Logos Universality Mentality Education Novelty: Social Sciences
ISSN: 2284-5747 | e-ISSN: 2458-1054
Covered in: ERIH PLUS, CEEOL, J- GATE, CrossRef, CrossCheck, Google Scholar, Ideas RePeC, Econpapers, Socionet, KVK, WorldCat, ICI Journals Master List - Index Copernicus.

2020, Volume 9, Issue 2, pages: 26-43 | doi: 10.18662/lumenss/9.2/42

Intentional Identities of the Future Nurses in Professional Identity Construction

Mihaela Cătălina NECULAU[1]

[1] PhD Student, Doctoral School of Sociology, University of Oradea, Romania, catalinaneculau@yahoo.com

Abstract: The professional identity construction of the nurse starts from the training stage, being influenced, in addition to the formal professional training, to the social context in which the clinical practice takes place. If the technical training has a formal character, because of the assessment and the control that are taking place during the theoretical training and the clinical practice, the interactions where the future nurse is involved during the clinical practice has more informal character, but not useless in shaping the professional identity as the research results of the article points out. The research results explain the process of the professional identity construction based on the future nurse – patient relationship, around which there where outlined a series of intentional identities. These intentional identities as they are described by the future students can help them make an image that they may try to accomplish during their professional identity developement.

Keywords: *preferred identities; intentional identities; future nurses; patients; identity validation.*

How to cite: Neculau, M. C. (2020). Intentional Identities of the Future Nurses in Professional Identity Construction. *Logos Universality Mentality Education Novelty: Social Sciences, 9*(2), 26-43. doi: 10.18662/lumenss/9.2/42

1. Introduction

Starting from the social constructionist approach this article aims to analyze the importance of the future nurse – patient relationship in the future nurse identity construction. If the most important issues of the future professionals training of the future medical professional are considered the acquisition of the technical skills (Das Gupta, 2013), which are practiced and evaluated especially at the end of the clinical practice, the issues related to the relationship are not evaluated after clinical practice, emotional and relational experiences management being left to the student, which is just beginning to outline his professional identity.

Along with the other aspects of the data, such us relationships observed in the hospital between the doctor and other professional categories, the experienced nurse and the patient, the social context of the hospital, the identity models from personal life, etc., which are also important, the student's relationship with the patient is one of the most richly described categories and is distanced by meaning that the student assigns to the patient and the relationship with him.

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 reports by the future nurses as problematic or to be developed.

2. Methodology

The research offers a social constructionist perspective on the identity construction of the nurse starting from the clinical practice of the students during their schooling period. The purposes of the article is to analyze the influence that the patient can have in the professional identity construction of the future nurse. The participants are a group of students in general medical care specialization in a post-secondary health school. We studied 13 conversations over a period of 2 years, attended by 53 respondents, 13 being as central storytellers, who provided the central stories in the interviews, the others being a part of the auditorium. The structure of the conversations that followed the format of the outsider witness practice involved a certain type of interaction which involved several stages, but only the data resulted from the first stage of the central story is being the subject of this analysis.

The methodology used, grounded theory (GT), allowed us to identify the aspects that future nurses participating in the research considered significant in clinical practice by connecting with the preferential identity aspects described at the facilitator's invitation. The data used in the research was the result of the conversations based on stories considered significant by the future nurses, collected in the semi-structured interviews, which allowed the identification of the participants' preferred identities as future nurses and their connection with aspects of personal identity held through conversation facilitated by the meetings held periodically during the clinical practice. These meetings where held in a program inspired by Rita Charon (2016) activity and Columbia University, USA activities, called Narrative Medicine Program. The outsider witness practice is inspired by the narrative approach, a therapy based on story, which cand give to the program therapeutical valences, even if the goal of the program is to reveal the possible meaning for the students of the significant stories encountered in the clinical practice. This aspect is important to mention because the students participation at the program was volunteering and one of the motivation could be the wish to solve some aspects considered by the student as problematic, even if the informed consent was clear about the program not having any therapeutical intention. So the interpretation and generalizing of the data must be done subject to the type of motivation of the students' participation in the program and choice of their profession, considering that voluntary participation can be associated with an increased interest in the profession, aspects to be investigated in a future research, noting that this is a secondary analysis of the data.

