might come from his need of validation for some important skills associated with the nursing profession, the moral and those called soft skills are the only one which cannot be contested, while the technical skills are in just acquiring. For any of the skills the patient's answer seems to be the best measurement. 4.. **2. The construction of the preferred identity strategies subcategory** can be explained through the results of the interaction with the patient and with the events he observes or is involved in. The patient has the unknown role or not conscious assumed role to orient the future nurse in offering him stories of appreciations. The

clinical context and the patient, through the possible consequences of the nurse or the future nurse in some extreme situations, make the student realize he needs to have strong knowledge to be a nurse. Also, this subcategory can be explained through self-reflection on events and persons from the clinical practice. All these aspects of having the knowledge, the self-reflection, the appreciation stories connect with the future nurse and there is a reciprocal influence with the personal values like: humanity, equality, religion.

To have the knowledge or the “know how” subcategory. One of the respondents was introducing the idea of controlling the fear voluntarily in order to hide it in the face of the patient, talking from the nurse role, which says a nurse doesn't have to show his emotions, he has to be sure on himself, to know the theory and to know what's to be done.

Well, that doesn't have to be seen. You need to defeat that fear, you need to be confident first on the technique, on the theoretical stuff, to know what to do. (I01)

The appreciation coming from the patient/validation of the preferred identity of the nurse from the patient seems to count and to be reflected in the professional and personal identities, which make them a filter for the stories picked up from the clinical practice, selecting that stories which offers preferred identity descriptions which can influence the future actions of the student in nursing, in order to be congruent in the interaction with the validating patients. (Neculau, 2020).

The preferred identity descriptions, even if they concern the professional or the personal aspects they are seen and underlined by the patient after the interaction with the future nurse. The patient becomes in this way a live prove for the future nurse's actions and attitudes and gets the power in the relationship with the patient. Some of the answers from the respondents reports situations when the future nurse is considered better than the experienced nurse who has no time to talk to him. In this context the validation of a preferred way of interaction may become for the future nurse like a filter to select the intentional identities and after they are endorsed by the patient mostly, without excluding the influence of the social context and other relationships in which the future nurse is involved.

A special place in the context of stories from the clinical practice has the stories that are about the first medical procedures, the favorite identity descriptions being taken by the future nurses from the patients and included in the preferred identity categories. A good example is the one which is about technical skills: *to have an easy hand*, to be called nurse, not student, by the patients a title with which some of them aren't yet identifying themselves. And if we remember the influence of “what others are talking

about you” in the construction of identity, it may be an explanation for the reason that this story it’s significant for them. (Berger and Luckman, Raskin, 2002, Neculau, 2020).

Appreciation from the patients or family members is linked by the future nurses to their ability to talk with the patients at the same level, to make time to have conversations from simple questions about patients’ condition or life stories which are coming in a context where the experienced nurses have to much to work to have time for talking with the patients. This comes more from observations of the student but also from the patients.

The fact that that daddy appreciated that I went there, and I asked how they were, how... and the fact that I was talking to them and that...they said that I don’t know exactly, I can’t reproduce what they said, but something like I went...not that I went down to their level, but the fact that I was talking their language, to say it like this.
I014

Memo: One of the responses of a future nurse describes aspects of reciprocal support between him and the patient meaning a reciprocal empowerment through sharing the experiences or the personal skills. Validation of the listener position is rewarded with advices for life from a patient with a rich life experience (I025) and the acceptance and recognizing the values of these advices validates the position of expert in his life for the patient contributing to the construction of a more profound relationship between them. And these findings also sustain the notion of reciprocal empowerment when the relationship between the patient and the student in nursing is a facilitative one (Suikkala, 2020).

The findings are also connected to what is called the sense of work, given by the recognition of the nurse’s contribution to the wellbeing of the patient. (Rotilă, 2011).

Yes. You were important in his life when needed. (I025)

4.3. Values involved in discourses is an important subcategory because of the influence that the value system may have in the social construction of identity as Gergen (2015) reports. He also considers that some aspects of reality shape the way that the individual selects some parts of the reality and avoid others in a process which is considered unconscious. Based on that we can say that the selection of the stories from the clinical practice by the future nurses could be the expression of their values system to give meaning for some stuff in detriment of others, which implies the idea of wondering about how do they select the aspects that contributes to their professional identity. It is to mention that the values in discussion in this article are coming from the stories that the future nurses

brought into discussions as significant to their personal/professional from the practice experience and only the connection between the story and the values was conducted by the interviewer, but the values chosen belonged to the future nurses. They did their own links to the personal experience from the story and their own values system.

