Graduate nurses in community healthcare: choice and underlying rationale

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Abstract:
This paper addresses the question of the construction of identity in the nursing profession, and seeks to identify the reasons behind the choice to work in a field of nursing — community healthcare — which is in little demand as a first place of work. Those who choose to work in this field, therefore, represent a departure from the norm.

Theoretical input revolves around key themes such as social representations, the sociology of professions and professional identities, the objective being to identify the motive forces behind the action of our subjects. In view of the principal objectives of our research, we opted for a naturalist, descriptive approach, based on qualitative and biographical data. To collect data we used semi-structured interviews of a biographical nature, and subsequently proceeded to analyze the data we had collected.

Finally, we recapitulated the key events in the professional career of our subjects, from the selection of their nursing course to their initiation in professional life, with the focus on the rationales which underlie the choices they make in selecting their first place of work — most of which choices can be classed as personal, family-related, curricular or contextual.

Key words:
Social representation, community nursing, construction of professional identity, rationales of action.

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INTRODUCTION

For many years, public healthcare has been oriented towards the treatment and cure of serious, acute or chronic illness. More recently however, this orientation has been questioned, with the emergence of new healthcare policies — such as the Charters of Ottawa (1986), Jacarta (1997) and Mexico City (2000), formalized after the respective international conferences — which seek to reorient healthcare towards the community, with primary and tertiary healthcare included in this new orientation. Key factors in the new orientation are the emphasis on healthy living and the prevention of illness, with the individual being held responsible for his/her own health.

At first glance it's easy to see the advantages to be had in this reversal of philosophies: the avoidance of real and potential hazards to the health of each person, with the tonic on prevention of illness and the encouragement of the adoption of healthy lifestyles; the implementation of an articulated system of care which provides assistance and quality of life to those suffering from chronic illnesses, reducing hospitalization times and, concomitantly, the risk of nosocomial infections and the costs associated with hospitalization. Thus healthcare extends to the before and the after of the illness, and is not limited merely to "crisis" action, as before.

If healthcare policy is centred on the treatment and cure of acute situations, it should come as no surprise that those who provide the healthcare will tend to seek to work within this conception of healthcare. And yet demand for "alternative" places of work among graduate nurses is a fact established by many studies: we can quote those of Durão (1995), Mestrinho (1997) and Figueiredo (2004).

Working within the framework of a master's course in Educational Sciences (area of specialization: adult training), we outlined a research program that sought to examine the construction of professional identity in nursing and to identify the elements which may have influenced how graduate nurses chose their first place of work: particularly where the path they chose went against the "normal" tendency (which is to commence one's nursing career in a hospital) to fall on community healthcare. Thus the general objectives of our research were:

- To identify which factors lie at the roots of the construction of the identity of graduate nurses;
- To structure, from the biographical point of view, the motivations driving each individual from his/her decision to train as a nurse to the choice s/he makes with regard to the place in which s/he enters a nursing career.

We articulated these two objectives in the form of the following question:

What were the rationales underlying the choices made by a group of graduate nurses who opted to start their careers in community healthcare?

The answers to this question form the basis for the present study. Structurally, it is divided into three sections. In the first section, entitled "*What people say about nurses*", we discuss the theoretical foundations for their chosen career paths, examining the issues emerging with regard to nursing in society, the construction of identity in the nursing profession, and the integration of this profession in the wider working world. In the second section, entitled "*What we say about our study*", we outline our methodological options, our subjects, the methods we used in gathering data and their implementation, and the procedures used in analyzing the data. The third section reviews the salient points of the study and the theoretical input discussed in the first section, in an attempt to provide an answer to the question stated above. This section is entitled "*What our interviewees said*".

WHAT PEOPLE SAY ABOUT NURSES...

From professional socialization to the construction of professional identity

As Abreu (1998) notes, the study of social and professional identities has intensified in recent years, and has been applied in the most diverse fields of knowledge. Theories of social and professional identity variously explain the phenomenon in terms of psychology, sociology, anthropology, the healthcare sciences and education.

Professional identity is the product of social processes, and can change as a result of social interaction. Thus "the social processes which condition identities, from their formation through to their transformation, are determined by the social structures in which the identities take shape" (Abreu, 1998, p. 82). Each individual has an identity even before s/he acquires professional skills or enters the world of work. This identity has ethnic, religious, gender, class and family aspects.

