Clinical education

The interplay of developmental factors that impact congruence and the ability to thrive among new graduate nurses: A qualitative study of the interplay as students transition to professional practice

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A B S T R A C T

Research suggests the stressors leading to burnout may begin in the undergraduate experience, making the high attrition rates of new graduate nurses highly relevant to undergraduate nurse educators. Through a qualitative research study performed in B.C, Canada, eight novice nurses underwent three in-depth interviews to explore the interplay of factors that enabled and disabled them from thriving upon entry into practice. Prominent undergraduate nursing curriculum factors that were significant in the ability to navigate stimuli before they become chronic stressors included: (1) the ability of students to practice self-care, (2) whether or not faculty supported students to choose practicum and work areas that aligned with their personalities and preferences, and (3) curriculum components that felt relevant and translated well into the workplace. Developmentally, congruence and self-compassion were significant factors that acted as buffers against workplace stress. These insights inform nurse educators by deepening the understanding of the interplay of developmental assets and the experience of stressors that are endemic in their education and workplace experiences.

1. Introduction

Burnout among new graduate nurses begins in the undergraduate experience, with nurses who experience feelings of burnout before entering the profession being at significantly higher risk of leaving their position after only 10–15 months (Rudman and Gustavsson, 2012). *Burnout is a chronic emotional overload, an occupational health hazard second only to muscle-skeletal injuries, which is estimated to have doubled in incidence in the last ten years* (Thunman, 2012). *The pathological components of burnout overlap with those of clinical depression* (Bianchi et al., 2015).

While the literature is clear that new graduate stress and turnover is a common problem, research is lacking in regards to what makes one nurse more vulnerable than another within similar work environments. To address this gap, this research study aimed to understand the factors within the undergraduate, new graduate workplace, and developmental contexts that interplay to impact congruence, stress management, and the resulting ability to thrive as a new graduate nurse. This paper is focused on the research results surrounding the interplay of undergraduate and developmental factors. The undergraduate nursing curriculum is essentially the training ground for nurses as they develop congruence in their professional identities and as they tactically and emotionally prepare to *be* a professional nurse. *Congruence* (Rogers, 1959) *is the alignment of one's "real" and "ideal" self.*

1.1. Congruence

The concept of congruence (Rogers, 1959) is well known in the field of psychology, describing one's alignment of their "real" and "ideal" acceptance and expectations of self (Fig. 1). Incongruence describes the dissonance between the "real" or actual experiences in comparison to the "ideal" picture (Rogers, 1959). Those who are less confident in their "real" self are more apt to experience stimuli as a threat to the basic human needs such as esteem and belonging (Maslow, 1943), and will tend to have greater tendencies toward perfectionism, emotional dissociation, and developing a host of mental/physical health conditions (Antonovsky, 1987). Rhéaume et al. (2011) found that nearly half of new graduate nurses intended to leave their employer, with the strongest correlating variables being the work environment, lack of empowerment, an inability to internalize goals and to exercise the "ideals" they learned in nursing school in the workplace.

A factor that propels and empowers one toward congruence and thriving is the confidence to successfully problem solve and to achieve their goals by utilizing available resources (Eriksson and Lindström, 2007). One's ability to achieve their goals requires congruence between their "real" and "ideal." Conversely, when "ideal" goals lack the subconscious support of the "real" self they then lack the motivation and commitment required to reach them.

Finally, high levels of job satisfaction and performance directly correlate with one's degree of self-efficacy to achieve their goals (Duffy
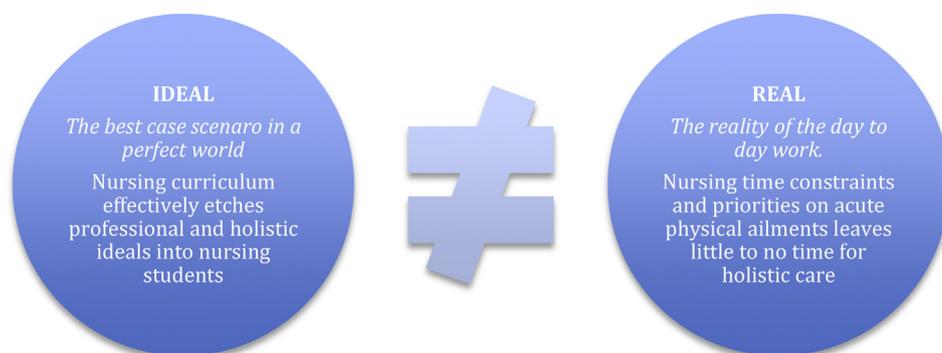
Fig. 1. Incongruence between the "ideal" and the "real".

