Views on education and upcoming profession among newly admitted students at a Swedish baccalaureate nursing program: A descriptive mixed method study

Susanne Lundell Rudberg \textsuperscript{a,b,*}, Margareta Westerbotn \textsuperscript{c,d}, Max Scheja \textsuperscript{e}, Hanna Lachmann \textsuperscript{a}

\textsuperscript{a} Department of Learning, Informatics, Management and Ethics Karolinska Institutet, Stockholm, Sweden
\textsuperscript{b} Department of Health Promoting Science, Sophiahemmet University, P. O. Box 5605, Stockholm, Sweden
\textsuperscript{c} Department of Nursing Science, Sophiahemmet University, P. O. Box 5605, Stockholm, Sweden
\textsuperscript{d} Department of Clinical Science and Education, Södersjukhuset, Karolinska Institutet, Stockholm, Sweden
\textsuperscript{e} Department of Education Stockholm University, 106 91 Stockholm, Sweden

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ABSTRACT

Aim: The aim of this study was to investigate newly admitted nursing students’ views on nursing education and their future profession.

Background: Students’ choice of education can be influenced by societal and familial values and among nursing students’ altruistic motives are common. Students’ conceptions, expectations and doubts combined with their orientations to learning affect their ability to successfully cope with studies in higher education.

Design: A descriptive design using mixed method.

Methods: This mixed-method study is based on 126 qualitative semi-structured interviews and 158 questionnaires with newly admitted nursing students. The data collection was conducted during their first six weeks of education. Collected data were analyzed using content analysis and descriptive statistics. This study was conducted and reported in accordance with the COREQ checklist.

Results: The overarching theme: “Making a difference if managing to become a professional nurse”, describing students’ dichotomous emotions of expectations and doubts in relation to their conceptions, emerged from seven main categories. Students’ ratings of emotions revealed high ambition and motivation. Fears and worries about uncertainty expressed in interviews correlated with ratings of negative emotions.

Conclusion: Newly admitted nursing students think highly of the nursing profession and upcoming education. Students put faith in their own ability which is accompanied by doubts derived from uncertainty about forthcoming demands in academic, clinical and personal settings. Understanding of students’ conceptions, expectations, doubts and their orientations to learning could be helpful in guiding them to acquire the nurse competencies necessary to become professional nurses that are able to handle complex situations.

1. Introduction

Students who are about to choose a higher education [HE] program can be influenced by several different factors, including social background and status (Bailey, 2021). High-school students perceive nurses as hard workers, performing arduous tasks but, due to limited academic training, being poorly paid with limited autonomy and scant opportunities to take on leadership roles (Degazon et al., 2015). Another common perception among young people is that caring for others is a highly valued attribute when choosing nursing as a career (Degazon et al., 2015).

2. Background

2.1. Reasons to become a nurse

There are both personal and career-related reasons for choosing the nursing program, with personal reasons often being more important...
2014). Thus, it is valuable and important to investigate in more detail parent that is a Registered Nurse (Peterson, 2016).

2.2. Entering higher education

When entering the nursing program, students are often filled with enthusiasm and an eagerness to learn (Phillips et al., 2015). Nursing education focuses on professional as well as academic skills, aiming to train competent nurses who can adapt to unfamiliar circumstances in unfamiliar contexts (Watson, 2006) and deal with the complexity of modern health-care provision (Hudspeth, 2016). Nursing is a regulated profession governed by a set of laws and rules that outline the core tenets of nursing practice, nationally managed by various regulatory bodies. The mandatory internship may also be a source of concern, related to a perceived lack of practical skills or of being left alone in unknown situations (Cowen et al., 2016).

2.3. Motives and orientations to learning

Students’ individual motives for and views on nursing education and their upcoming profession. This study aimed to investigate newly admitted nursing students’ views on nursing education and their upcoming profession.

3. Methods

The aim of this study was to investigate newly admitted nursing students’ views on nursing education and their upcoming profession.

