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“Safety Means Everything”: An ethnographic methodology to explore the formation of professional identity in nursing students

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ABSTRACT

Aim: The aim of this qualitative study is to explore how various conditions within educational contexts impact nursing students' experiences of becoming professional nurses and how these conditions affect their agency and the formation of their professional identities.

Background: Nursing education is essential to becoming professional and competent in caring for patients. A strong professional identity in nursing contributes to better patient outcomes and improves the well-being, retention, and recruitment of practitioners in the health care system. At the same time, research indicates that development of a professional identity during education is challenging and needs further investigation.

Design: The qualitative research design draws on the theoretical and methodological framework of critical psychology practice research. The practice research design and close collaboration with users ensure the continuous development and implementation of theory and practice.

Methods: The data used in this study originated from ethnographic fieldwork, which involved following two nursing students through their final clinical placement training at the Geriatric Department of a university hospital in Denmark. Additionally, nursing students in two classes were observed as part of their nursing education practice at a university college from April to July 2022. The participant observational design, combined with in-situ interviewing, facilitated a comprehensive understanding of the students' engagement in social practices and interactions within the context of nursing education.

Results: Our results show how the conditions of nursing students' everyday lives have a critical impact on their self-understanding and journey to becoming competent and professional nurses. Three main themes emerged from the analysis: (1) Perception of safety, (2) Motivation for learning in different communities of practice, and (3) The meaning of learning culture and role models.

Conclusion: The development of nursing students into professionals is profoundly influenced by factors affecting their ontological safety that are deeply embedded in socio-cultural and educational contexts. The results underscore the need to foster ontological safety in nursing education. Creating safe, participatory, and supportive learning environments is essential to the holistic development of students into caring, competent nurses. Educators and stakeholders must remember their crucial role in this context and focus on establishing these environments to facilitate students' sense of belonging in the nursing profession.

Tweetable Abstract: The development of professional identity in nursing starts with safety. Ontological Safety in learning environments ensures competent and professional nurses.
#NursingEducation#Safety#ProfessionalIdentity

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1. Introduction

The development of a professional identity is crucial to all professional training courses, as it directly impacts patient outcomes, nurse well-being, and retention in the nursing profession (Fitzgerald and Clukey, 2021). This identity is constantly being shaped through interaction with various nursing practices and collaborative (Eraut, 1994; Dall'Alba, 2009).

The purpose of a bachelor's degree in nursing is to prepare students to become nurses and foster in them a sense of belonging to the profession. This raises questions about how nursing programmes can best support students in developing professional identities. International research has highlighted the need for more knowledge in this complex area (Trede, et al., 2012; Fitzgerald, 2020). Our study emerges from practical dilemmas, particularly the attrition of many nursing students during or shortly after their education. Our discussions around this issue tend to focus on individual perspectives, where we position nursing students, teachers, or clinical supervisors as problem bearers rather than understanding them as subjects who act with reason. This study aims to move beyond individual perspectives by exploring how various structural, organisational, and individual conditions profoundly influence students' agency throughout the process of becoming professional nurses.

2. Background

Professional identity is a fundamental aspect of nursing practice and has significant implications for interdisciplinary and interprofessional collaborative relationships (Fitzgerald and Clukey, 2022). Research indicates that professional identity continues to evolve even after students have earned their nursing credentials (Noer, 2016; Jensen, 2018). This ongoing development is closely tied to the reflective process, which encompasses both personal and professional dimensions and involves the active participation of clinical supervisors and educators in the learning process (Ewertsson, et al., 2017; Lehn-Christiansen and Holen, 2019).

Lave and Wenger's theory of social practice underscores the role of communities of practice in shaping the professional identities of nursing students (Lave, 1996; Lave and Wenger, 1991). Active participation in social contexts is essential to fostering lifelong learning and identity development (Lave, 1996). Moreover, Wenger emphasises the crucial role of meaningful contexts and engagement within nursing communities in sharpening students' professional identities (Wenger, 1998; Wenger, 2002).

Heggen's comprehensive concept of identity formation subdivides professional identity into individual and collective dimensions (Heggen, 2008a, 2008b; Heggen and Terum, 2017). Individual dimensions comprise self-reflection and a professional's characteristics, values, attitudes, ethical principles, skills, and knowledge. Collective dimensions pertain to shared identity within the nursing community and the perceptions held by the broader public (Heggen, 2008b; Heggen, 2005).

Research underscores the importance of integrating personal and professional identity development in nursing (Trede, et al., 2012). The process of becoming a professional nurse encompasses the acquisition of academic and professional skills as well as and subjective development (Sandvik et al., 2015). The key elements of this development include clinical experience, independent practice, and mentorships (Vabo, et al., 2022).

Despite the focus on knowledge and skills in nursing education, the development of students' professional and personal identities is highly individual and is influenced by various conditions in everyday life and personal history (Eriksen, 2005; Sandvik et al., 2014; Sandvik et al., 2015). Thus, it is crucial for nursing education to address not only students' academic competencies but also their emotional, social, and cognitive development (Timbrell and Relouw, 2019). Additionally, students require support in dealing with the emotional challenges that

arise from witnessing serious illness and death (Dale, et al., 2013; Soerensen, et al., 2023).