Incongruence between the "ideal" and the "real" (Rogers, 1959). This figure illustrates the components that make up how nurses feel they should be, which may or may not be a reflection of their current reality. The further apart these two circles are the greater degree of feelings of guilt and shame for not being who they believe they should be.

et al., 2013). The greatest challenge for those who are younger in age is not a lack of confidence to achieve goals, but rather having difficulties identifying and living their unique calling as opposed to feeling obligated to what others want from them (Duffy et al., 2013).

1.2. Nursing curriculum

When students incubate in an environment of intimidation and shame in their training, emotional incongruence occurs (O'Callaghan, 2013). They are then likely to use the same emotionally incongruent behaviors within the workplace and towards their patients. According to Strouse and Nickerson (2016), nursing faculty acknowledge the importance of their role in socializing nurses on how to '*be*' in the profession. Regarding the educator's role in modeling authentic behavior, Venise et al. (2015) found that "nursing students' perception of faculty members' realness appeared to be the most significant attribute in fostering positive interpersonal relationships" (p.1). This element of being "real" occurs via transparency, undergirded by compassion and reliability (Rogers, 1959; Venise et al., 2015). Steege and Rainbow (2017) performed a qualitative interview study with 22 RN's and found that many nurses, especially the newer nurses, experienced fatigue related to the pressure to single-handedly fulfill rigid and unrealistic nursing ideals. They asserted that this form of maladaptive cultural pressure affects patient safety, nurse satisfaction, and nurse retention rates.

The implicit curriculum, compared to the explicit, is most impactful in promoting congruence, the shaping of student identity, and for learning what kind of person they will be as a professional nurse (Foster, 2007). In the short-term, these components promote success in making it through their training, but in the long-term, if not well aligned with one's "real" self, they promote incongruence, erode energy stores, and fuel feelings of inadequacy, which then lead to burnout (Gazelle et al., 2015). Role-modeling emotional congruence promotes reciprocal behaviors in nursing students, which promotes authentic displays of emotion and perpetuates nurturing and respectful behaviors to their peers. These same implicitly learned behaviors might then naturally flow into their nursing role as they develop an authentic professional identity and naturally encourage their coworkers to do the same.

1.3. Identity formation

Professional identity takes shape over the lifetime of one's career, but the trajectory of the work begins in the undergraduate experience where the implicit expectation of the 'ideal' nurse embeds, whether or not it can be actualized in the field (Fig. 1). The incongruence between the "real" and "ideal" is causing great peril for many new graduates as they grapple with the divide between the nurse they feel they should be and the reality of the nurse they will be in the "real" world (Johnson et al., 2012).

Socializing nurses into professional values in their undergraduate

training and new graduate work settings promotes professional identity formation (Benner et al., 2010). However, based on Rogers (1959) concept of congruence, it requires alignment between professional and personal values. When new graduate nurses do not feel emotionally safe to be themselves, they may put on an image that results in incongruence, which rapidly burns emotional energy (Hochschild, 2012) and clouds their connection to their attitudes, values, and feelings about other people or events (Bergquist, 1993).

1.4. Emotional readiness for practice

Emotional management is a form of literacy that empowers individuals to take control of their lives and includes a sense of confidence to work through areas of dissonance. Ninety percent of workplace success directly correlates with one's ability to navigate their emotions and an awareness of the emotions of others (Taylor and Cranton, 2012). It requires one to be able to consciously hold their emotions, allowing them to reflect on what they are feeling and to resolve areas of dissonance (Russ, 1998). Finally, those that have more developed emotional management skills will typically have lower rates of absenteeism, healthier coping choices, better psychological health, and higher levels of performance (Sardo, 2004).