When the individual enters his/her profession, s/he undergoes a process of reconstitution of identity which is influenced by previous experience and background, and by his/her identity thus far formed. This is a process in which the construction of identity has to combine, on the one hand, "identity conferred by the other versus identity constructed by the self, and on the other, inherited social identity versus the identity aspired for" (Abreu, 1998, p. 84).

Entering the employment market is therefore marked by the conflict between two types of identity: virtual identity, and accorded identity. The lesser the distance between these two identities, the better the new entrant will be able to deal with the working context, and the fewer the uncertainties and anguish felt due to the mismatch of identities.

This first conflict determines "the modes of construction of a basic professional identity" which constitutes identity in the workplace and the projection of the individual towards the future: thus anticipating "a trajectory of employment and the realization of a rationale of learning, or more accurately of training" (Dubar, 1992, quoted in Abreu, 1998, p. 84).

When a young professional enters the jobs market, his/her awareness of the importance of making a good start leads him/her to attach importance to the acquisition of certificates and simultaneously to construct personal (identity-based) strategies which call into question his/her self-image, the appreciation of his/her abilities and the realization of his/her desires (Abreu, 1998, p. 84).

One of the accepted prerequisites in the biographical construction of a professional (and social) identity is the development of relations with co-workers, and the participation of and intervention by the individual, directly or indirectly, in the collective activities of the organization to which s/he belongs (Dubar, 1992, quoted in Abreu, 1998, p. 85):

> Depending on sociological perspective, professional identity is the result of a process of differentiation which involves interaction between social actors, workplace and work, as well as different forms of professional recognition. It depends on the recognition accorded by society and by organizations, professional values and autonomy, and the ability of the members of a profession to recognize themselves as such, to organize themselves and to locate their own professional specificity relative to other professions (Sainsaulieu, 1977, quoted in Mestrinho, 1997, p. 39).

The concept of profession and its relationship with nursing

Professionalization is a process which incorporates the concept of a profession as "an activity which requires the possession of a corpus of knowledge and know-how and the observation of conducts of an ethical nature which are collectively defined and socially accepted [and which is] in transformation in step with the evolution of knowledge and the changing relations between the professional group and the different social classes" (Nóvoa, 1987, p. 347).

In nursing in Portugal, the professionalization process first gained official recognition in 1922. This came in the form of a legally-recognized diploma which attested to its bearer's professional abilities. In 1938 a state diploma for nursing was introduced, and in 1946 its possession became obligatory for anyone wishing to practise the profession.

The debate on the professional status of nurses emerged in the wake of the first wave of feminism (during the First World War), and gained special impetus with the second wave of feminism, which came after the Second World War (Graça *et al.*, 2000).

The vocational content of nursing changed, with "a change in the vocation of nurses towards technical skills, and little by little we move from a mental landscape whose main feature is the suffering of the patient to professionalization, to salary demands, to the definition of tasks and timetables, new hierarchical principles, and the implementation of a new social order dynamic in the profession" (Mestrinho, 1997, p. 32).

The professionalization of nursing involves the overcoming of certain obstacles associated with the image that society and nurses themselves have of their professional performance. The fact that they are involved in the process of caring for someone who is suffering, providing immaterial assistance in the treatment of illness, being "doctor's helpers", makes them be seen as mere executants of pre-ordained tasks, people who obey others, who perform "little valued" functions.

These representations, whose roots lie in an image of altruism, sacrifice and charity which persisted until just forty years ago, are some of the obstacles to the professionalization of nursing. To counter these representations, the nursing profession will have to make a social demonstration of a rejuvenated image, with increased research and the constitution of a body of knowledge with which it identifies itself. Nurses will have to rethink their training and its subsequent articulation with professional practice on the way to the affirmation of their professional identity (Mestrinho, 1997).

Exercising the profession — contexts

There are various reasons for where nurses choose to practise their profession. Social status, socio-professional rewards for performance, the networks of power, dependency and autonomy that establish themselves with other healthcare professionals, the model of nursing that each individual incorporates and that sustains the identity of the care they give, and their professional aspirations, can all be considered as motors of choice. As Collière notes, "Whether it be through the technology used, the social hierarchies it creates, the institutional models it establishes, the social organization or social reach of the act of caring, the caring profession has much social influence" (1989, p. 278).