3.1. Study context

The national nursing education in Sweden is a three-year program leading to a professional degree as an RN and a bachelor’s degree regulated in the constitution (The Higher Education Ordinance, 1993; The Swedish Higher Education Act, 1992). A degree from upper secondary school or equivalent is required for admission.

3.2. Settings and recruitment

This study was conducted in Sweden from autumn 2015 to spring 2017 at a three-year nursing program enrolling 110 students twice a year (n = 440). Data were collected during the first six weeks after the students’ enrolment using interviews and questionnaires. All newly admitted students were invited orally and in writing to participate. Repeated invitations were sent twice via email. Students were informed that participation was voluntary and would not affect their grades. Thirty-six percent (n = 158 out of 440) signed an informed consent form and received a questionnaire and an invitation to an interview. This study was approved by the Regional Ethical Review Board (Dnr: 2015/894–31/5).

3.3. Data collection

3.3.1. Interviews

Of the 158 students included, 126 participated in individual interviews performed by the first author. A semi-structured interview guide was used, serving as a prompt to encourage students to cover intended topics. All interviews took place in an undisturbed room at the university and lasted 20 min on average. The interviews were audio recorded and transcribed verbatim as soon as possible (Patton, 2015; Polit and Beck, 2018).

3.3.2. Questionnaires

Questionnaires were distributed via the university’s learning platform. The questionnaire covered demographic data and selected experienced emotions from the original PANAS scale translated and validated to Swedish by Lachmann et al. (2013). These were three positive: interested; enthusiastic; and determined and three negative: irritated; nervous; and afraid. Students rated experienced emotions using a 7-point Likert scale (1 = Very little; 7 = Very much).

3.4. Data analysis

Interviews were analysed using qualitative content analysis with an

(Wilkes et al., 2015). Previous research suggests that altruistic motives are common among nursing students (Duffield et al., 2004; Emeghebo, 2012; Jirwe and Rudman, 2012; Wilkes et al., 2015) and those altruistic motives are equally important as the opportunity for self-development (McLaughlin et al., 2010). There is a link between personal and environmental characteristics and motivation to select nursing as a career (ten Hoeve et al., 2016). For example, nursing students have expressed that they have a personality that fits the nursing profession (Jirwe and Rudman, 2012; Lilja Andersson and Edberg, 2012). Furthermore, professional status and qualities as well as employment security tend to influence students’ career plans (Wilkes et al., 2015; Yilmaz et al., 2016). Family, friends, and social class, as well as personality traits and capacity, also have a strong influence on young peoples’ higher education choices (Brooks, 2003). Additionally, having emotional and practical support from a family member working in health care also tends to influence students’ choice in this regard (McLaughlin et al., 2010). In 2014, Family, friends and social class, as well as personality traits and capacity, also have a strong influence on young peoples’ higher education choices (Brooks, 2003). Additionally, having emotional and practical support from a family member working in health care also tends to influence students’ choice in this regard (McLaughlin et al., 2010). In Sweden, 13% of the nursing students aged 30–34, have at least one parent that is a Registered Nurse (RN) (Peterson, 2016).

When entering the nursing program, students are often filled with enthusiasm and an eagerness to learn (Phillips et al., 2015). Nursing education focuses on professional as well as academic skills, aiming to train competent nurses who can adapt to unfamiliar circumstances in unfamiliar contexts (Watson, 2006) and deal with the complexity of modern health-care provision (Hudspeth, 2016). Nursing is a regulated profession governed by a set of laws and rules that outline the core tenets of nursing practice, nationally managed by various regulatory bodies hence approval and accreditation of nursing programs varies by jurisdiction (A Global Profile of Nursing Regulation, 2020). Students’ ability to successfully cope with these new experiences vary depending on several factors, e.g., socio-economic background, support from significant others and the ability to find a place to live (Brooks, 2003). In HE students can experience stress due to inadequate sleep, poor nutrition, reduced leisure time and difficulties trying to balance course requirements and personal needs in earning money to pay rent (Chernomas and Shapiro, 2013). The mandatory internship may also be a source for concern, related to a perceived lack of practical skills or of being left alone in unknown situations (Cowen et al., 2016).

