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## **Theory and practice in the construction of professional identity in nursing students: A qualitative study**

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## ABSTRAC

**Background:** The problem of nurses' professional identity continues to be seen in the disjunction between theoretical training and clinical placements. Moreover, it is not known how nursing students perceive these contradictions or how this discrepancy influences the construction of professional identity.

**Objective:** To gain insight into nursing students' perception of their theoretical and practical training and how this training influences the process of constructing their professional identity.

**Design:** Qualitative, ethnographic study.

**Participants/Settings:** Third-year nursing students at the l'Escola Universitària d'Infermeria Vall d'Hebron de Barcelona.

**Methods:** Participant observation was conducted in the hospital setting and primary care. Discussion groups were held. The constant comparative method was used for the analysis. The study adhered to the criteria of credibility, transferability, dependability and confirmability.

**Results:** Students believed that both theoretical and practical training were indispensable. Nevertheless, clinical placements were considered essential to confer sense to the theory and to shape their identity, as they helped student nurses to experience their future professional reality and to compare it with what they had been taught in theoretical and academic classes. The role of the clinical placement mentor was essential. With regard to theory, the skills developed in problem-based learning gave novice nurses' confidence to approach the problems of daily practice and new situations. Equally, this approach taught them to reflect on what they did and what they were taught and this ability was transferred to the clinical setting.

**Conclusions:** For students, both strategies (theory and practice) are vital to nursing education and the construction of a professional identity, although pride of place is given to clinical placements and mentors. The skills developed with problem-based learning favor

active and reflective learning and are transferred to learning in the clinical setting.

### **Keywords**

Social Identity; Students, Nursing; Education, Nursing; Teaching; Learning; Nursing Education Research; Qualitative Research.

## **INTRODUCTION**

The nursing literature specifically on nurses' professional identity is diverse but shares a perspective of concern, whether highlighting the importance of constructing a sound identity (de la Cuesta, 2007; Alberdi and Cuxart, 2005) or explaining the reality of a diffuse nursing identity (Ramió, 2006; Cohen, 1988).

Some authors report that some of the manifestations of this diffuse and diverse professional identity among nurses and the discipline of nursing itself are a constant preoccupation with recognition of a well-defined nursing role (Collière, 1993) and the need to demonstrate the specific contribution of nursing that distinguishes it as an independent discipline (Medina, 1999; Medina, 2005). Although there seems to be a theoretical consensus that care is the main function defining the nursing profession, nurses continue to experience difficulty in acting as carers. That is, there is a discrepancy between theory and practice.

Moreover, it is not known how this problem of identity, manifested in the disjunction between theory and real-world practice, is transmitted during student nurse education or how it is perceived by student nurses. It is especially important to address this gap in knowledge, given that professional identity is a key element in any profession.

## **BACKGROUND**

Professional identity is that which is constructed in relation to a reference group of professionals and a workspace (Caballero, 2009). The process of constructing an identity as a member of a collective takes place throughout nurses' lives, before entry to nursing studies, during training and after qualifying. Nevertheless, the training period is key in this process (Johnson, Cowin, Wilson and Young, 2012).

Socialization essentially occurs when students are receiving their basic nursing education (Serra, 2008; Shinyashiki, Mendes, Trevizan and Day, 2006). During this period, they learn the norms, values, behaviors, attitudes and culture of the profession to which they aspire to belong. The aim of socialization is, therefore, to develop a professional identity among future nurses (Fagermoen, 1997). Cohen (1988) believed that all students have to pass through a 4-stage model to "feel comfortable" in their professional role. The first stage consists mainly of basic theoretical learning. In the second phase, students begin to feel able to question what they learn and to compare information, norms and values. In the third phase, students must find a model of their professional role that meets both their personal needs and the demands of their profession. In the fourth and final phase, students feel comfortable with their professional role, which forms part of their self-concept.