Nursing takes place in diverse working contexts, ranging from the highly specialized, such as intensive care units and A&E though pharmaceutics, surgery, paediatrics and medical specialities (neurology, haematology, gastroenterology, cardiothoracic surgery, infectious diseases etc.) to community care (health centres, health awareness/vaccination/school health programs, home care, continuous care, occupational health).

Non-hospital healthcare — in, for example, health centres — usually signifies less social visibility, lower pay, and less flexibility of working hours, and these disadvantages are exacerbated by poor/insecure working conditions. A study by Carapinheiro, quoted in Figueiredo (2001, p. 22), also revealed that nurses working in health centres are less favoured in terms of career progression than their hospital counterparts.

Stoner (1985, p. 306) notes that "young people nowadays want to affirm themselves in the working world and tend to be motivated by challenging and competitive working situations, not by routine, non-competitive situations". Carapinheiro, meanwhile, observes that younger nurses seek to develop

professional revalorization strategies that give them some degree of autonomy relative to the medical powers-that-be: for example, acting on their own initiative in the provision of care and knowing how to use medical technology (1993, quoted in Durão, 1995, p. 80).

Working within Herzberg's Two Factor theory, Slavitt *et al.* (1978, quoted in Durão, 1995) identified six components of professional satisfaction related with the provision of healthcare. These were: pay, autonomy, requirements of the job, operational requirements, interaction, and status/prestige. The objective of their study was to quantify the degree of job satisfaction felt by healthcare professionals working in outpatient health care units, comparing real and ideal working situations. The study focused on the nurses working in two different hospitals, and on all the healthcare professionals working in an outpatient unit. Its conclusions: the satisfaction factor most cherished by all three groups was autonomy, followed by professional status, with salary in third place.

What all this means, as Durão (1995) observes, is that the orientation of professional practices, motivation, working contexts, prestige, professional status, job satisfaction, the training process itself and the natural inexperience of the college-leaver (which may lead some graduates to look for work in areas they feel safe in, relative to the care they provide) are some of the reasons likely to influence where a nurse chooses to work.

Another world... community nursing

In Portugal, the most significant changes in the organization of primary healthcare took place some three decades ago. The first health centres were created in 1971; their mission was to promote public health via vaccination programs, screening cares for women, expectant mothers and children, and health in the school and the environment (Portugal. Ministério da Saúde [Portuguese Ministry of Health], 1999).

A new wave of healthcare centres appeared in 1983, the result of an articulation of the first-generation centres with the former care "funds" which provided both social and medical support. The principal objectives of these second-generation centres were to improve access to doctors' surgeries and home visits, and to implement activities on health-related subjects. However, these new centres failed to meet their objectives (Portugal. Ministério da Saúde, 1999).

In 1999 came the third generation of health centres, which were characterized by:

- Administrative and financial autonomy of larger health centres;
- Organization by teams, in units which are technically autonomous but interconnected, and are closer and more accessible to the citizen;
- A vision which places the citizen at the centre of the system, and health centres at the centre of the national health service (Portugal. Ministério da Saúde, 1999).

The Munich conference of 2000 gave community nursing a significant boost in calling for the promotion of healthy lifestyles, the prevention of illness and its consequences, and its emphasis on health education and knowledge of the community as the keys to effective action.

In Portugal, according to the same source, of the 36 000 nurses in the country only 17% worked in health centres and just 15% had skills in public/community healthcare. Despite an evident lack of staff, reports do exist of quantitative improvements in health promotion programs, and some of these are continuous care (home care) projects, which have certainly improved public access to healthcare.

In December 2002, Portugal's Order of Nurses pointed to the fat that while the EU-specified ratio was 5.8 nurses per one thousand inhabitants, the current Portuguese ratio was just 3.8. Bringing the country up to speed would require some 20 000 nurses. And yet although it's statistically proven that the number of working nurses necessary for the provision of care falls short of the desired target, graduate nurses have had difficulty in finding a job. This shortcoming is all the more glaring when we consider the geographical distribution of nursing professionals. Throughout the country there exists an imbalance in distribution which leaves the interior most disadvantaged — especially where community care is concerned.

Nursing in family health seeks to address the health needs of the population as its lifecycle

requires: promoting health awareness, the prevention of illness and the adoption of healthy lifestyles, and working in cross-sectorial and cross-disciplinary teams to elicit the active participation of citizens in decisions on their health.