Critical to identity development are transformative learning experiences, which catalyse changes in one's self-understanding and self-concept as a professional nurse (Benner, et al., 2010). A meaningful and authentic educational approach significantly influences the formation of a nursing student's professional identity (Sandvik and Hilli, 2023). To transcend the often-individualistic worldview, which can lead to the responsabilisation and individualisation of problems, critical psychology offers an alternative perspective. It highlights how problems are not only individual but are also linked to objective life conditions and are embedded in cultural and social practices (Schraube and Højholt, 2016). Thus, the aim of this qualitative study is to explore how various conditions in educational contexts impact nursing students' experiences of becoming professional nurses and how these conditions affect their agency and the formation of their professional identities.

3. Methods

3.1. Design

This ethnographic qualitative research study was based on the frameworks of critical psychology and practice research (Dreier, 2008). The study adheres to the Consolidated criteria for REporting Qualitative research (COREQ) guidelines (Tong, et al., 2007).

3.2. Theoretical framework

Critical psychological practice research was used in this study to explore students' *first-person perspectives* concerning the conducting of everyday life within the social structure of practice (Dreier, 1979). Critical psychology, built on the tradition of historical dialectical materialism, views subjects as dialectically interacting with social structures and the context of participation (Dreier, 2016; Tolman, 2009; Jartoft, 1996). It focuses on understanding subjective meaning and personal reasons for action, with the aim of breaking away from structure-blindness and transcending individualising ways of thinking (Dreier, 2008; Holzkamp, 2013a).

Aligned with the critical psychological approach, the essence of the analysis involves identifying the relevant conditions that impact students' lives and the practices under study. We emphasise comprehending the meaning that these conditions hold for students and the reasons behind their actions. Conditions encompass the social and societal factors which shape students' options for action and their lives in interaction with others. These conditions are dynamic, rather than deterministic, offering both opportunities and limitations for students' development. Collectively, individuals can influence and transform their life conditions. Meanings refer to the interpretation's students assign to their conditions, which influence their options for action and determine the perceived opportunities and dilemmas within their activities. Reasons are understood as students' motivations for actions concerning their conditions, needs, and interests (Mørch and Huniche, 2006).

Critical psychology encompasses many concepts, and this study focuses on first-person perspectives, self-understanding, agency, and motivation/emotions.

Self-understanding is related to personality. It is rooted in a student's current everyday life and is developed through interaction with societal participation trajectories (Dreier, 2016). The concept of *agency* is defined by Holzkamp (2013b) as "the human capacity to gain, in cooperation with others, control over each individual's own life conditions". *Motivation and emotion* are crucial for a student's agency, as these help shape how they assess their cognitive perception of external conditions, gauged by the students' subjective meaning and options for action (Jartoft, 1996).

Methodologically, our study adopts a practice research approach that is structured as a collaborative effort between researchers and

practitioners to foster a joint venture for knowledge development (Hø2016). This participatory approach means that participants from the practice involved will be part of a co-research group throughout the study. The nursing students, nursing educators, clinical supervisors, and researchers selected for this study engage with each other to achieve a form of collaboration that can contribute to mutual learning processes and bridgebuilding between research and practice (Hø2000).

3.3. Study setting

To explore the everyday lives of nursing students in different practices, we conducted this study at a nursing school in a major Danish city and a geriatric department of a university hospital. Nursing students participate in social practices, with the nursing school representing a historically and socially developed practice comprising the conditions for participation.

The professional bachelor’s nursing program in Denmark lasts for 3½ years and emphasises a balanced integration of theory and practice (Uddannelses- og Forskningsministeriet., 2022). The curriculum spans seven semesters, 57.5% of which is devoted to theoretical studies and 42.5% to clinical education (Uddannelses- og Forskningsministeriet., 2022) In this setting, geriatric hospital care involves complex care for older people who have multiple ailments, necessitating collaboration between municipal services, healthcare professionals, patients, and their families. The geriatric department under study has 23 beds and an average hospitalisation duration of 6.1 days.

3.4. Data collection and sampling

Data were collected from April to July 2022 by the first author, JS, who has experience in participant observation and in-situ interviews. Nursing students were followed in both classroom settings and clinical practice (Spradley, 2016). Using purposeful sampling (Patton, 2015), we focused on mid-program nursing students who had developed an understanding of nursing concepts as opposed to students who were just beginning their programs or students in their last semester who were working on their final assignments. Additionally, we randomly selected a smaller group of 10 students from the classroom setting and 2 from clinical practice to gain in-depth insights into the complexities of developing their professional identities (Suri, 2011). The study included 26 participants, one male and 25 females, with an average starting age of 22.1 years.

According to a critical psychological perspective, it is possible to generalise from the individual case (Schraube and Højholt, 2019). Participants were selected from two classes from the 5th semester by the head of education. To gain insight into the students’ everyday lives at school, we collected data for 28 days in the classroom where various lessons were being held. Data were collected during problem-based learning (PBL) classes, group teaching sessions, auditorium lectures, skills laboratory activities, group work, and breaks. To attain a perspective from a clinical setting, the last author invited the participation of two students who were in their 6th semester and stationed in the geriatric department at the time of the study. These two students were observed for 6 days during clinical practice by JS, who closely monitored their daily routines and interactions with patients. (Table 1).