Regarding new graduate nurses, those who leave the profession commonly report reaching a state of burnout (Suzuki et al., 2010). The development of emotional management skills in an accepting, empathetic, and supportive environment may assist, even protect, those who are more vulnerable to occupational burnout. Emotional management skills are a natural product of a nurturing childhood influenced by parental values, child-centered parenting, and an experience of emotional closeness (Fossion et al., 2014). Some novice nurses will have developed these skills in their childhood, which they can then use with ease as adults and professionals in their place of work. Others do not have had this childhood opportunity, and thereby may enter adulthood and their professional role with a distinct coping disadvantage.

2. The study

This paper reflects the undergraduate experience and inter playing developmental factors, which was part of a larger study on multiple contextual factors of interplay. The overarching study explored how life experience, undergraduate, and workplace contexts interplay to impact the ability for novice nurses to engage in thriving. In this study the term thriving and self-actualization are used interchangeably. Exploring these factors informs new graduate nurses, administrators, and educators to create and promote self-actualizing opportunities.

2.1. Research questions

The primary research question, guided by the problem and purpose of the study, was: How might the unique life experiences and contexts of new graduate nurses interplay to enable or disable their ability to

engage in the process of self-actualization as a novice nurse? The following sub-questions, relating the undergraduate and developmental factors supported the primary research question: How might previous life experiences enable or disable the ability to thrive in the workplace? How might undergraduate curriculum efforts enable or disable their ability to thrive in the workplace?

2.2. Design

The research was guided by a Merriam's (2014) basic qualitative research methodology. Merriam's basic qualitative study is the most commonly used amongst qualitative researchers and characterized the approach by its focus on meaning and process and by its primary goal of understanding how people make sense of their experiences (Merriam, 2014). It is a general form of qualitative research, which does not limit the inquiry to a particular phenomenological component. The study involved a deep and iterative interview process to understand new graduate perspectives of how influencing factors interplay to impact their congruence and the resulting ability to thrive at work. This approach encouraged reflection and discourse to uncover patterns and meaning within the interplay between context and the experience of stress in the workplace.

2.3. Participants

Eight new graduate participants (Table 1) from British Columbia (BC), Canada were recruited for the study via a third party website frequented by BC nurses. Participant eligibility was based on having worked in the field for more than six months, but less than two years. They had to reside in a location that was feasible to meet for interviews with a preference for those who resided on Vancouver Island. Participants were chosen based on a first come first serve basis. The first eight that signed the informed consent were approved for the study and all eight of the participants remained in the study until completion. Participants were all female, born and raised in Canada, worked as RN's in BC, and all of them were under the age of 40.

2.4. Data collection

As per the guidelines of Merriam's (2014) basic qualitative research design, data were collected in the summer of 2017 using three 60–90 min interviews with each of the eight participants. The first and second rounds of interviews, completed in June 2017, were separated by one to two weeks and the final round of interviews, completed in August 2017, was separated from the second interview by three to four weeks. The time span of each enabled enough time to review the previous transcripts and to begin collating potential individual and collective assumptions and themes to be validated at the next interview.

Transcripts were prepared and provided for respondent validation. Additionally, each theme that emerged was individually validated in the subsequent interview from which it emerged. Collective themes were validated in the final interview to ensure that it rang true to all of the participants.

2.5. Ethical considerations

Ethical approval was obtained from the University Ethics Review Board and the research process adhered to the approved research design and protected confidentiality via the use of pseudonyms. There were no dual role conflicts, none of the participants were enrolled as students at the time of the study and the researcher had no employment/supervisory roles at their place of work. Participants were made aware that they could withdraw from the study at any point without ramification.

2.6. Data analysis

Thematic coding, using an inductive and comparative technique (Merriam, 2014), directed my analysis of the data collected in this study. While comparative analysis implicitly happened within and between participant interviews, this process was secondary to the creative and unique meaning-making process apparent within the individual's context. By transcribing the first and second interviews before the next, I was able to use an iterative process where I developed questions for the next interview that clarified and probed for deeper insights. Each participant was interviewed three times, not only to provide more depth but also to ensure that a continual respondent validation process could occur by reviewing themes that emerged from the previous interview. In the third interview, the participants agreed with all of the themes that I provided in the draft and thereby, the core themes that were identified in the first two interviews were reviewed but remained the same after the third interview. As a result, each participant had the opportunity to give feedback on the developing themes and the interplay of emerging factors. Finally, field notes were used to document insights, assumptions, and emerging themes to bring back to participants for validation.