During the interviews, the comfort of the respondents was highlighted, considering that the stories can lead to self-disclosure. They were informed about the option of not answering the questions considered too personal, to stop the interview in case of any emotional discomfort and to receive counseling in case of needed, a situation encountered in a few cases, which may suggest that some stories from the clinical practice may have emotional weight for the students. In the mentioned situations the emphasis was placed on the benefit of the participant, the interview being interrupted and the conversations oriented therapeutically towards the counselling and emotional comfort of the participants.

3. Stories in the construction of identity

The perception of reality as a social construct is attributed to social constructionism, to which Berger & Luckman (1996) had a significant

contribution. They state the need to know the processes by which "any set of knowledge can cease to be reality", considering that the object of the sociology of knowledge is "analyses of the social construction of reality", taking into account social contextual aspects that transform "the knowledge" into "reality". Talking about the context in the medical field we must consider everything that means health policies, government decisions, policies of the institutions where the medical stuff works, ways of interaction, organizational climate, patients that professionals come in contact with, technological development. All of this has a different impact on the relationships between professionals in the field but also between them and the patients, the personal experiences of all actors that can influence their interactions, etc.

In Dewey's (1986) conception past experience is a premise for future experiences and if reality is a result of knowledge, then knowledge becomes a premise for selecting the new reality, insofar as experience can be considered a process of knowing or objectifying the lived reality.

If we look at the process of constructing reality from the stories perspective as realities that contribute to the development of the self-identity (Clandinin & Hubert, 2005) and approach identity development from the dialogic perspective of Shotter (1997) which says the meaning of concepts provides a relational understanding rather than representational one of reality, as a result of the permanent dialogical interaction between individuals, the projection as an imaginary figure in the future of the medical professional could have different nuances, depending of the particular way of understanding resulting from the interactional context with the other actors of the dialog. Shotter (1993) considers that "the sphere of dialogical activity" implies a meaning that goes beyond the simple representations, contributing to the other forms of knowledge later available to the individual having importance in the construction of what he calls *personal* and *social identity*. Sandu and Unguru (2017) consider "the constructs" "tools through which individuals find meaning, configure and shape their social reality", social constructionism being described as oriented towards meaningful stories, where the process by which this meaning is constructed is more important than the construction itself. The meaning of the stories from the medical field viewed from this perspective that arises in the interaction with the "significant others" can configure realities shaped by power relationships induced by formal or informal regulations, such as the official hierarchical structure or the unequal doctor/nurse/patient relationship. The process of meaning construction can start in this context from the use of the "constructs" already acquired by individuals in their lives outside the

hospital, or it may need to purchase new "constructs" to help in acquiring meaning in medical reality, considering the complexity and the specifics of the language in the medical field, especially for novices and patients.

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.

4. Narrative Medicine

It is an approach that aims to contribute to the development of the practitioners' skills to better understand the patients' suffering but also what they experience with the care they provide to patients, appreciating the story as a way of expressing and communicating the "realities" that we live, of interaction, "existence of the self and the other", being a way of making a "more human, more effective medicine" (Charon, 2016).

According to Charon (2001) the involvement in both, the act of care and healing, therefore both medical professionals and patients completely interacts, which involves all personal aspects in addition to the professional ones, and we could say that the hospital environment is, from a constructionist perspective a context where the medical stuff realities meet the patients realities, whose expressions is realized through story, but, as Lego (2004) points out, the whole story can never be expressed, this expression of the story being the result of a "rumination" of the lived events.

According to Marini (2016) "the narrative medicine is able to connect the patients with the medical stuff and the evidence based medicine with the story based medicine" and is the expression of the patient ability and adjustment with his illness, but in the same time Charon (2016) gave a chance to the professionals from the medical field to keep diaries where to write down the stories from their clinical practice, the kind of stories that you are not able to write in the medical records (Neculau, 2020; Marini, 2016; Charon, 2001). According to Charon (2016) narrative medicine aims four situations, which we can call relational contexts through the story, because it refers to the doctor-patient relationship, doctor-self, doctor-colleagues and doctor-society and offers what the author calls a context where the patient gets efficient, committed and authentic care.

We could conclude that the story in narrative medicine is, generally speaking, appreciated like useful for enriching the content of the

relationships, especially with a focus on doctor-patient relationship, but Charon (2016) directs the attention also on the benefit of the story on all medical stuff, including nurses, underling the need of enriching the narrative skills for the good of the patients but also for the professionals in the field.