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3.4. Data analysis

Interviews were analysed using qualitative content analysis with an
inductive approach (Krippendorff, 2018). The material was read several times to make sense of relevance as a whole (Sandelowski, 2004). Data were coded by the first author using NVivo software (QSR International Pty Ltd, 2018). Meaning units were coded, resulting in 50 subcategories. Subcategories were grouped and categorized by their contextual meaning into domains. From the categorisation in domains, an abstraction was derived describing seven main categories (Krippendorff, 2018). An overarching theme emerged from the seven main categories (Fig. 1). Through the whole process the material was discussed by all authors until consensus was reached (Patton, 2015). The Consolidating criteria for reporting qualitative research (COREQ) was used for qualitative data (Tong et al., 2007). Questionnaires were analysed and presented as descriptive statistics as percentages for demographics and mean values and standard deviation were calculated for each question regarding positive and negative emotions by using Microsoft Excel (16.57), 2022. The scores for all six questions were standardized by setting the mean to 0 and the SD to 1 (Lachmann et al., 2013). This was done to determine individual scores in relation to the mean of the whole sample.

4. Results

4.1. Demographics

Included respondents (n = 158) was 87.3 % women and 12.7 % men with a mean age of 27.8 ± 8.5, range 19–55. The nursing program was the primary choice for 90.5 % and 57 % had family members working in health care. A total of 42.4 % had previously attended HE and 30 % had completed a university degree in another subject area. A total of 33.5 % stated that they had no plans to work to earn money alongside studying, while 63.4 % planned to work less than 15 h/week and 3.1 % planned to put in 16–40 h of work.

4.2. Results from interviews

The results derived from the main categories in the domains conceptions, expectations and doubts about becoming a nurse. The findings are presented in terms of the main theme: Making a difference if managing to become a professional nurse (Fig. 2).

1. Overarching theme: “Making a difference if managing to become a professional nurse”

To work as an RN was explained as a way to influence, both individuals and society. Students described a belief in themselves, but also doubts about not being able to cope successfully with both their academic studies and the nursing profession:

“I want do make a difference; I want to have a job where I am useful to other people… I [fear] the anatomy course… and it’s good on one hand, that I have respect for it, but it is also that I could figure out that I do not understand. But it feels good otherwise, it’s also a trigger, I must prove to myself that I can pass the exams, it’s both positive and negative.” Female, aged 28

5. Domain conceptions

5.1. Main category: nurse as role model

Nursing was perceived as a meaningful and rewarding profession. Having an interest in people, helping them and altruism seemed to be important factors for choosing a nursing education. Students testified to having been inspired by previous personal interactions with nurses and health care workers. These interactions were generally positive, but negative experiences were also voiced:

“It is not exclusively a so-called female profession anymore, but it was probably what made me, that particular event, to meet them [two male nurses] there when in a hospital bed, it made me think that it was really an opportunity for me too, not only that other guys could be that [nurses] without wrinkling their noses, but that I myself could certainly have something to offer as a nurse as well, but at that time I was very young and had not decided yet.” Male, aged 27

Students who had negative experiences described a desire to do better themselves. Having family members in health care professions seemed to influence students in two different ways: either they found it natural to follow the same path or they had decided early on not to take that path but later changed their mind. Students highlighted that being raised in a family with health care workers had affected their choice of career, but they emphasised that the choice was their own:

” I am from a “family in caregiving” myself, where my mum is a surgical nurse, my dad a surgeon, my brother a medical doctor, my aunt a medical doctor as well, so I have very, I have kind of grown up
Personality characteristics were connected to the choice of education, often explained as something meant to be because of individual characteristics. Sometimes students had been told by others that they had the personality of a nurse, for example being empathic and caring. Even so, students stressed that the actual choice of becoming a nurse was their own. Some students reported that they felt they were supposed to become a nurse, almost like a professional calling:

“I have tried other things that were very different from the nursing profession, and I felt that it was not my thing anyway. So, I wanted to try something that was like completely different, try something involving people.” Male, aged 25

5.2. Main category: self-confidence in a new environment

The students testified to experiences of having to cope with new demands in a new and unfamiliar environment. Even students who previously had taken courses at the university level stressed that it took time to adapt to the new situation. However, they also expressed a strong belief in their own ability. Students being confident in their own personal capabilities described themselves as being able to handle pressure, deal with difficulties confronting them and not worry about the unknown:

“You have to trust yourself, if coming here now and coming to this point so far, then why should you not manage it?” Female, aged 21

6. Domain expectations

6.1. Main category: develop nursing attitudes and skills

The students were expecting to learn a great deal from their studies and receive robust education and training, providing them with skills required to work successfully as an RN. Recognizing that studying and work would be both challenging and promote personal development, the students expressed a vision that RNs have a great responsibility and status. They looked forward to acquiring knowledge and attributes for nursing, expecting this learning process to continue after graduation:

“I want to know everything, you are so cool when you know everything, all this information, you can ask a nurse almost anything, she knows everything, almost.” Female, aged 22

6.2. Main category: opportunities to impact the future

The students frequently mentioned the wide range of different career opportunities available, expressing views that having a bachelor’s degree...
in nursing guaranteed employment and opportunities to work globally in many areas. Some students saw the program as a steppingstone to something else, primarily targeting other areas than the nursing profession. Those who described the program as such an intermediate step said they would like to be admitted to another educational program to become, for instance, a deacon, a midwife, or a specialist nurse:

“There is such a range in areas of work…you can develop in so many different areas, so that’s probably the main reason why I want to become a nurse.” Female, aged 23

6.3. Main category: stimulating hands-on teamwork

Students also expressed an expectancy to work practically, looking forward to receiving practical experience and developing skills during internships. Generally, nursing was described as a practical profession not just involving sitting in front of a computer all day:

“I think that the nursing occupation is a craft too, so I hope that I will be skilled in terms of craftsmanship, I actually want to be a good nurse, someone who is confident in what she does.” Female, aged 42

Teamwork was foregrounded as a condition for successful learning in both academic and clinical work. The students were anticipating good cooperation, working together, helping each other to create a good working atmosphere when studying, during internship and in the profession:

“I find this to work in teams inspiring, before I have worked with people, but usually been alone in my profession, but to be able to work with several, much more nursing staff, even if everyone isn’t a nurse, it is still like is about nursing, so that part I think would be inspiring.” Female, aged 55

7. Domain doubts

7.1. Main category: don’t manage the task

The students voiced doubts in relation to failing courses and doing something wrong in clinical settings. However, the implications of failing varied in relation to context. While failing at university was seen as problematic, failing in the clinical context was seen as much more severe as this might cause harm or even death. Students commonly agreed that injuring a patient was one of the worst things that could happen:

“I am also sometimes afraid of not passing the theory, failing exams and so on, but it does not feel as scary if I fail exams as if I should do something wrong in practice… if I should do something wrong and hurt another person because I do not have the knowledge I need, or if I should make a mistake.” Female, aged 22

The fear of failure included both failing exams and missing important aspects of coursework at university as well as failing in the clinical setting, in providing information, instructions or in checking patients’ conditions. Such fears of making mistakes were regularly mentioned, even though the students were quite certain of their own capabilities. The degree to which students experienced anxiety and nervousness because of fears of failing, varied in relation to previous experiences of HE. Students who had previous negative experiences, or had not studied for a long time, expressed higher levels of nervousness in the interviews:

“You are always afraid that you will flunk something, I do not know, I have never flunked anything so far in my life, but it is always, I do not know, it is a horror, a nightmare scenario as well.” Male, aged 21