The relationship between theory and practice during education is a central topic in a debate that takes place in various disciplines. A notable contribution by Schön (1992) shows how the education of university students is based on a hierarchy of knowledge in which basic sciences take pride of place and clinical placements are relegated to the last rung of the ladder. Along the same line, referring to nursing, Medina (2005) shows how this hierarchical distinction between theoretical knowledge and its practical application is established: clinical placements are placed last due to the supposition that it is in this setting that student nurses will learn to apply basic knowledge. However, what is taught to students, what they will do or see in clinical placements, and what they will experience throughout their university

education is what will constitute their idea of a professional nurse. Professional socialization will be the result of novice nurses' own experience as students, which will contribute decisively to the formation of a professional nursing identity (Serra, 2008).

Despite the diversity of studies focusing on students, many analyze the factors related to the reasons for choosing nursing as a career (Halperin and Mashiach-Eizenberg, 2014; Price, 2009), pre-registration student nurses' personal qualities and possible changes after training (Pitt, Powis, Levett-Jones and Hunter, 2014), their view of the clinical learning environment (Papathanasiou, Tsaras and Sarafis, 2014), and the process of socialization (Price, 2009; Shinyashiki, Mendes, Trevizan and Day, 2006). However, there is little information specifically on how student nurses perceive the theoretical and practical training received and how this training contributes to constellating their identities as future nursing professionals.

## **Objective**

To gain insight into nursing students' perception of their theoretical and practical training and how this training influences the process of constructing their professional identity.

## **METHODS**

### **Design**

A qualitative research study was conducted within a constructivist paradigm and with ethnography as the most appropriate methodological strategy to approach the study aim. Ethnography aims to understand the meanings assigned by people to their practices (Geertz, 1996). The present study aimed to analyze students' perceptions of the role of theory and

practice in their nursing education and how it influences the construction of their professional identity. Their experience as students contributes to creating these meanings.

## **Setting**

The fieldwork was conducted from December 2010 to May 2012 in l'Escola Universitària d'Infermeria Vall d'Hebron de Barcelona (EUIVH), in the Hospital Universitario Vall d'Hebron (HUVH) and in a primary care center (PCC).

## **Participants and sampling**

The study population consisted of third-year nursing students studying at the l'EUIVH for a Nursing Degree with the following inclusion criteria: being a third-year student during the 2010-2011 academic year, starting and continuing nursing studies in l'EUIVH exclusively, and participating voluntarily.

Sampling was intentional, aimed at selecting persons with specific characteristics, which would guarantee a greater quantity and quality of information (Valles, 2007). Selection of the EUIVH students exclusively was due to a feature distinguishing it from most university schools of nursing: since the 2002-2003 academic year, the nursing curriculum ceased to be organized by subject matter and became organized by competencies, using a student-centered teaching-learning method, known as problem-based learning.

## **Data collection**

The participant observation and discussion groups were selected.

Participant observation (Taylor and Bogdan, 1992) was deemed necessary to provide access to and understand the professional reality in which student nurses would participate and be fully immersed during their training. Observation was conducted in the hospital and primary care settings throughout the 4 months when students carried out their clinical placements. The settings consisted of departments where third-year students carried out these

placements. The departments were selected with the help of key informants because it was believed that these departments were those that would enable both the students and the nurses involved in their training to contribute a greater quantity and quality of information. The information given to participants on the presence of the investigator varied, always attempting to follow an open strategy. The prolonged fieldwork helped the participants to behave naturally and allowed the setting and activities to remain undistorted by the presence of the investigator. Another contributory factor was that the presence of students on clinical placements from distinct disciplines is very common in these settings. Field notes were recorded throughout the process.

The information gathered during observation was used to prepare and hold the student discussion groups. A student was selected to identify future participants. Personal contact was then made with the identified students, who were invited to participate. Three groups were conducted until reaching information saturation. All groups were led by the main investigator, with 8, 8 and 7 participants (in the last discussion group, one person failed to attend). In each group, sex, age, marital status, geographical origin and work experience were proportionally represented to reflect the health setting; these criteria, and the fact that the students were all studying for the same degree, guaranteed the required homogeneity (to allow and encourage debate) and heterogeneity (sufficient diversity to allow contrasting opinions, which would enrich the discourse). For the script, open-ended, structured questions were prepared with a logical sequence to guide the discussion and elicit the maximum amount of information. The mean duration of each session was 113 minutes. Sessions were recorded on video and in audio format and notes were taken by the moderator. The recordings were then transcribed and a session was held with the participants of each of the groups to review the contents.