Nurses working in this sector of care may do so in health centres, crèches, schools, rest homes, businesses, private residences, or deprived neighbourhoods; those receiving their care may be children, the elderly, pregnant women, drug addicts, cancer sufferers, inhabitants of deprived neighbourhoods, people with infectious diseases, or employees in industrial sectors with a high incidence of occupational disease and/or accidents in the workplace.

The social image of community nursing, the lesser status and social prestige it is accorded, its lesser contact with emergency situations, lower salaries, limited flexibility of working hours, remoteness from new technology and its advances (e.g. electromedicine), and its cohabitation with situations of chronic or terminal illness, may be some of the factors which inhibit demand for this area of nursing.

Graduate nurses nearly always choose to pursue a career in hospital healthcare, perhaps because they think such institutions offer better conditions for the exercise of their professional abilities. And the geographical distribution of nurses is equally imbalanced, with the majority concentrated in the urban centres of Lisbon, Braga, Coimbra and Setúbal, and a marked shortage in the Alentejo and other regions of the interior.

The training program and community nursing

The need to train professionals who are increasingly skilled and capable of providing healthcare across the whole spectrum of hospital care is one of the reasons for the current orientation of healthcare practice. And the main advances and progress of knowledge have taken in place in major hospitals (many of them schools of medicine too), where most technicians, patients and doctors were (and still are) to be found.

Until the first reform of the nursing sector in 1952, with the general nursing course extended to three years, nursing had not previously been directed at public healthcare:

> (...) Instruction was directed towards pathology, treatment of the patient in the hospital, nursing techniques. And students scarcely had the opportunity to appreciate the value of health, they had no training in the prevention of illness and the promotion of health (Nogueira, 1990, p. 137).

The reforms of 1965, however, included among many changes to the curricular program the introduction of the philosophy of primary healthcare, with the inclusion of a community healthcare component in the training process. In the early 1960s, however, neither the discipline of nor traineeship in public health figured in the plans of most schools. Traineeships in nursing were available from just three schools: the Escola Técnica de Enfermeiras, the Escola de Enfermagem of the Portuguese Red Cross, and the Escola de Enfermagem São Vicente Paulo (Nunes, 2003).

Up until 1974, nurses continued to be trained with no clear uniformity across courses. In this period, the Directorate General for Health introduced its program of refresher courses for public sector nursing (CAESP) and public healthcare courses, each lasting two years (Figueiredo, 2004, p. 65).

In 1988, with the inclusion of nursing in higher education, the accent was on the technical and scientific preparation of future professionals, whose conduct was to focus on three levels of prevention: "The course should provide adequate technical and scientific preparation for the provision of nursing care on the three levels of prevention: individual, family, and community..." (Fernandes, 1998, p. 38).

Since the introduction of a degree course in nursing in 1999, non-hospital healthcare has grown in importance with the inclusion of community health options in the four-year nursing degree course.

WHAT WE SAY ABOUT OUR STUDY...

A statement of the problem

Where a professional chooses to work depends, as we saw, on various factors. Our principal objective was to contribute towards an understanding of the trajectory covered by nursing students over the course of their initial training, pointing to the

strategies used by the students in their choice of first employment and their early experience as professionals. This immediate objective was in turn a means to attaining a number of more general objectives:

- To identify the factor(s) at the origin of the construction of the identity of a nursing student/recently-trained nurse;
- To structure, from a biographical point of view, the motivations driving each individual, from his/her choice of college of higher education to choice of first workplace and induction into the profession.

It was these objectives which formed the outline for the articulation of our research question: *What are the rationales underlying the choice of first workplace in a group of nursing graduates opting to work in community healthcare?*

Options and methods

The study presented is based on a questionnaire which was formulated in such a way as to yield critical data on the decisions taken with regard to the first workplaces chosen by nursing graduates. It is based on an assessment of the construction of professional identity, and essentially seeks to understand the process which informs the choice of each nursing graduate. We centred our research on a certain phase in the careers of our subjects (their induction into the working environment), although this necessarily involved the odd incursion into the recent past of our subjects to better understand the motives behind their choices. We therefore have to bear in mind the importance of other key moments, such as the early stages in higher education and the initial training process, for understanding how identity takes shape.

Belonging as it does to a regulatory sociological approach, our study addresses social realities relating to the convergence and cohesion of human society (Afonso, 2005).

Our paradigm in this study was that of interpretative sociology combined with symbolic interactionism. To discover the motives driving the choices of nursing graduates our methodological benchmarks also included naturalist, descriptive and qualitative components, with phenomenological and biographical components also included.