5. The importance of the clinical practice in the development of professional identity

The "hidden curricula" is a concept defined by Cowell (1972; Chen, 2015) like something that "school provides without intention or without being conscious about it". An important aspect brought into attention by Chen (2015) is the one of the changing contexts of the learning environment form an institution to another which can determine the secondary development of some attitudes, knowledge, skills but even if they may differ in terms of content, this "parallel education" (Chen, 2015) exists in any learning environment. "The parallel education" is realized in the socialization process in the academic environment, online, in clinical practice, etc. And what Chen (2015) emphasizes is the paradoxical situation where the contrast between what is promoted in school as an attitude, is contradicted by their organizational culture, which can be confusing for the student and it cand lead to the development of "learned helplessness" in relation to authority which can influence the student's relationships.

The socialization issue od the future nurses in the clinical field is addressed by De Swardt (2019) who signalized the diminishing of the devotion for the nursing profession of the students underlines the fact that "the clinical practice environment" is not one to support professional socialization because of negative models between the experienced nurses, their lack of interest in learning and mentoring for the future nurses, which are rather identified as a "work force" who cand serve them. This can be due to the overuse of the experienced nurses on their workplace, a "stressing and resourceless" environment for the future nurses and that can make more obvious the need for a clear learning plan, the need to create relationships based on trust, to facilitate teamwork, to conduct efficiently the learning process in a positive "clinical learning environment" (De Swardt, 2019). He emphasize on importance of the positive behavioral models of the experienced nurses, describing them like having an impact on the shaping the future nurses attitudes and behaviors.

Wenger (1998, as cited by Barrow et al., 2011) described the way that doctors and future nurses are received in the clinical practice, what he calls "practice community". He suggests that the rituals and activities the future

nursing who are witnessing from a "legitim peripheric participation" makes them a part of the institution where they are supported by experts, professionals. Thus in their becoming, in what Davis (2006; Barrow et al., 2011) calls "experts practitioners themselves" the future doctors and nurses are a part of a significant relationships in the institution where they are having their clinical practice in a "constant work of negotiation of self"(Wenger, 1998, as cited by Barrow et al., 2011). This negotiation goes, in the authors opinion, to the "internalizing of some specific way of being and behaving as professionals in the field of care" generally based on identity models continuing in the "subtill fight" between experienced doctors and nurses, which can bring some light in understanding the professional roles from both perspectives, in a context where the development of the nursing profession gets more and more autonomy and the doctors feel like a threat for their power position.

6. Results

Grounded Theory which was the base of the secondary analyze of the data resulted from the narrative interviews pointed out a significant category which reflects an interesting dynamic of power between the future nurse and the patient which is connected to the development of the professional identity of the future nurses.

This kind of identity description are reported like being very touching for some respondents because they are interpreted like a direct consequence of their behavior with the patient so they are based on reality. In this way they gain access to what is called "what others think about you" when being a nurse (or acting like one by doing the kind of work a nurse is doing as I019 was saying), where "others" are represented the patients.(Berger & Luckman, 1996; Raskin, 2002; Neculau, 2020).

The image of the desirable nurse, validated by the person, can motivate him/her to want to keep that kind of being as he was described by the patient, which brings him satisfaction and to influence his actions as future professional in the medical field shaping what we could call **intentional professional identities.** (Neculau, 2020).

The analyze of the future nurse – patient relationship form the students' stories encompass more aspects in dynamics, which can be linked in four subcategories: intentional identities, "primum non nocere", consolidation of the preferred identities, rejected identities which partially intersects the countermodels subcategory, and we will analyze the intentional identity subcategories which is richly described and encompasses a part a the

role status for the nursing profession discovered by the students in their interactions with the patients.

Intentional identities subcategory encompasses a series of descriptions of the nurse's image as it is understood by the future nurse from the direct interaction with the patient, where communicating with the patient, to be supportive, to empathize, to trust yourself, to be helpful, to offer affection, a connect with the patient. These identity descriptions reflect behaviors which were understood like desirable by the nurse and collected them from the reactions of the patient on his actions. In this way, the professional identity aspects are validated by the patient's feedback which, confirmed by personal values and validated by the "significant others" from the personal life of the future nurse, can influence his actions in relationships with other patients contributing to the shaping of the significant aspects of his professional identity.