## **Ethical considerations**

Participation was voluntary at all times and written informed consent was obtained from participants and from the management of the distinct institutions. Data confidentiality and anonymity were guaranteed. The recordings were the responsibility of the investigator and remained under her exclusive control. The investigator was also responsible for transcribing the recordings and for their destruction at the end of the study. The names appearing in the excerpts are fictitious but have been assigned to help humanize the presentation of the participants. The project was approved by the Ethics and Animal and Human Experimentation Commission of the Universitat Autònoma de Barcelona.

## **Quality criteria**

To guarantee the rigor and credibility of the data, this study adhered to the criteria proposed by Guba (1989) of credibility (triangulation, prolonged field stay, persistent observation, data confirmation with the participants), transferability (abundant data collection, meticulous description), dependability (overlapping data collection methods) and confirmability (data triangulation and reflexivity).

## **Data analysis**

In qualitative research, data collection and analysis are inseparable and alternate throughout the process. In fact, analysis of the first data collected guided the collection of subsequent data.

That said, data analysis was performed using Glaser and Straus' constant comparative method, which classifies phenomena in distinct categories with constant comparison among categories. In the first phase, units of meaning were segmented and grouped in the emerging categories that were pertinent to the project. In the second phase, these categories underwent complex comparison and were grouped into the thematic nuclei that emerged and were linked to the categories. In the third phase, the data were integrated



and interpreted, based on the previously described theoretical model. The ATLAS/ti version 6.2 was used for data categorization, organization and recovery.

## RESULTS AND DISCUSSION

A total of 182 units of meaning were identified, which were categorized and grouped into three thematic nuclei, explained below. The integration and interpretation of these data was carried out based on the theoretical framework.

### *1. The value of clinical placements*

The results of the present study confirm the need for and importance of both theory and practice in student nurse education. Both are necessary and neither are dispensable. This belief was reiterated by most participants

*"I believe that theory and practice are inseparable."* (DG1, Estefanía, 426)

This statement contains several nuances, reflecting the various tendencies reported in the literature.

While some students showed no clear preference for either of the two dimensions, finding that each fed back into the other, most believed that, although both theory and practice were inextricably linked, clinical practice was what endowed the theory with sense, for several reasons: one was the ability to face real situations, that is, for the students to place themselves in the context where the events were happening, in the same place as the person under care, in the field of nursing intervention.

*Yes, because in theory, we often easily say "yes, I'd help" because obviously, it's fine to say it and we all have an idea of what it means, but until you find yourself in the situation ... and "Now what?" We help, but how? This is what clinical placements have given me, seeing nurses do things and taking note for when I have to do them."* (DG 3, Asun, 298)

As Benner (1987) states, people are linked to a situation and depend on the context in which they find themselves; consequently, practical knowledge is obtained by being involved in real-life situations, which include a greater number of factors than indicated by theory. Thus, in Benner's view, aiming to generate nursing knowledge in theoretical contexts where it cannot be applied, is what provokes the gap between theory and practice. Along the same lines, other authors agree that practical knowledge cannot be taught due to the difficulty of making it explicit and, therefore, it can only be demonstrated in practice (Medina, 2005).

Another of the basic reasons reported by students for assigning greater value to clinical placements is that this part of training also generates knowledge. Moreover, although the acquired theoretical knowledge can be applied in some situations, what is most important about clinical placements is that they create new knowledge.

*"...I've acquired knowledge, it's not that I learn the theory and then apply it to practice. Yes, a lot of theory is applied to practice but, when I'm on a clinical placement, because I have young, dynamic nurses who have studied in the same school, even with problem-based learning, they are teaching me every day and may take an hour or two each day to explain how to apply the theory to a patient in front of me, in situ, ..."* (DG 1, Joel, 531- 543)

As some authors have stated (Benner, 1987) not all nursing knowledge is written in stone and clinical placements can be a source for its development.