The first step in the empirical part of our study was to select our interviewees. For this we established a number of criteria:

- Interviewees had to be nursing graduates who had chosen to work in community healthcare;
- Interviewees had to have no more than two years' work experience, this criterion being based on the theoretical questions defined by Benner (1982, 1995, quoted in Mestrinho, 1997, p. 101), "who considers as recently-trained those nurses with two years' work experience or less, the first of five stages they have to complete during the course of career before they can become expert nurses; nurses who are therefore still getting to grips with their induction into the profession";
- Interviewees had to work principally in community nursing;
- Interviewees had to work in health centres in Lisbon district (for reasons of accessibility).

This study focuses, as we have seen, on one possible context in which nurses can work: health centres. At first we limited our selection process to health centres in the city of Lisbon — seventeen in all, not including branch centres. This yielded just two subjects who met the established criteria.

As this was a manifestly insufficient sample, we extended our radius to cover health centres in the district of Lisbon (adding a further twenty-eight health centres to the seventeen in Lisbon city, resulting in a total of forty-five health centres). From this population we managed to identify eight nurses who met all the established criteria.

The table in the next page provides a summary of the characteristics of our interviewees. For reasons related with research ethics we do not reveal the names, colleges or workplaces of the subjects.

Data collection method

We wanted to analyze the meaning each individual attached to his or her actions, and listen to them talk of their choices, preferences and aspirations, confronting them with the "why" of their decisions. Our questions incided particularly on the professional milieu, and we sought to understand

Table 1

PROFILES OF STUDY INTERVIEWEES

EN	AGE	MARITAL STATUS	REGION	STUDIES	PLACE OF WORK	WORK AGREEMENT	WORK EXPERIENCE	EXTRA WORK	ASPIRATIONS
E1	25	married	Lisbon	3+1	Rural	—	2 years 6 months	3 months Hospital	—
E2	24	cohabiting	North	3+1	Suburban Lisbon	C.A.P.[1]	1year 2 months	2/3 x week: rest home	yes
E3	33	married 2 children	Lisbon	3+1	Suburban Lisbon	C.A.P.	2 years	Clinic	—
E4	24	single	Lisbon	3+1	Rural	C.A.P.	1 year 2 months	?	yes
E5	25	single	Central Portugal	3+1	Rural	—	3 years	?	yes + Master's degree
E6	23	single	Lisbon	3+1	Rural	Contract	1 year 4 months	Anal. Lab.	—
E7	27	single	Alentejo	3+1	Suburban Lisbon	—	2 years	—	—
E8	24	single	Lisbon	3+1	Suburban Lisbon	C.A.P.	3 years	2 year Hospital	—

[1]. Civil Service Contract (C.A.P. - Contrato Administrativo de Provimento).

the reasons which led them to enter community nursing after completing their course in nursing. Interviews — more specifically, semi-structured interviews — were our primary method for gathering information.

Identifying the foundations of choice and understanding the reasons for departing from the norm were the principal questions we wished to explore with our interviewees. To do this we centred our questions on a specific moment in their careers (their entry into working life), with incursions into their recent past designed to throw light upon the tendencies and aspirational outlines behind their departure from the norm. Biographical interviews proved a useful way of perceiving underlying beliefs and individual values, and allowed us to draw inferences on the processes whereby professional identity is constructed.

The content obtained via these methods of enquiry was not free of interference. We have to recognize the possibility of a certain contamination of discourse deriving from the periods in their lives in which our interviewees found themselves, and from the contexts in which the interviews took place. There may exist situations in which subjects found themselves confronted with issues, choices and past decisions on which they had not reflected when asked to relate their experiences and justify their conduct. The narratives of the interviewees therefore have to be modulated in terms of the reflection that the interviewee has carried out with regard to his/her career trajectory, the changes undergone during the course of his/her life, and interference from the present and future (Cavaco, 2002).

In addition to the above conditioning factors, we have also to consider interference deriving from the interview situation itself, where the interviewee is encouraged to express feelings which to some extent are private, and to discuss topics which s/he judges the interviewer to be interested in (Cavaco, 2002).

The questions put to the interviewees were grouped around three principal themes:

From life trajectory to choice of a course in nursing:

Here we wanted interviewees to tell us of what made them choose to take a higher education course in nursing. We also wanted to identify any factors that influenced their decision.