- **Communication with the patient** covers many aspects, one of them being adjusting the communication to the patient, the type of communication from non-verbal to verbal communication, the emotional and moral support granted unconditionally, the need of authenticity in establishing the relationship, equality, having a sense of humor in relation to the patient, to cheer the patient when needed, etc. The focus of the future nurse more on the moral support of the patient and communication can come from the need to compensate the technical part of the training which is still developing. The nurse's need for validation especially when coming from the patient, or observing the lack of attention from the experienced nurses due to their lack of time or to their ability to filter the priorities of the interventions, depending on the emergency and the needs for the wellbeing of the patient, can make the future nurse more attentive to those aspects for whom he already has expertise and sees a lack of them in the experienced nurse – patient relationship which are the relational aspect.

To communicate is described by a respondent like having valences of healing, because talking with the patient can make him forget the pain, and communication like a relief comes into relation with identifying the patient with a close relative, the role of a family member of a patient from his past, making the student to choose a type of interaction which he would prefer form this position. That can motivate him/her to apply this favorite behavior as a nurse, having the chance to validate is through his own experience.

And I was thinking about the kids in hospital. I was thinking that there was my brother. And I have said to myself that...if I he was there to treat him, how would I do

it? And I was talking with the kids and they were laughing and enthusiastic because they were not in pain anymore because I was talking to them and… (I025)

The lack of communication is seen by one of the respondents (I09) like a personal loss in the nurse – patient relationship, because the nurse is losing information that could be important for the patient management.

Memo: Applying in the clinical practice of what the is promoted in school and the personal values of the student seem to determine the actions of the future nurse and catching the positive effects on the patient can contribute to the strengthen of some behaviors especially by comparing them with the patient's reactions to the daily procedures that the medical stuff is doing in the medical institution. We could talk about the fact that the future nurse notices some differences between what they were taught in the school and what they are seeing in the clinical practice, and this direct observation of the results of their actions can validate their behaviors even if they are noticed by contrast with some behavior models of the experienced stuff. For example if the experienced nurse does not have enough time to talk with the patient, and the future nurse have experienced the gratitude of the patient after spending some time with him, etc.

Another respondent describes self-confidence like a reciprocal benefit of the communication with the patient, concerning the confidence of the patient in the future nurse but also the self-confidence of the future nurse as an effect of the response from the patient on its own actions, the future nurse attributing himself the position of a partner next to the patient in his effort of getting over the illness period. There are also social role aspects of the nurse who has to cheer the patient, encouraging him by telling "it is going to be ok" and "we'll see how we will get over it" using a discourse of encouraging, supporting of the patient largely encountered in language. Some respondents use this type of speeches in their relation to the patient:

And the patients…I would say that when you cooperate, you talk with them, you have some conversations and they trust you a lot. (…) . Trust yourself. You and the patient. And you also get more confidence when you can see that after talking to him he is a little bit more relaxed on what he needs to do. You cheer the patient and…(I046)

It is like the patient is validating your communication skills. Also, to joke with the patient, as you saw the doctor doing it, it was another behavior reported by a respondent, which suggests that using humor in the relationship with the patient like a form of communication, of supporting the patient, which the patient agrees. (I050) The future nurse is learning to communicate with the patient in ways that can contribute on what another respondent was calling "to cheer the patient".

Like in the future nurse – resident doctor relationship, saying hi seems like a form of recognition of the existence and the value of the future nurses in the medical team, a kind of validation of their role in the team as the report of the respondent bellow, which can suggest the importance that the future nurse gives to the patient and the relationship with him.