Another of the factors that tip students' opinions in favor of clinical placements is the motivation for learning. Being in a real setting and context creates the need to search for information and acquire the knowledge that enables the student to understand the situation and be able to act, again underscoring the close relationship between theory and practice.

*"Without clinical practice, you don't have that extra push that makes you look even harder. I've found when I was doing problem-based learning, which I liked, you get a case that really motivates you and you study a lot. But then you get a patient in a clinical placement and you*

*tell yourself that there are things you don't know and then you look for things twice as hard."*  
(DG 2, Lourdes, 295)

Clinical placements also help students to get to know their professional reality, to contrast it with their prior conceptions or with what has been presented to them theoretically or academically. Clinical experience is basic for shaping identity as a future nurse. It is unsurprising, therefore, that student nurses assign greater weight to clinical placements than to theory in the acquisition their concept of their professional role (Jara, Polanco and Alveal, 2005).

*"What has most influenced me are the clinical placements. You need the theory and you need to know it but when you get there and you think I'll be doing this a few years from now, then you create your identity and you see whether you feel comfortable or not imagining yourself as this type of professional."* (DG 3, Rebeca, 316)

## *2. The clinical placement mentor as a key figure*

The role of the clinical placement mentor (a clinical nurse who guides students' learning process during clinical placements) is vital to students' learning, which includes not only knowledge, skills and working methods but also ideas, values and attitudes that serve as a model and help to shape students' identities as future nursing professionals.

Students considered that the mentor's willingness to undertake this role and his or her rapport with the student were essential and were even more important than the nurses' knowledge or teaching skills. If students had to choose, they would choose a clinical placement mentor who was willing to guide them throughout the placement.

*"You may get a nurse who wants to be of help but doesn't know how to. But if you get one who doesn't want the role, it's much more difficult. As Pepi was saying, they might let you do things or not do them, either motivating or frustrating you."* (Marcos, DG2, 339-347)

Thus the student-mentor relationship is a determining factor in learning. This finding is in line with those of other studies reporting that being well received in new situations and being motivated facilitates learning and that the factors with the greatest impact are interpersonal relations and attitudes (Vila and Escayola, 2001). In other words, learning can be more or less meaningful, partly depending on the mentor assigned and his or her attitude.

Among the series of mentor attributes that authors such as Wagner and Seymour (2007) deem necessary for a successful student-mentor relationship, those considered essential by the participants of this study were respect, support and the mentor's belief in the student's abilities, thus giving them the confidence necessary to make adequate progress in learning. Other studies have also reported the importance of the mentor's confidence in student's abilities for the students to acquire security and self-esteem (Bardallo, 2010).

Therefore, the figure of the mentor and the mentor-student relationship is vital for students' learning to progress (Vila and Escayola, 2001) and for constructing a nursing model (Price, 2009). From their experience in clinical learning situations, students are able to distinguish between mentors who serve as a model of good practice and those who provide a model not to be imitated, thus illustrating the personal and professional maturity involved in learning.

*"...in my case, my experience in clinical placements influenced me a lot. Having a mentor who loves her profession, feels fulfilled by it, how she treats patients, how she explains, who wants you to be a good nurse too, but then there are other nurses who really aren't so good. What you have to notice is what's good and bad in all of them."* (DG 3, Paula, 229)

### *3. Theory and the added value of problem-based learning*

Despite the above, some students assign greater value to theory, believing it necessary for its subsequent application or to understand specific situations in the clinical setting. Knowledge gives these students security. However, these same students state that

clinical placements are needed for them to realize the relevance of theory, reinforcing the idea that both facets of learning are mutually constitutive (Medina, 2005; Benner, 1987).

Despite the predictable fears faced by students on the threshold of graduation, all participants had a certain amount of confidence in their ability to cope with problems in daily practice. They attributed this directly to the skills developed by the learning method used from the moment they entered first-year training: problem-based learning. The insecurities that this teaching strategy generated in them, especially concerning their lack of knowledge-a feature reported in other studies (Cònsul, 2012)-is compensated for by the training they felt enabled them to face problems and approach new situations.