7.2. Main category: surrounding factors prohibiting success

One source of concern for the students was surrounding factors out of their control. This was expressed in terms of impossible requirements, worries about how to cope with demands from significant others, university and workplaces. Besides being in a new, unknown environment, the students had concerns about how their studying would have an impact on personal finances, family and friends. Another concern was not being able to meet the requirements of teachers, supervisors and the healthcare organization:

“Getting it together, family life, two children and studies, I used to work part time and now it’s full-time studies and my husband works full time, so it’s probably more personal than the education itself and the clinical practice, to make it work with the family, it feels like that is the biggest threat to me.” Female, aged 35

Concerns about organizational shortcomings were repeatedly voiced, often together with the prospect of future change. This included whether future health care would provide decent working hours, working environments and sufficient salary:

“I think it’s a lot about what you hear, that it’s low salary, bad wages and tough working conditions and stuff, maybe it’s a tough occupation to get into.” Female, aged 23

The students also expressed uncertainties about choice, involving fears of confronting unfamiliar contexts and demands and of not having the personal qualifications to work as an RN:

“What happens if it is some kind of very tough situation, something very stressful, something like yes, very tense, if you cannot handle it as a person. How it will affect a workplace and its safety, can I keep working there if I react in a way that you should not really do, or if I do not dare or manage to get into this kind of situations, how does it affect my employment and stuff, it’s kind of like that.” Female, aged 19

7.3. Results from questionnaires

Experiences of being interested, enthusiastic and determined, i.e. positive emotions, showed higher results compared with feelings of irritation, nervous and anxiety, i.e., negative emotions (Fig. 3).

8. Discussion

The results suggests that newly admitted students want to influence their future occupation and are strongly driven by an intrinsic social learning orientation as described by Entwistle (2009). Our results are in line with previous findings regarding altruistic motives, opportunities for self-development and career aspirations (Duffield et al., 2004; Emeghebo, 2012; Jirwe and Rudman, 2012; McLaughlin et al., 2010; Wilkes et al., 2015). Students’ altruistic motives and the desire to contribute to society were emphasised and linked to high ratings of interest, enthusiasm and commitment. Ratings of experienced enthusiasm and interest were in line with the spoken statements concerning students’ expectations to develop nursing attitudes and skills. Some of the students even had planned their future career while others focused on personal development. The professional status of an RN was highlighted, students looked forward to gaining the practical and academic skills of an experienced professional RN. Family members have been shown to have an impact on students’ choice of education (McLaughlin et al., 2010; Yilmaz et al., 2016). Almost two-thirds of the participating students had a family member in health care, compared with 13% in available comparative data for one specific age group in Sweden (Peterson, 2016). Having a family member in health care could indicate preunderstanding of future profession, even if family members had advised against choosing a career in nursing.

According to Porteous and Machin (2018) the first-year experiences of HE is essential for the development of self-efficacy as an important aspect of the learning process. However, our results revealed newly
admitted students’ dichotomous emotions expectations versus doubts based on their conceptions of their abilities regarding HE and upcoming profession.

Students expressed a belief in their own capability, both in education and in the upcoming role in the workplace. High ratings of feeling determined were supported by verbal statements demonstrating self-confidence in a new environment. Despite the identified self-confidence, students voiced an uncertainty of what was expected both at the university and in the clinical setting. The ratings of nervousness and fear corresponded to the doubts of not being able to manage tasks, both academically and as an RN. The students are in a new setting and the low ratings could also mirror the unfamiliar situation. Nevertheless, it has been shown that depression and anxiety are commonly occurring negative affective states in young adults that can affect learning and success in a professional nursing program (Chernomas and Shapiro, 2013). When describing doubts and fears students talked about making clinical mistakes or failing exams. To do something wrong in a clinical setting leading to pain or even death in another human being was clearly considered much worse than failing an exam at the university (Cowen et al., 2016). It has been demonstrated that a simulation-based educational program for the nursing process increase students’ basic understanding of how to carry out the nursing process, their communication skills and understanding of how to apply abstract concepts in practice (Chang et al., 2021).