*Especially that, when enter…I do not know, when I enter the room, I don't know, the power of all the other I felt like reflects on me. It simply give me power, the simple fact that I am there and they are saying good morning to me and they say "kiss your hand" (*which is a form of addressing respect in Romanian tradition, usually men use it to say hi to women) *when they leave, or just…(I025)*

Next to the verbal communication, an important role in the relationship with the patient is attributed to non-verbal communication as a method to support the patient, being described by one of the respondents like needed especially when the patient is unconscious or not completely conscious. The intervention of the future nurse is different from that of the experienced nurse which is described like limited to the procedure, the relational aspects being the most important for the future nurse, the technical aspects being left in the second plan. Thus, we can talk about a tendency of the training nurse to compensate their helplessness or the technical aspects not known yet with the psychological support just to be able to do something (Cogian & Karner Huţuleac, 2020), to contribute in any way to the medical team effort to help the patient and sometimes to correct the professionals' interventions to offer a complete caring as it is provided in school. Suikkala et al. (2020) estimate that the interest of the future nurses especially in the first years of studies is mostly oriented to the technical aspects, and then, after gaining some trust, they are orienting to the relational part of the patient relationship. If Suikkala et al. (2020) consider that uncertainty on the technical part and on the procedures, site determines a poor connection of the student with the patient, the data of the study show a tendency of emotional compensation of the shortages on technical skills, probably because of the future nurse's wish to feel useful.

The involving of the future nurse more than it's needed from his/her role, as an answer to the emotional reaction of the patient and looking for connections beyond the verbal communication when the patient can't talk because of his medical condition underline the idea of unconditional moral support for the patient which suggests the need to compensate the lack of involvement, as it is described by the student, of the experienced nurse, even if it is stipulated in theoretical training like a duty of the nurse in responding to the needs of the patient.

And I was caressing the patient on his hands and on his feet (…) and people were saying that his feet were smelling so bad. No, it doesn't matter, it is not important. An I continued to caress him. (I019)

Memo: If, when talking about the medical procedures, the future nurses need the support and the surveillance of the experienced nurse, when it comes to communication, they can practice their skills to interact and to connect with the patient, because they already have the expertise of the human communication, and that can be a part of their proven preferred identity of a caring nurse attentive to the patient's needs which are in the same line with idea of carring. The need to have communication skills is suggested by a respondent answer which can take you to the idea that when the patient can't respond to the nurse maneuvers and when the doctor can't check if the nurse fulfilled her duties is at the hand of the future nurse to proceed in the patient's benefit realizing responsibly his/her duties even if nobody sees him/her. He/she still needs to do his/her best, aspects which can contribute to the development of what is called professional consciousness.

No, the communication is very important for this kind of connection with people, because the patients also when, for example, when they are brought to intensive care, they can't tell you anything, they do nothing, you just have the official sheet, his treatment and you only need to administer it. It is an indirect communication and in a way, when you have a patient like this it should be you more responsible for him. An also the communication with the nurses. And the same with the patients. And with the doctors, because the doctors are telling you: "take care, that patient must be brought to the OR" or "he doesn't have to eat anything and nither to drink". (I025).

- **To be supportive** with the patient is a description of one of the respondents who explains it like coming from education, from a "way of being", from his character which suggest the importance of the previous aspects of identity before the hospital experiences, which seem to determine the future nurse to act in order to help the patient, to support him. Considering this the motivation of the future nurses for the nurse profession could be an important factor in understanding the extent to which a specific way of being can support choosing this profession, being an aspect which needs further investigation.
- **To be empathetic** is one of the emotional reactions described by a respondent as being able to feel what the patient feels, to empathize with his experiences, which is an attitude recognized since the theoretical training as a skill that a nurse needs. The context of the clinical practice reveals different effects of the empathy on the respondents, in some cases playing a guide

role to the actions of the future nurses, but the extreme situation, when it's a meter of life or death, seems to have an emotional impact on them.

I was talking also with my colleague who was also having her clinical practice there. And she was telling me her last moments. I don't know, I felt like…like I was feeling the patient's pain too ...or...nah, somewhat, as much as I was able to feel like...this... This, her last moments of life, more, from my colleague story because I dind't...I didn't participate then, but the way...the way she was talking about it they seemed so real. And I had seen before also yesterday when she was saying "I don't have air to breath, I don't have air". And „open the door", But still she rejected nasal cannula foe the oxigen. (I030)

Memo: The future nurses participating at the study share their significant storie from the clinical practice, which suggest their involvement far from a simple duty to be there, they are discussing the patients' stories, they share their feelings, which can ask the question if the way they share their stories has any influence in the construction of a certain kind of identity construction, out of the influence of a facilitator. That could suggest an inquiry on the way they are sharing toghether the stories which are more touching and more emotional as the stories coming from the witnessing when a patient dies.