Humanity, from the I014 respondent perspective can contribute to the healing of the patient, in contrast with the help that a nurse who is doing mechanically her work, even if being human makes the respondent conscious that he can suffer, an idea that can be met in the discourse of emotional costs associated with implication in medical professions:

Humanity, and like this, yes, we are living in a world more...and...(...) I guess it would help me a lot. But it will consume me as well. At some point, it is possible...I don't now, to be overwhelmed or something like that, even if I will try to stay still. But...(...) I guess I will be more helpful in the healing process if I will be like that...instead of...I would be like a robot and just going to sting people and only to give medication and that's it. (I014)

There were situations when the student saw in the patient a way of being, like a source of wisdom, and he attached to this patient and to his life experience.

Memo: There are many stories from the future nurses picked up from the patients while they were going for some investigations. And these stories were presented like real life lessons which get a special meaning and we can observe not only the influence of the personal aspects on developing the professional identity by accentuation of some identities perceived as important in the nursing profession. We can also observe the reverse, the influence of the professional in the personal identity given by the life, behavior models the students are encountering in the clinical practice which are bringing some new challenges or just self-reflections on their own values. That is important because there is a need to be aware that we cannot separate the personal identity of the professional identity, because of they are complex and reciprocally influential.

And then, seeing the "grandma" and the way she is carrying...not necessarily with the smile on her face but with a kind of strength, it was a kind of...an example. (I050)

Memo: The important aspects identified through the stories brought from the clinical practice by the future nurse led to the idea that the values with which the future nurse resonates are touched by some stories of the patients and becoming visible they are more put to practice and experienced within the clinical practice, including the patient relationship and the ones who are proved to be useful are more developed. The values coming from

the students' stories have a powerful echo in their life models which guides their behavior and which are considered to define them.

Equality is a value considered important by some respondents for the nursing profession. Applied in the relationship with the patient equality is seen as a need to talk at the same level with the patient so he can understand.

But also, equality is used with the meaning of treating the patients with the same measure: „all are ill persons, all need to be treated the same”,

Religion is a value encountered in the story of some respondents as a personal one, but from their stories it has effects on the professional relationships.

This value can influence not only the actions of the future nurse, but also the meaning of the events he is living even in the medical environment. The respondent tried to compensate the lack of the medical knowledge when she witnessed a patient dying, trying to fulfill the religious needs of the patient. She was concerned about lighting a candle for the patient:

At some point I asked a career “Did anyone lightened a candle?” Because I checked in the room, I saw that there is no candle, I asked and they lightened a candle. And she said “yes, it did” It was in the next room, to be safe and (...) I don’t know, just to have a light. At least...as they say that when someone is dying it has to be a candle, because when someone dies, they are lightened a candle. I said, still...he shouldn’t die without a light, a candle (...) this is the way I was raised and...it has a significance ...to have...not to die without a candle. (...) at least for me, there were very important. I mean, each one had like something important, but I don’t know, I think the candle meant...to be enlightened and to be...I don’t know.(...) To be respected...I don’t know, at least the minimum of....nah, the last believes. (...) I was the only one who...(I030)

Self-reflection related to what you have done for the patient helps the future nurse to understand the efficiency of his intervention , if he did enough, an aspect which seems to be very important for some of the respondent. The reflection along with the conversations with the colleagues being recognized by Raholm (2008) like one of the best methods to develop the listening skills.

I try to...analyze the situation, to ask myself: din I do everything I could? These are my resources. Did I used all of them or just...random and...(I019)

Many reports come from the respondents who talked about the moments they accompanied the patients to the medical investigations, and they had time for long conversations with the patients. It seems to be an opportunity for the future nurses to learn how to listen as the patients are bringing lots of stories, many of them from the personal life, and trough these kinds of stories some patients and some students developed deeper

relationships. So, it may be a good chance for them to learn the importance of the listening to the patient and also to have patience for listening all the stories.