*"... but that's the good thing, that although you don't know anything, we know how to face that. You have resources, tools to cope with the situation. But people from other universities only have the vision of the educator who taught the theory, for them, there's no other opinion."* (DG2, Marcos, 603)

The students were also clear that problem-based learning had taught them to reflect on what they did, read, observed and were taught, allowing them to consider diverse opinions rather than have a single view. Importantly, the students were able to transfer to the clinical setting the act of reflection, acquired through practicing it in the theoretical setting with problem-based learning.

*"In clinical practice, when I was going to do something, I needed to give 50 explanations for why I was doing it, justifying myself, justifying why I was going to do something, but without wanting to. I know people who think there's no need, because the teacher has said so, end of story."* (DG2, Lourdes, 597)

The act of reflecting alluded to by students is an indispensable component of critical thinking. This should allow professionals to act as experts whose decisions are based on rational principles applied to specific situations and are not made automatically based on orders from superiors (Baños and Pérez, 2005). This is essential for the discipline of nursing. For Perrenaud (2004:12), the autonomy and responsibility of professionals *"cannot be understood without a deep capacity to reflect during action and on action"*.

Another of the distinguishing values attributed by students to problem-based learning is adaptation to change. Not having the certainty that may be given by the view of an expert teacher and being faced by problematical situations, these students need to search for information to gain an overall view of the problem and, in turn, of the particular and changing features of each situation.

*"Because I was taught through problem-based learning, I was personally prepared, you see the person as a whole, you aren't certain ... and that helps us have a vision of future nurses, to evolve, as we were saying."* (DG2, Isabel, 599)

These features, which confer problem-based learning with added value, as evidenced by students and reported by several authors, are promoted by the method itself. This method encourages the development of cross-sectional competencies: instrumental, interpersonal and systemic (Baños and Pérez, 2005), which the participants of this study used as a fundamental training strategy since entry to their course.

## **LIMITATIONS**

One limitation of the present study is the scarcity of literature on the topic, hampering comparison of results. Another limitation is due to the difficulty of extrapolating the results to those of other populations. However, the results of this study could be relevant to similar contexts and, together with the methodology used, could serve as a theoretical framework to study the same or similar phenomena in other settings.

## **CONCLUSIONS**

In this study, the students' perceptions on the relationship between theory and practice in their training did not differ from previous reports in the literature. Both strategies are essential in their training as future nurses and therefore in the formation of professional

identity.

Nevertheless, clinical placements are the main element, as they provide an exceptional opportunity to experience professional reality and to be able to contrast it with that transmitted in other teaching settings or more theoretical strategies. Moreover, clinical placements allow students to choose the nursing model with which they most identify. In this sense, the clinical placement mentor is an essential figure, since, in addition to knowledge, he or she transmits elements of professional identification, thus helping students to construct their identity as future nurses.

Despite the predominance of clinical learning, problem-based learning is viewed as a strategy that enables students to be good professionals and makes them feel different. The use of problem-based learning largely explains students' vision of practice as the source of learning and can therefore help to reduce the gap that has traditionally existed between theory and practice. The skills acquired with problem-based learning, which, moreover, are transferred to the clinical setting, help students cope with new problems and adapt to changes, manage their knowledge, take responsibility for events, make decisions, reflect, and develop critical thinking. This suggests more active and reflective learning, very different from imitation-based methods, which is of vital importance in any profession, including nursing. Problem-based learning may thus help students to reach the last stage of professional socialization, in which the professional role is real, nurses feel comfortable with it, and it forms part of their self-concept.

## **FINAL PROPOSALS**

This study contributes to knowledge of the study aim but also raises new questions that require further research. Future research could continue to explore and gain greater insight into the distinct teaching-learning strategies employed in nursing training and their

impact on the construction of identity. It is essential to study aspects related to clinical placements and to the transfer the skills learned with strategies such as problem-based learning to professional practice and identity in an increasingly complex social and professional context where collective identity may become eroded.

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