2.7. Validity

Findings were validated through: (1) respondent validation (Merriam, 2014), (2) by viewing it through the concept of congruence (Rogers, 1959) and primary human needs (Maslow, 1943), (3) by comparing and contrasting it with the existing literature, and (4) by peer review of the design and iterative results with doctoral committee members.

Table 1
Summary of profile data of study participants (P).

P	Mo. of work	Site	Age	Full-time	Has children	Thriv-ing at work (most times)	Child-centered upbring-ing	MH dx in past[a]	Child-hood trauma[b]	Introvert in high stimulus context	Goal to leave position
Mary (1)	9	MH	31	Yes	Yes	Yes	No	Yes	Yes	No	No
Jessica (2)	12	Acute	30	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Tabitha (3)	12	OR	37	No	Yes	Yes	No	No	Yes	No	No
Rhonda (4)	12	Acute	25	Yes	No	No	No	No	Yes	Yes	Yes
Sarah (5)	12	Acute	25	Yes	No	No	Yes	Yes	Yes	No	No
Candice (6)	12	Acute	29	Yes	No	Yes	Yes	Yes	Yes	No	No
Janice (7)	12	Acute	28	Yes	No	Yes	Yes	No	No	Yes	Yes
Cherie (8)	10	LC	25	No	No	No	Yes	No	Yes	Yes	Yes

Note. Thriving at work most days relates to feeling congruent and able to engage in the self-actualizing process at work on a regular basis.
P = Participants, Mo. = Months, MH = Mental Health, LC = Long-term care, OR = Operating Room, dx = Diagnosis.
[a] Includes a history of addiction to drugs/alcohol.
[b] Self-ascribed traumatic event, defined as an event(s) that was pivotal in their childhood development with lingering effects of depression or anxiety into their adult years.

Table 2
Summary of themes.

Theme	Sub-themes	Meaning in Brief	Examples from the data
Habits of Self-care		Practical self-care integration as opposed to it feeling like a token concept.	"The sheer amount of work in the program did not jive with self-care. It didn't feel like you could succeed in the program and make time for self-care (Mary)."
Career Advice	Congruence and Identity	Assisting students to identity areas that are congruent with their talents, preferences, thereby promoting professional identity formation.	"I did not want to be a bedside nurse. I hate bedside nursing … I was told that I wouldn't get a job unless I went into acute care. So, I went into acute care, and I totally regret it (Cherie)."
Curriculum	Relevance, Age, Goal-setting	• Working more with the "real" as opposed to the "ideal," enabling students to navigate grey areas when in the practice environment. • Acknowledging how age impacts learning needs. • Authentic Goal-setting as opposed to an obligational task.	"Horizontal violence is given such lip service, but the same teachers that talk about it are also the same ones that abuse the students and don't respect their mental health (Cherie)." "I don't know it felt too common sense, a little too fluffy; it just seemed kind of like I was beyond it (Candice)." "There [is] just too many options. It's hard to know where to start" (Rhonda). "I hate writing goals. I had to all through nursing school … those exercises are pointless (Cherie)."
Change Agents		Providing opportunities to practice acting as agents of change in the undergraduate environment empowered those participants to take on leadership opportunities as new graduates.	"My [mentor] advocated for me, they weren't allowed to touch me. … Now, [after confronting a hostile senior nurse], I feel like she respects me … that really empowered me (Candace)."
Self-Compassion		Self-compassion directly tied to the ability to workplace challenges and as a buffer against stressors.	"My challenges at work, my mistakes … don't make or break who I am … dwelling on it will just impact my ability to take care of my other patients (Janice)." "I make mistakes at work, but I don't really feel bad about it … it is more important to look at what is happening to cause that to happen in the first place. It isn't all about me (Cherie)."

3. Study results

The most influential themes that emerged from the undergraduate factors, which interplay to impact congruence and one's ability to thrive in their novice nurse role were frequent self-care, receiving practicum and job placement advice that promoted congruence and identity formation, curriculum components that felt personally and professionally relevant, applicable to one's age/level of life experience, authentic as opposed to obligational goal-setting opportunities, an ability to practice being change agents, and the awareness and development of self-compassion (Table 2).