- **To have pity for the patient** can determine the future nurse to do something as one of the respondents reported, involving in moral supporting behaviors, encouraging by caress the patient, to sustain his look, the experienced nurse being described like focused on the procedure and loosing contact with emotional reactions of the patient as the student in nursing was reporting. The respondent learnt through non-verbal interaction that the patient has reactions and must be observed even if is unconscious and cannot speak and his reactions should be considered an important feedback.

And he had tears in his eyes. (…) And at some point I felt pity and I put my hand on his head (she is crying)…each time when I say this story …well, you know how, in unconscious, in his state…it's practically unconsciousness, I was having the feeling that he was not realizing…but he was moving his eyes when I was caressing him on his head and I was talking (…) he had tears in his eyes again. (I019)

Some respondents reported themselves emotionally impressed by the situation of some patients, some of the future nurses reactions being helplessness, joy, sadness, most of all being connected with the future nurse's perception about the patient condition. But what is the most important is that these reactions becomes a kind of motivation to action: if

the patient is sad, they will try to make him smile, if the patient responds to the medical maneuvers and is perceived like feeling better, the future nurse is feeling confident to asses the behavior as desirable, or as Suikkala et al. (2020) would say, he gets preferred outcomes from the patient. The wat that the future nurses perceive the patient reactions to their maneuvers seems to consolidate certain kinds of attitudes or behaviors, besides what they learn from the models or countermodels from the experienced nurses, the patient interaction being a way of learning attitudes and skills, validated by the patient as Suikkala et al. (2018) relate, the student – patient relationship becoming "the core" of the professional training of the future professional.

The fact that I am seeing them how…even if they are ill and sad and…then, when I see them smiling, I don't know…I…I feel better. It makes me sleep better. If is nothing happening in between. I014

- **To cry for the patient** can happen after there are very strong relationships, as a respondent relates, considering his meeting with the patient with a special meaning through the life stories and advices he got from the patient, and the importance the future nurse is giving to this interaction may suggest the fact that the stories form the hospital contributes not only to professional development identity, but also may influence the social identity, through the significant interactions with the patients. As a consequence of a strong interaction with the patient, the future nurse identified herself with the patient, saying that she was seeing in the patient "the other version" of her, because she looked a lot like her even in the way she was talking and thinking. Even if can suggest too much emotional involvement, the description of the patient refers to the depths of the relationship created together and the importance of the impact the patient on the nurse (I025).
- **To do good.** If doing good is for some of the students the result of being strong (Neculau, 2020) other answers from the participants revealed a particular aspect of the "doing well" which is linked to the way someone relates to the other, the wellbeing, being described like a feedback for the intention of the future nurse to make the patient smile, which represents a validation for the students' contribution to the wellbeing of the other one. The student is seeing in his contribution to the wellbeing of the patient a kind of "food" for its own person, which can suggest an openness of the student to a certain way of relating to people.

Strengthening the preferred identity aspects through engagement in behaviors which brings satisfaction even in the beginning of the interactions

with the patient may lead to a wish to preserve them like a preferred way of interacting (Neculau, 2020).

- **To be helpful.** The wish to be helpful to the others is also a preferred identity description, being seen as a moral duty by some students, but also as a character trait learnt in the family. The way that to help pops up in the respondents' stories is changing from a context to another for the same respondent, but also form a respondent to other. Sometimes it reveals the wish of the future nurse to prove his utility or to have any contribution in extreme situations, like it was in the report of the I019 respondent who was involved in a CPR maneuver.

Mmm, I can bring something in plus for the one who, to whom I offer my support and also for me. I don't know, it's...that feeling that I am...ăă, ăăă, I don't know, let's say useful. That, at some point is that feeling that you have a value for that person, that you can help him. You matter, in a way. You are a person who matters for someone. (I019)

Some of the respondents make a connection between "the landscape of professional knowledge" and "the landscape of personal knowledge" underling the condition of theoretical knowledge in the nursing profession to be able to help. It is not enough to with, you need to be able to help.

And with the nursing assistants, I was helping them to see if there was something needed, I was traying to help with anything, with all I could (…) The fact that I have the knowledge needed which cand sustain me for helping that person in need. And the wish to help. (I030)

Also, to help is linked to the value of the respondent as a person, in this context becoming an aspect of identity. To offer help transforms the respondent in "that person who helped someone" and it gives the identity of a person who deserves to be helped (I019, I025).