The fear of failure could have an impact on students’ ability to manage academic studying as well as internships. Worries about combining studies with social family life and financial issues were seen as surrounding hindering factors. Factors in daily life and work experiences have an impact on self-confidence during nursing education, but more research is needed on how this has an impact on students according to Cowen et al. (2016). Despite students’ outspoken doubts, self-confidence, responsibility for one-self and a belief in their own capability became apparent when discussing difficulties.

Regardless of the student’s awareness of existing problems in today’s health care system, the opportunities to have an impact on the future were highlighted repeatedly. Students emphasised enthusiasm, excitement, eagerness to learn nursing and start their education, consistent with a high average in ratings of positive emotions in line with previous research (Phillips et al., 2015). Their self-awareness became clear during interviews, where students described both personal strengths and weaknesses and expressed awareness of their need for further knowledge to become competent RNs. The high ratings in feeling challenged could indicate that students were aware of their need for further knowledge. Students highlighted the ability to work in teams having expectations of being a part of a community providing stimulating hands-on work. They expressed an inner motivation to belong to a team working together, both as students and in their upcoming profession. Previous research shows that students are interested and willing to participate in teamwork (George et al., 2019).

There was also a confidence, that by acquiring academic, professional and personal knowledge, students would have the ability to make changes both in people’s life’s as well as in the organizational system. However, it has been suggested that even if students believe in their own ability to cope with organizational issues, they may develop negative perceptions of the profession when influenced by the working environment and interactions with healthcare personnel (Emeghebo, 2012). Previous research has shown that understanding first year students nurse perspective and insight into their coping strategies are essential to supporting them in creating a positive learning journey (Porteous and Machin, 2018).

Future research could explore students’ experiences of learning activities promoting development of professional identities as RNs. We assume that the results could be applicable to other students in other areas of higher education in the healthcare sector, such as physiotherapists, occupational therapists and biomedical analysts. The results may be applicable to nursing students in countries where nursing education is offered at the university level. However, the results cannot be applied to university students in general.

8.1. Limitations and strengths

This study offered a fairly broad picture since 25% of newly admitted students participated. It could be seen as a limitation that the sample was from one university, on the other hand is Swedish nursing education regulated by national standards. All interviews were performed by the first author who worked as a lecturer at the university. The fact that only one person conducted all interviews can be seen as strength, but also a limitation, even if the positive value of having one interviewer, who is familiar to the participants in the context, is known to facilitate the collection of adequate information from the participants (Lincoln and Guba, 1985). It could be considered as a strength to have knowledge about the students’ environment although interviewing students as a
teacher may lead to ethical issues. To reduce confounding factors the interviews were conducted when the students were graded by other teachers.

9. Conclusions

This study indicates that first-year nursing students are self-confident but also aware of their shortcomings and have faith in their own ability to cope with both education and to make an impact on their future occupation, strongly driven by intrinsic social learning orientations. They are looking forward to gaining competence and to developing a professional role, both academically and in the clinical setting. Even so, all participating students voiced fears of failing both theoretically and clinically, with the worst fear involving harming a patient. Since health care is evolving and greater demands will be placed on the future workforce the next generation of RNs need to have the confidence and competence to meet with these demands (Hoffer and Thomas, 2016). A deeper understanding of the visions of newly admitted nursing students is of critical importance for educators in guiding students into the challenges and opportunities of the nursing profession.

Ethical approval

This study was approved by the Swedish Regional Ethical Review Board (Dnr: 2015/894–31/5).

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CRediT authorship contribution statement

SLR: Project administration, Investigation, Software, Formal analysis, Writing – original draft, Visualization. MW: Conceptualization, Methodology, Writing – review & editing, Validation. MS: Writing – review & editing, Validation. HL: Conceptualization, Methodology, Supervision, Writing – review & editing, Validation, Funding acquisition.

Conflicts of interest

None.

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