3.1. Self-care

All of the participants reported that self-care felt like a token concept, rather than an integrated part of the implicit/cultural ways of being in the nursing curriculum. "There is always lip service to self-care. … It could definitely be incorporated into the curriculum more" (Cherie). "The sheer amount of work in the program did not jive with self-care. It didn't feel like you could succeed in the program and make time for self-care" (Mary). When Sarah was a student, she felt she learned how to prioritize self-care from a clinical instructor who modeled it in the practice setting. "In emerg, my preceptor would say, 'are they really sick? Can it wait? Yes, it can wait, go on your break!' I always thought more practice would be better in that way because you get to apply what you're learning, including self-care. The application is what really nails it in" (Sarah). Janice described a situation where she decided to delay giving a low priority medication so she could take a much-needed lunch break. She then dealt with moral dissonance because she felt she put herself above her patient. Another key area that participants felt was influential in their ability to feel congruence as they charted their new graduate path was if faculty steered students toward specific areas of nursing that may or may not be a good fit for them.

3.2. Practicum and job placement advice: promoting congruence and identity

In the process of exploring areas where the participants felt they were most suited, or felt a stronger sense of identity and congruence working in, six of the eight participants felt pressured to go into a medical/surgical (med/surg) area, despite their preferences. Cherie knew she was not suited for bedside nursing but felt pressured to follow the advice of faculty.

I did not want to be a bedside nurse. I hate bedside nursing … I was told that I wouldn't get a job unless I went into acute care. So, I went into acute care, and I totally regret it. Everyone seems to say you can do whatever you want with nursing but in the same breath they say, but … you have to go do the sh*t jobs.

In addition to disliking her time at work, her time outside of work was also negatively impacted. For example, in the days leading up to her work in acute care she would feel "dread" that affected her ability to sleep. Similarly, faculty members advised Tabitha not to specialize, but she went against this advice and chose to work in an operating room, based on her affinities.

Most [faculty members] told me straight out or hinted to the fact that it was a mistake because I needed to put my time in on med/surg, that my time would be better served consolidating my skills, that I would regret my decision to do OR … I'm so happy I ignored them!

On the other hand, Jessica and Candice followed faculty advice to begin their nursing career in a medical/surgical unit and they feel that was the best decision for them. "I really had it drilled in my head from the get go that the safest bet was to work on a medical/surgical floor after school. I just did what pretty much all of our instructors told us to do" (Jessica). "Well, I guess I was kind of pushed into this area, but … if I didn't like it, I bet I would have been supported in a change" (Candice).

The participants were all advised to go into a medical/surgical unit. For those whose affinities and personalities were a good fit this was good advice; however, for those who disliked these areas as students

but felt compelled to follow faculty advice, it produced a form of chronic stress in their new graduate role.

3.3. Developing professional and personal congruence within the undergraduate curriculum

The two elements of the undergraduate nursing curriculum that emerged as the most important for professional practice was the development of emotional management skills and the promotion of confidence as change agents. In this study, it was clear that multiple factors interplay to support or detract from these elements such as age, binary teaching practices, experience with a variety of population groups, advocacy, and goal-setting.

3.3.1. Curriculum relevance

The participants' struggled to integrate the binary nature of many of the nursing "ideals" that were taught in nursing school. Rhonda felt that if the undergraduate evaluation processes were less "black and white" or binary, it would better reflect the "messiness" of personal development and work environment dynamics. Janice echoed a similar sentiment and suggested that students receive more help to understand that they will be operating in grey areas, where they often cannot make the perfect decision. For example, they might need to delay giving a multivitamin so that they can go on a break. Being willing to give a medication late to provide self-care was an example of a form of self-care that she felt was discouraged in nursing school, and yet she feels it is a necessary practice to thrive in the field. Cherie felt that "walking the walk is really important for faculty," but in her experience, the teaching ideals did not align with the reality of the student-faculty culture at her nursing school. "Horizontal violence is given such lip service, but the same teachers that talk about it are also the same ones that abuse the students and don't respect their mental health" (Cherie). Cherie's experience in nursing school intertwined with her frustration with the amount of curriculum devoted to touting the importance of self-care and addressing tensions, without providing the time and culture to practically apply it.