From initial training to choice of first job:

What we mainly wanted from this group of questions was to understand how interviewees experienced their initial training, how they went about building their professional identity, and which factors were at work in orienting them towards a career in community healthcare.

From professional induction to views on professional practices:

With this group of questions we wanted to understand the processes at work when trainees entered their profession, how they experienced the role of the nurse, and what professional aspirations they had.

Data analysis procedures

Analysis of data was a procedure of great importance for identifying the perceptions of interviewees with regard to their profession and their induction into it. By fragmenting their discourse and then piecing together the rationales which justified their decisions with regard to their first place of work, we can get to the heart of the message of each interviewee, and then reorganize it in accordance with the objectives of our empirical work.

Below we present the classification checklist which we used for the analysis of the data we gathered during the course of our study. The checklist presents the three central themes around which a number of sub-themes (sub-categories) were built to delimit and filter the information we collected from the discourse of our interviewees.

Table 2

classification checklist

macro-category	category	sub-category
1. from life trajectory to choice of a course in nursing	1.1. Motivations behind the choice of higher education course	1.1.1 Listening to oneself 1.1.2. Opinions of family and friends 1.1.3. Nursing references 1.1.4. Experience in the field of healthcare 1.1.5. Educational and professional guidance 1.1.6. Importance attached to higher education 1.1.7. Criteria for the completion of the higher education candidature
2. from initial training to choice of first job	2.1. Characterization of nursing college	2.1.1. Human and material resources
	2.2. Characterization of nursing course	2.2.1. Organization of course 2.2.2. Conceptions of the profession 2.2.3. The view of the student
	2.3. College and the construction of professional identity	2.3.1. "Model" instructors and teachers 2.3.2. Emotional support during course 2.3.3. Defining moments during course 2.3.4. Learning nursing
	2.4. Choice of first place of work	2.4.1. Personal preferences 2.4.2. Family, friends, teachers, others 2.4.3. Principal curricular areas 2.4.4. Characterization of spheres of care: hospital and health centre
3. from professional induction to views on professional practices	3.1. Comparison with reality	3.1.1. The professional integration process 3.1.2. Obstacles perceived 3.1.3. Strategies for overcoming obstacles 3.1.4. Expectations
	3.2. Performing a role: being a nurse	3.2.1. Social and professional representation of nursing 3.2.2. Characterization of the role of the nurse 3.2.3. What it means to feel like a nurse
	3.3. Professional development	3.3.1. Professional and training aspirations 3.3.2. Personal and professional gratification 3.3.3. Significant aspects of personal and professional growth

WHAT OUR INTERVIEWEES SAID...

Nursing has undergone many changes over the centuries. These changes have come as the result of advances in societies and cultures, and have emerged in response to the new requirements which these advances have brought with them. Portugal has been no exception. At the retroguard of the range of esteem in which nursing is currently held is a past influenced by the changes internal to the country as well as by global change.

Different currents of thought and conceptions are intertwined in a process of social, cultural and cross-disciplinary exchange which, despite territorial nuances, converges on the same goal: improvements in the healthcare provided to the population.

The changes which have occurred in the nursing profession are the consequence of wider changes, and can be seen as the result of social phenomena which emerge at given moments in history, in certain societies and certain cultures. And then, in our view, there are also transformations of a natural and foreseeable kind which may have been incompletely absorbed if the representations thus far stated show themselves to be so deeply rooted as to be incapable of sustaining reformulation and reconceptualization.

The nursing profession in Portugal has therefore suffered structural as well as incidental damage. When we look at its track record we find a series of concepts such as devotion, submission, servility, vocation, craft, technical proficiency, professionalism and autonomy, which lead us to many different representations of the same object. This is an image which has been the focus of a good deal of debate and of action designed to improve the status and social recognition accorded to nurses. And yet the primary representations continue to prevail in the eyes of society, which reveals a certain difficulty in accepting the changes that have occurred.

To summarize...

The reasons cited by our interviewees for their decision to follow a course in nursing, despite a diversity of aetiologies, nearly always shared a common factor: the desire to perform a professional activity in which interpersonal relations are an intrinsic feature. They sought a career which put them in touch with the needs of other individuals, and gave them the chance in some way to help satisfy these needs. We must not forget, however, the existence of other factors related with the influence exerted by significant persons or precepts in the immediate milieu, previous contact with the realities of healthcare, specialist guidance in the choice of career, the importance attached to higher education, and strategies used for the completion of courses.