Other respondents are revealing the costs for helping, which can be about some preferred identity aspects, a person who helps in the others view, if we consider the identity build on the base of "what others are talking about you" or as a "way the others are describing you" (Berger & Luckman, 1996). To help, when you "don't know how to say no" (I046) can give you some troubles and can make you get tired. That can be connected with the discourse of the limit of implication in the nursing profession:

You know, sometimes I feel overwhelmed, because I see myself doing tings for the others and sometimes…I mean that in my family everybody is counting on me because I …they know I don't ever sau no. it doesn't bother me. (...) And sometimes my grandma is saying: "you know? I am asking again for your help. (...) „I know that you..." But it is not a

problem. If I can help, I do it. I mean it really doesn't bother me and there are small things which I can easily do...." (I019)

- **To offer affection. Affection** is seeing by the one of the respondents as a duty in front of the patient especially in connection with vulnerability of the old patient from a hospital bed and it is perceived by a future nurse linked to helplessness, but in the context of the public transportation, the notion of elderly people takes another meaning for the one of the respondents, which is congruent with a relational meaning of the words rather than a representational one, idea promoted by the social constructionism (Shotter, 1993).

But when we see elderly people…me, for example, it happens to associate, when I am using the public transportation, that…they don't want you there and…then…But when you see them in a bed, being ill and helpless and…come on…there could be my father, my mother or my uncle. So they need help and affection. And they need…they feel so good when you talk to them. Well, you don't quite have the time, but they would love you to stay there and to tell you their stories and...nah. (I01)

To trust yourself. The need to trust yourself it is described by more respondents, being represented like a premise to be able to confront some situations, to be able to diminish the patient's suffering by being efficient in what you do. To trust what you are doing like a duty in front of the patient involves the relational aspect between the future nurse and the patient, trusting yourself being associated with knowing what to do, by the student.

(...) if I trust myself and I am confident I know exactly how to react according to my knowledge, I know exactly how to react when a person is suffering. And I am able to resist…(I030)

Memo: Some of the respondents are describing self-confidence by being better persons, more empathetic and more able to confront any situation. Practically self-confidence becomes an attribute to develop for accessing or improve other socially desirable identity or preferred descriptions and it is linked with having the knowledge needed as a future nurse.

- **To make a connection with the patient.** It is a subcategory explained by one of the respondents like a process of connection with the patient, which brings them closer through the life stories they listened.

There will be more peoples' hearts united in a soul, linked tight and, making the connection between them, I kind of…we are listening more life stories, we associate the experiences with our life and what happened to us and what happened to that person.

8. Discutions and conclusions

The results coming from a qualitative analyze of the data reveal the importance of the patient in professional identity development of the future nurse, being one of the most representative category and sustains the importance of the future nurse – patient relationship in the learning process reported by Suikkala et al. (2020), contributing to "person centered learning".

The intentional identities that the future nurse identified in the interaction with the patient revealed aspects of communication, to be supportive, to emphasize, to trust yourself, to be helpful, to offer affection, a connect with the patient. These identity descriptions reflect behaviors which were understood by the nurse, with the help of the patient, like desirable and collected them from the reactions of the patient on his actions. The patient validates these intentional identity aspects through his feedbacks (Neculau, 2020), and the personal values are contributing to the selection and consolidation of that desirable image (Huidu, 2019; Necula, 2020). Also the "significant others" from the personal life of the future nurse, can influence their actions in relationships with other patients contributing to the shaping of the significant aspects of his professional identity.

The results of the study underline the complexity of the factors developing along with the professional identity as a nurse, being influenced by social contexts in which the student is involved, the social relationships from the medical field and also form his personal life. We have to mention that the data are collected from the clinical practice context of the students and the participants were volunteering so the results might be richer if we collect the stories considering the motivation for choosing the profession and also, there are stories in the theoretical training of the future nurses which have their contribution to the nurse identity.

References

Barrow, M. J., Mckimm, J., & Gasquoine, S. (2010). The policy and the practice: early-career doctors and nurses as leaders and followers in the delivery of health care. *Advances in Health Sciences Education*, *16*(1), 17-29. https://doi.org/10.1007/s10459-010-9239-2

Berger, P., & Luckman, T. (1996). *Constructia socială a realităţii. Tratat de sociologia cunoaşterii* [The social construction of reality: A treatise in the sociology of knowledge] (A. Butucelea, Trans.). Art.