Another participant suggestion was to bolster student readiness for the field by maximizing exposure opportunities to a variety of diverse populations. Cherie connected this exposure to the development of empathy and familiarity with different environments and ways of being. "Some of the students came right from high school into nursing, and they are so coddled … so unaware" (Cherie). These statements reflected an articulation of the benefit of exposing nursing students to unfamiliar environments and populations groups, as these experiences may illuminate areas of unresolved dissonance before they enter the workforce. Ideally, they might have these difficult experiences with the support of a faculty member and counselor. Based on my work as a clinical teacher, when students are in unfamiliar situations, it presents a feeling of vulnerability, which often uncovers areas of incongruence. Illuminating these areas offers an opportunity to practice working through dissonance in a safe and controlled environment. Rhonda reflected on how her exposure to different patients brought up some of her childhood dissonance, which presented a chance to work on resolving it. "Nursing school forced me to look at myself … It puts you in different situations where you have to deal with other people, which can either bring out the best or the worst in you" (Rhonda).

3.3.2. The impact of age

Two of the younger new graduates found that their time in nursing school was transformational. It enabled them to identify areas of unresolved dissonance, signaled by uncomfortable emotions that emerged within the undergraduate curriculum. "Nursing school did a lot of shaping of me. I learned a ton about being okay with who I am. I found a lot of support through my nursing friends … It opened my eyes" (Sarah). Rhonda found nursing school transformational, "I feel way different, how I act might not be that different, but I feel really

different." She recalled moments in nursing school where she felt consumed by her childhood triggers. She struggled to care for patients who reminded her of growing up with a mentally ill father. At the time of the study, she still struggled in the workplace at times, but because she worked in nursing school to resolve many of the more pronounced areas of dissonance, she did not feel it was a debilitating stressor anymore. In this study, particularly the younger participants found it helpful to "be able to look at [their] upbringing and to see how much it impacted [them] as a person and going into [their] career" (Janice). "Just being aware of it, seeing it in writing and doing the self-exploration has really helped [to] cope with [workplace stress] (Candace)."

On the other hand, those who were older and thereby had more life experience before nursing school felt that the core personal development and relational practice curriculum components were too common sense. However, they benefited from the components that deepened their ability to work through conflict and that improved their organizational skills. "The communication part [was valuable]. I think the first year may have applied more if I wasn't an LPN [Licensed Practical Nurse], I don't know it felt too common sense, a little too fluffy; it just seemed kind of like I was beyond it" (Candice). "I just found it very time-consuming in terms of workload … I just think we spend so much time on touchy feely subjects … it's hard to teach empathy when you haven't experienced anything outside of your personal bubble" (Cherie). "As far as being able to time manage, multitask … it was really valuable" (Tabitha).

3.3.3. Authentic versus obligational goal-setting

For all of the participants, goal-setting was a part of their undergraduate curriculum. Seven out of the eight participants felt the obligational goals they set in nursing school had little to no influence on their achievement of them. Cherie underscored this collective sense in her comments about goals, "I hate writing goals. I had to all through nursing school … For me, at the end of the day it is going to get done, so those exercises are pointless" (Cherie). Similarly, most of the participants had clear goals in their mind and they felt confident to move toward them. The most significant challenge for the younger participants was deciding what they wanted, as opposed to what others want for them. "There [is] just too many options. It's hard to know where to start" (Rhonda).

Another component of the undergraduate curriculum that participants felt was impactful were those that provided an opportunity to exercise their role as an agent of change.

3.4. Change agents

Three participants had opportunities to practice being an advocate in their previous life experience, or as a student nurse with the support of faculty, and found it to be a transformational experience. "My [mentor] advocated for me, they weren't allowed to touch me. … Now, [after confronting a hostile senior nurse], I feel like she respects me … that really empowered me" (Candace). As a result, they felt empowered to exercise their skills in their professional nursing role. This confidence to be an advocate was unique to them compared to the participants that did not have similar opportunities in nursing school. Additionally, while goal-setting was an explicit part of all of the participants' undergraduate curriculum, most of them felt it was more obligational than beneficial.