The interference of the theoretical conceptions and perspectives vehicled by each teaching establishment with regard to the choice of workplace was another question we sought to examine in our study. Independently of the place of training and the theoretical level of training, there exists a very strong focus on humanistic conception, which favours e.g. holism and caring. This focus is clearly visible on the level of assessment criteria, where it is privileged to the detriment of the practical component. However, we find it curious that although the conceptions dictated by the colleges are centred on these theoretical tenets, the main challenge of training concerns the performance and acquisition of skills in technical procedures, with clinical training mainly administered in the hospital context. The choice to follow a career in community healthcare, and more specifically in ongoing care (the area in which most interviewees worked) had a lesser impact in terms of the teaching program. We do not believe, however, that humanist conceptions of healthcare are totally ignored in the hospital environment, although due to the nature and demands of this environment (e.g. the characteristics and needs of patients and the limited number of nurses), the relational side of the job really has less importance than it is accorded in the theory and the discourse of the profession.

When we examined the question of the interference of the college in integration and professional socialization process, and in the future choices of its students, we observed that inclusion in teams belonging to healthcare units is considered a crucial factor for a better understanding of professional realities. By accompanying a nurse (usually on a 1-to-1 apportionment system) in their work, students are inducted into the dynamics of the milieu, and gain an awareness of "backstage details" through working with a privileged informant with absolute

knowledge of the working context. With regard to career choices, we observed that training programs were hospital-centric in their orientation — as were the aspirations of trainee nurses, who sought employment in areas such as medicine/surgery, accident and emergency, and paediatrics. But despite the observations just given, we noted that decisions taken with regard to the first place of work in no way coincided with the training program followed, directed as the former were at community healthcare, and continuous care especially.

When questioned on what it meant "to be a nurse", interviewees tended to base their opinions and descriptions on personal characteristics and on "extra-sensorial" perceptions which are almost exclusively attributed to these professionals. Essentially, they think nurses should be aware of the needs of those cared for, directing them to "specialists" when the problem detected lies outwith their own remit. Furthermore, they expect of nursing professionals theoretical and practical skills which are important for their correct performance as nurses. Also interesting was their distinction between the nurse who works in a hospital and the nurse who works in the community. To the former they attribute a series of theoretical and practical skills, and the manual dexterity inherent to the daily requirements of the clinical context. To the latter they attribute greater ability to manage community resources, contributing to the prevention of illness and the preservation of the quality of life and independence of patients. Regardless of the precise area of activity, they assert that the mission of nurses working in community healthcare is to promote the well-being of individuals, families and communities.

To examine the interplay between the conception of nursing as idealized during the training process and the realities of the professional context, we questioned the interviewees on the expectations they had formed, and their assessment of these expectations. Despite the systems of reference present on their entry into the working world, we can observe that the images constructed during initial training are in some way adjusted to the reality of the professional context in which the nurses find themselves, although there does exist a general sentiment of satisfaction with regard to the course and the profession they chose.

The central question of our study regarded the rationales operating in the choices nursing graduates made with regard to their first place of work. Personal factors are at work here, as well as family, curricular and contextual aspects. Personal factors, such as fixed and regular working hours, distance between home and work, and workload, revealed themselves to be crucial in the choices made.

Among the family factors voiced by interviewees we can cite the way shift work affects family life and marriage, where working at night and the inability to participate in social and family events and other special occasions exert a significant influence. In the same vein we can also cite the mismatch between the social representations of the nursing profession prevalent in the minds of family members and graduate nurses, generally speaking, and the working context in particular. Another factor which influences decisions is professional aspiration.

As we saw above, although the key areas of training are centred on the hospital side of nursing, positive experiences in nursing training in community healthcare did influence the careers chosen by the interviewees. In a general sense, when asked to describe the various areas of professional activity, interviewees said professional gratification was higher when the work takes place in a community context — they attached more value to nursing in this environment, regarding it as crucial for the improved health of their patients.

There is a considerable overlap between all the factors cited, however; and this underlines the relative importance and priority attached by each individual to his/her preferences and choices. We can observe a predominance of certain areas to the detriment of others, as for example the importance of family factors and key areas of training, where the choice to work in community healthcare is a solution which seeks a compromise with the demands of the family. So the ideal solution would seem to be one which attains a state of harmony between personal, family and professional aspirations and demands; numerous factors are operating in the evaluation of different career outlets, with some contributing more than others to the final decision.

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