Charon, R. (2001). Narrative medicine. A model for empathy, reflection, profession and trust. *JAMA*, *286*(15), 1897. https://doi.org/10.1001/jama.286.15.1897

Charon, R. (2016). *Narrative medicine: Honnoring the stories of ilness*. Oxford University Press.

Chen, R. (2015). Do as we say? Or do as we do? Examining the hidden curriculum in nursing education. *Canadian Journal of Nursging Research, 47*(3), 7-17. https://doi.org/10.1177/084456211504700301

Clandinin, D. J., & Huber, M. (2005). Shifting stories to live by. In D. Beijaard, P. C. Meijer, G. Morine-Dershimer & H. Tillema (Eds.), *Teacher professional development in changing conditions* (pp. 43-59). Dordrecht. https://doi.org/10.1007/1-4020-3699-X_3

Cogian, E. G., & Karner Huţuleac, A. N. (2020). *Trăind cu schizofrenia* [Living with schizophrenia]. Lumen.

Cowell, R. N. (1972). *The hidden curriculum: A theoretical framework and a pilot study*. Harvard Graduate School of Education.

Das Gupta, S. (2013). Narrative humility [YouTube Video]. https://www.youtube.com/watch?v=gZ3ucjmcZwY

Davis, J. (2006). The importance of the community of practice in identity development. *Internet Journal of Allied Health Sciences and Practice, 4*(3), 1–8. https://nsuworks.nova.edu/ijahsp/vol4/iss3/5/

De Swardt, C. H. (2019). The clinical environment: A facilitator for professional socialisation. *Health SA Gesondheid, 24*(0), a1188. https://doi.org/10.4102/hsag.v24i0.1188

Dewey, J. (1986). Experience and education. *The Educational Forum*, *50*(3), 241–252. https://doi.org/10.1080/00131728609335764

Huidu, A. (2019). Tailoring humans: The ethics of genetic engineering. In A. Sandu, A. Frunză & E. Unguru (Eds.), Ethics in research practice and innovation (pp. 264-282). IGI Global. https://doi.org/10.4018/978-1-5225-6310-5.ch014

Lego, C. (2004). Narrative inquiry: Honouring the complexity of the stories we live. *Brock Educational Journal*, *14*(1). https://doi.org/10.26522/brocked.v14i1.59

Marini, G. M. (2016). *Narrative medicine bridging the gap between evidence based care and medical humanities*. Springer International Publishing.

Necula, I. (2020). *Valori religioase protejate prin norme juridice* [Religious values protected by legal norms] Lumen.

Neculau, M. C. (2020). Preferred realities in the construction of professional identity for nurses in training. *Logos Universality Mentality Education Novelty: Social Sciences*, *9*(1), 37-64. https://doi.org/10.18662/lumenss/9.1/33

Raskin, J., D. (2002). Constructivism in psychology: Personal construct psychology, radical constructivism, and social constructionism. *American Comunication Journal, 5*(3), 1-26.

Sandu, A., & Unguru, E. (2017). Several conceptual clarifications on the distinction between constructivism and social constructivism. *Postmodern Openings*, *8*(2), 51-61. http://dx.doi.org/10.18662/po/2017.0802.04

Shotter, J. (1993). *Cultural politics of everyday life: Social constructionism*. *Rhetoric and knowing of the third kind*. Open University Press.

Shotter, J. (1997). The social construction of our inner selves. *Journal of Constructivist Psychology*, *10*(1), 7-24. https;//doi.org/10.1080/10720539708404609

Suikkala, A., Koskinen, S., & Leino-Kilpi, H. (2018). Patients' involvement in nursing students' clinical education: A scoping review. *International Journal of Nursing Studies*, *84*, 40–51. https://doi. org/10.1016/j.ijnurstu.2018.04.010

Suikkala, A., Koskinen, S., Katajisto, J., & Leino-Kilpi, H. (2020). Congruence between nursing students' and patients' views of student–patient relationships. *Advances in Health Sciences Education*, *26*, 79–115, https://doi.org/10.1007/s10459-020-09972-z