3.5. Self-compassion

Most of the participants described situations where they ruminated on negative self-talk in response to a mistake or when given negative feedback from a coworker. Rumination also occurred when they felt guilty about negative thoughts they had of their patients. This guilt demonstrated a sense of incongruence between their "real" and "ideal"

selves, resulting in moral dissonance. Self-destructive thoughts were more likely to consume the participants that were lacking self-compassion. For example, Janice and Cherie described how they had to learn to respond to mistakes with self-compassion, "my challenges at work, my mistakes … don't make or break who I am … dwelling on it will just impact my ability to take care of my other patients" (Janice). "I make mistakes at work, but I don't really feel bad about it … it is more important to look at what is happening to cause that to happen in the first place. It isn't all about me" (Cherie).

The ability to be more objective bred awareness that negative self-talk was happening, which then results in an opportunity to challenge it. Those that were more self-compassionate were able to articulate this awareness and had an ability to "let go" (Mary) of stress, rather than spending long periods of time "dwelling" on it (Janice). Conversely, those that lacked self-compassion often felt consumed and disabled by negative thoughts when mistakes occurred or when they felt that coworkers did not approve of them.

4. Discussion

Upon review of the research findings in the third interview, each participant was asked what they thought were the most important undergraduate factors toward a more successful transition into the field. Three primary areas emerged as priorities, all of which were collectively agreed upon by each of the eight participants. They suggested that efforts could be improved in the following areas: (1) formal integration of self-care practices into practice and evaluation, (2) a greater focus on self-compassion and congruence in the implicit and explicit nursing curriculum, and (3) transparency regarding the risks and benefits of specializing versus taking a med/surg position, including personality factors and affinities (further promoting professional congruence).

Emotional exhaustion that leads to burnout occurs when workplace stressors outweigh an individual's ability to manage them (Ingram and Luxton, 2005), which also correlates with one's degree of personal and professional congruence. The development of burnout typically involves perfectionism, guilt, avoidance of vulnerability, and self-denial. Unfortunately, these same characteristics tend to be implicitly encouraged in nursing schools (Gazelle et al., 2015; Johnson et al., 2012).

Based on these study results and supported by the literature, nursing school is highly influential in the shaping of new graduate nurses. Participants in this study felt that the most personally impactful components of nursing school were those that were implicitly taught through modeling and relationship. Providing time and formal reflection for self-care in nursing school will encourage its application. Additionally, faculty can promote self-care by guiding students within the clinical setting to navigate competing priorities between the care of self and the care of the patient; it is this form of modeling that makes up the implicit curriculum. The implicit curriculum is more impactful than explicit components in the shaping of student identity and for learning what kind of person they will be as a professional nurse (Foster, 2007). Unfortunately, on many occasions, due to cultural pressures and tendencies toward perfectionism, novice nurses in this study denied their own needs to ensure they checked all the tasks off their list. Ultimately, if nursing students are encouraged to practice self-care in their personal life, which requires the development of self-compassion, they are more likely to practice self-care habits as new graduates (Gazelle et al., 2015). One study found that first-year nursing students that regularly practice self-compassion are able to mitigate stressors and declines in well-being (Gunnell et al., 2017). Within this context, self-compassion intertwined with congruence in its acceptance of the "real" self, despite immersion in a culture that focuses heavily on the "ideal" self. Likewise in this study, congruence in their nursing role related to their degree of self-compassion and resulted in an ability to form a sense of identity and meaning within their work.

The practice of self-compassion is an ability to see mistakes and

feelings of inadequacy in a nonjudgmental way; viewed as part of the larger human experience (Neff, 2003). Conversely, maladaptive perfectionism leads to dissociation from emotions, characterized by ignoring and internalizing fears of worthlessness, shame, and failure (Petersson et al., 2014; Shafran et al., 2002). Self-compassion enables one to manage feelings of incongruence, processing their dissonance, as opposed to spiraling into feelings of shame and inadequacy. A primary factor that seemed to influence the participants' ability to engage in frequent moments of thriving or self-actualizing was the habitual practice of self-compassion. Self-compassion acted as a buffer against the stress produced from making mistakes, role ambiguity, and negative feedback from coworkers. Ultimately, those that viewed themselves in a compassionate light were better able to resolve workplace stimuli and were less likely to ruminate on negative self-talk.