And as I was taking her, while I was taking her back...to the clinique, she was telling me about her life, how she...has been to college. She went to Politechnic Faculty and in a way I kind of knew the whole family history(...) She was telling me about her last surgeries, what countries she has been to and I was very excited because...ăă, we were keep advising each other: you should go here, you should go ti that country. There, there. There is I don't know what... (I025)

Self-validation of your own interventions can be explained as a feeling of gratitude to the observed effects the future nurse has had on the patient and it can be linked to the meaning of work. To be able to observe you own work effects and efforts seems to be motivational for the future nurses and seems to inform the motivation to consolidate that behaviors that are validated also by the patient's feedback and can contribute to shape a preferred professional identity. One of the preferred identities is that the future nurse can feel useful after seeing that he made it on changing the mood of the patient.

4.4. Rejected professional identity is a subcategory which influences the preferred identity construction through counter models which were disclosed by the patient or the future nurse in the triad experienced nurse – patient – future nurse, influenced by bureaucracy, linked to lack of time and being like a robot, which influence the involvement level of the nurse in the relationship with the patient, the informal payments, which unbalances the power relationship nurse – patient and labeling the patient which may be seen as superficiality.

Bureaucracy, being linked to a lack of time, the stories from the futures nurses bring into attention the stories there were involved in or the stories from the patients who complaint. Clanindin & Huber (2005) were mentioning the influence of the context in constructing the professional identity of the teachers and having a lot of things to do can be a way that a nurse might be described. But the respondents choose to reject the image of a nurse with no time available and is over her head covered by papers.

Because they have their own issues and they come there to heal, not because they feel good. They are not coming to see you that...you have a lot of stuff to do and papers and... (I014)

The lack of time is seen from two perspectives: one which this problem justifies the lack of involvement in communication of the nurse, and the other one which blames the nurse and suggest that they are waiting for gifts or informal payment to “say a nice word”. The future nurses also

experienced the lack of time during the clinical practice, but they say if you want, you can have time for 1 or 2 minutes to talk with the patient.

And from my previous experiences from the hospital, there were some places where there was time in some hospitals at any Clinique, but I have had the feeling that a nice word takes money, like you should give money or something, in don't know.. to...just to ask a person what he is doing or to go in and say hi, or I don't know, at least to smile to them, to... (I014)

The lack of time theme is explained by the respondent in certain conditions like a lack of goodwill from the nurse, even if he experienced what it means to be caught between the need for time to fulfill your duties and time for the patient. The future nurse is trying to make a correction to an attitude who doesn't share, preferring the nurse who has time for his patient.

And they do need time...they feel so good when you're talking with them. Well, you don't have to much time, but they would like so much for you to stay with him and to tell you stories and...nah. (I01)

To be like robot, which is doing his duty is a disqualified behavior by some respondents, and it is linked with not having time.

One of the answers of the respondents (I046) considers the dialog a must and an opportunity for the nurse. He says that as a nurse you can't go in the room of the patient to read the documents and to say hi and this is it. He is using a discourse specific to the medical field which is saying that "there is no disease, there are sick people".

Informal payments. Understanding the phenomenon of the informal payment and of different favors using money or the power is not described like a preferred identity, on the contrary it is rejected, but it is to remind the idea of changing the balance of power using the informal payment:

At some point, the bed colleague burst and starts saying that the helper is going only at the other patient, and asks her directly that "why do you come only for her? You never came to me! You are only waiting for many, to fill your pockets" otherwise you don't do anything. (I01)

One of the respondents describes the informal payment like a way to condition the medical intervention, experienced from the position of a family member:

The involvement of the nurses and the stuff. Form my parents' stories, the nurses when my grandmother died did not involved at all. They were only waiting bribery and ...stuff... And because they didn't give them anything they simply treated her like, if it would have been far away if possible, stay away and she is 84 anyway, what do you want from life?(...) And I don't know, this made me...in a way, when I was hearing and I

were at so many km far away, hundreds of km distance and I was hearing these I felt life it was hurting, she raised me. And I was feeling differently, I don't know. (I030)

One of the respondents appreciates like a lack of dignity to get informal money, which can suggest an abuse from the professionals.