Montero-Marin et al. (2016) found that health care providers that suffer from burnout are also deficient in self-compassion. Those who demonstrate higher levels of self-compassion are more likely to effectively cope with workplace stressors, as opposed to feeling overwhelmed by a sense of personal inadequacy in addition to the initial stimulus. Additionally, those who regularly practice self-compassion have a greater ability to provide empathy to others (Boellinghaus et al., 2014; Raab, 2014) and it is a protective factor against a host of mental health conditions (Bluth et al., 2017). One's ability to be self-compassionate buffers them from the emotional exhaustion that can be a result of feelings of insecurity and habitual rumination on self-destructive thoughts.

Multiple factors interplay to support the development of self-compassion; in this study, these included a child-centered upbringing, relationships of unconditional positive regard, age, an optimistic perspective, and self-efficacy in one's roles inside and outside of nursing. Those who tend to fall into maladaptive perfectionism are not necessarily doomed to burn out, as self-compassion is a personality trait that can develop with education and intention (Boellinghaus et al., 2014; Gazelle et al., 2015). In this study, those who felt less affected or controlled by perfectionism felt that their ability to exercise self-compassion was a protective factor. For example, those who naturally practiced self-compassion were more likely to advocate for themselves to take breaks to nourish themselves and rest when needed. Conversely, those with lower levels of self-compassion were more likely to skip breaks and deny their needs, prioritizing the completion of work tasks. Furthermore, participants that demonstrated self-compassion could articulate how mistakes were a learning opportunity, and received coworker feedback with more objectivity, rather than experiencing them as a threat, which prevented them from ruminating on self-destructive thoughts.

An understanding of congruence is imperative for one to recognize and address their vulnerabilities to the consequences of incongruence. Congruence is necessary to survive and thrive in their journey as a new graduate and faculty's ability to be "real" is a significant contributor toward modeling and actualizing positive interpersonal relationship (Venise et al., 2015). I suspect that many faculty members may lack an awareness of the potential benefits of these critical dialogues. This is an area that can be developed with faculty to better support their own work toward congruence, which will then naturally promote the same practice in nursing students. Furthermore, being that the implicit curriculum is more impactful than the explicit curriculum, this translates into less focus on assignments and syllabuses changes and more focus on culture change amongst faculty.

An additional component of congruence, which was evident in the results of this study, is the ability of new graduates to feel their real selves are congruent with their nursing role/identity. Faculty can support students by ensuring that they are making informed choices about the nursing area they choose to work in. While there are factors to weigh up, such as employability and consolidation, the detrimental effects of going into an area that does not support their personality type and affinities should also be part of their informed decision-making

process. Those who are vulnerable due to specific personality traits are more sensitive to stress, prone to negative self-talk, and maladaptive coping behaviors (Geuens et al., 2015; Hakanen and Bakker, 2016; Swider and Zimmerman, 2010). Essentially, students who choose an area that is not well suited to their personality and affinities may be at a higher risk for burnout. Related to an ability for students to choose a preferred work area is their ability to set goals that feel authentic to them. Those who felt empowered to pursue their career goals were more likely to feel a sense of identity and meaning at work, which resulted in congruence and frequent periods of thriving.

5. Limitations

Seven of the eight participants were female, born and raised in Canada, and resided and worked on Vancouver Island. Due to the qualitative nature of the study, it fulfilled its intent to garner an understanding of interplay. However, due to the small sample size and limited geography and ethnic variation, it may not be transferable to all new graduate nurses. Finally, the primary researcher is new to research; however, a doctoral committee from the University of Calgary supervised the research process and was actively involved in all components of the study.

6. Future recommendations

Research is lacking in the relationship between burnout and incongruence and how it relates to the undergraduate nursing curriculum. This is an area of vulnerability amongst nursing students and future new graduates. To address this vulnerability, developing effective strategies that promote congruence amongst nursing students and new graduates will require more research to continue to build our understanding of congruence and how educators can support its development. Additionally, as faculty work on their own congruence, incorporating authentic ways of being related to modeling, goal achievement, self-care, self-compassion, and practicum and job placement advice will naturally flow from the implicit curriculum. Therefore, a greater focus on strategies that improve cultural congruence is imperative to effectively promote personal and professional congruence in nursing students and new graduates.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.nepr.2019.02.013.

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