In the patient relationship, for example, it seems to me to...the idea that you would get bribery it is a lack of dignity. Ok, I understand is difficult. I understand. I understand all these aspects. But the idea of being you, you, who are in a certain social position...no matter what, the patient is in an inferiority position. The individual comes to you because he needs you. If you, and you are in a superiority position in a way, you have a sense or do you try to have a gain? You have any advantage or you try to profit? If you are doing that with a person who is down, then you don't have the same quality, that dignity. yes, I appreciate the persons who doesn't take..I do appreciate them. I always did. It seemed to me like... (I050)

To label the patient. Being a part of a minority group can involve labeling behaviors which are enacted by the community and the group label is associated with a “reputation” and influence the identity of the individuals, as Gergen (2000) describes the way people were talking about minorities. If we think from this perspective of the medical stuff in Romania mass-media influences the way they are seeing and this can touch the way the future nursing is perceiving the profession. For example, the identity of a nurse who asks for informal money from the patient is rejected by the respondents who brought this subject into conversations.

If we stick to Gergen's perspective (2015), the future nurses become resistant at some descriptions they don't seem to fit to their image of themselves. There were more other stories which involved labeling, usually the future nurses witnessed situations where the patients were labeled by the doctors or nurses usually when it was a conflict situation.

One of the respondents talks about labeling saying that she did that and her speech shows a wish to apply a rule, like the need of fulfilling a role, after some experiences from the clinical practice.

If for me that one is a hypocrite, he could have done anything, I couldn't see him differently. Well, with the lady, the same. I don't know, I labeled her like an alcoholic, and...after almost 2 days, in fact, today I realized that I misjudged and that you need to inform, to see a little bit deeper what is going on, why...obviously, I couldn't talk to her anymore, because she lost her consciousness and...but, I don't know, I said that, ok in the end, what is doing with her life...she is a sick person. I need to treat her like I am treating any other sick person, I have to have feelings for her, I can't be so...ăăăă, ăăăă... (I09)

To not care from the patient perspective in a respondent account, describes some behaviors of doctors and experienced nurses which were perceived by the patient like lacking understanding. The respondent is

criticizing these kind of behaviors and apologizes from the patient trying to explain their behavior in front of the patient. He is not identifying with a group that doesn't fit her preferred image of a nurse. Thus, the future nurse learns from these "professionals" paying attention to the patient needs and enrolls in alternative behaviors, valued by the patient.

They were keep explaining me and at some point they were telling stories from the hospital about some doctors and nurses who are in a way like...doesn't care too much. (...) And when they moved them from a floor to another one of them was walking harder. Both of them were a little bit. Both had an issue with walking. And being there I kept apologize for the behavior of the others. (...) and I was telling them I know it is like they were saying, but there is nothing we can do. (I014)

5. Discussions and conclusion

Professional identity of the nurse proved to be a complex process which is influenced by the patient but also, there are some important factors linked to the social context of the clinical practice and we do not have to omit the personal aspects of the person with her life story as well.

These data, analyzed through Grounded Theory method emphasize the way that aspects perceived like being negative by some students, proves to have their role in the process of constructing the nurses' professional identity. Even if it is about negative aspects or positive ones in the future nurses' stories, the most important element for them it seems to be the patient, being empowered by the student through the validation role in the process of learning and also in the way that future nurse is seeing and developing their professional identities. (Suikkala & Leino-Kilpi, 2005, Suikkala 2007)

What it is also important is that even if there are so many factors involved in the construction of reality, and the patient proved to be an important one, he is linked to the fear of making a mistake, which can be seen like a negative thing, but if we see the way the students use it can be seen more like a tool to do the best from their role of a nurse.

The fear of mistake is linked to „primum, non nocere” and it seems like the future nurses wish not to harm people (Suikkala & Leino-Kilpi, 2001, Macharhty et. al., 2018, Kaldal et. al., 2018, Suikkala et. al. 2020) along with the discourse of “having some one's life in your hands”. In this context the future nurse selects desirable attitudes and behaviors to be a better professional like being able to listen, to have the sense of humor, which is tight linked to having the right knowledge which is about the theoretical training.

We could say that the gratitude of the patient can be seen as an informal validation which is valuable for the future nurses, even if the way they collect this validation can differ from non-verbal interactions with the patients to verbal, and it can be seen in dynamic from validation of the professional identity to personal identity aspects. The gratitude is also linked to the meaning of work which proved to be important later in career for exceeding the complexity and the difficulty of the working environment.

The nurse – patient relationship it is not so good represented in the specific literature (Rhodes, 2012, Scammell et. al. 2016, Suikkala et. al. 2018, Suikkala et. al. 2020) and it would be interesting to see how the different types of relationships influence the construction of professional identity.

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