3.5. Participant observations

Drawing inspiration from by Spradley (Spradley, 2016), we designed an observation guide to broaden the scope and incorporate the participants’ first-person perspectives (Mørch and Huniche, 2006). The observations were focused on the students’ conditions for participating and their reasoning for acting. JS, had various positions, either participating along with the students, being in dialog with the students, or observing students from the side. Moreover, as holding an observer position in a classroom does not give one free rein to engage in a situated dialog with

Table 1
Overview of key participants.

ID	Gender	Spring Semester 2022	Education Level at the Start of Nursing Education	The Setting for Participant Observation
1	Female	5. semester	Nursing Assistant	Nursing School
2	Male	5. semester	Nursing Assistant	Nursing School
3	Female	5. semester	Highschool	Nursing School
4	Female	5. semester	Highschool	Nursing School
5	Female	5. semester	Highschool	Nursing School
6	Female	5. semester	Highschool	Nursing School
7	Female	5. semester	Highschool	Nursing School
8	Female	5. semester	Highschool	Nursing School
9	Female	5. semester	Highschool	Nursing School
10	Female	5. semester	Highschool	Nursing School
11	Female	6. semester	Highschool	Geriatric Department
12	Female	6. semester	Highschool	Geriatric Departement

students (Højholt and Kousholt, 2019), this approach enabled the participant observation to occur in a flexible and situated manner based on the opportunities that arose during the actual situation (Jefferson and Huniche, 2009).

3.6. Field notes and in-situ interviewing

During the classroom observation, descriptive field notes were recorded directly on a computer to seamlessly integrate with the students’ normal activities. In skills laboratory sessions, breaks, and clinical practice, field notes were taken in a small notebook. These observations were then transcribed as soon as possible to preserve the authenticity of the events (Spradley, 2016; Emerson, et al., 2011). JS conducted in-situ interviews to gain an understanding of students’ opinions and the reasons behind their actions. In critical psychology, the interview is deemed a *context of action*, and our approach was to conduct these interviews in situ to closely align with the observed data (Forchhammer, 2001). The interviews varied in length from a few minutes to half an hour. Whenever ethically feasible, these contexts of action were audio-recorded and later transcribed (Holstein and Gubrium, 1995).

3.7. Researcher reflexivity

Critical reflection on one’s position as a researcher and the conditions influencing the research process is vital (Fog, 2004). This reflective practice involved JS critically assessing how her beliefs, values, and ideology could influence the research findings. To minimise potential biases stemming from her background as a nurse and an educator, JS conscientiously maintained her role as a researcher, carefully monitoring her interaction with the study and the participants. Moreover, she recognised that her nursing experience might lead her to view certain activities as routine, potentially dulling her sensitivity to specific events or nuances. To ensure a continuous reflexive process, JS documented her reflections in a logbook, maintaining a transparent and self-critical approach to the research (Wadel, 2014).

3.8. Data analysis

To structure the empirical material, we initially performed a thematic analysis, inspired by Braun and Clarke, in Microsoft Word (Braun and Clarke, 2006). We gained familiarity with the data through repeated readings of the field notes and transcripts. Our initial approach involved inductive line-by-line coding to identify and highlight the underlying meanings within the texts. The codes were then organised into preliminary themes, guided by the analytical concepts of condition, meaning, and reasons within our critical psychological framework (Skovhus and Thomsen, 2022; Bøttcher and Kousholt, 2018). This

approach provided insights into the complex interaction between individuals, their social environment, and structural factors (Nissen, 2000). These preliminary themes underwent further review involving the grouping and regrouping of codes. Subsequently, we defined and named the final themes, incorporating central concepts from critical psychology to deepen our understanding of the empirical data. Throughout this analytical process, all authors engaged in an iterative approach, moving back and forth between the various steps of our analysis (Böttcher and Kousholt, 2018), Table 2.

3.9. Ethical considerations

Participation in this study was voluntary. All participants provided informed consent, and the study adhered to the ethical principles of the Helsinki Declaration (World Medical Association, 2013). Only one student, citing stress, declined to participate in the in-situ interview. To maintain anonymity, we assigned all nursing students numbers and referred to them by number. The study was assessed by the Regional Committees on Health Research Ethics for Southern Denmark (J.nr. 20222000–37) and deemed exempt from ethical approval.

Table 2
Analysis process and Themes.

		Subthemes	Themes
Condition	General social conditions	Action possibilities in Learning	Perception of safety
		Societal and institutional structure	
Meanings	Individual conditions in everyday life	School and hospital laws	Interpersonal Relationships and Support
		Rules for allocating professional resources.	Emotional Safety in Learning
		Working condition for teachers and clinical supervisors	Scenarios
		Perceptions of knowledge and education	Power Dynamics in Educational Settings
		Political strategies	Interplay of Personal and Social Factors
		Administrative structures/institutional procedures for professional efforts – materiality, technology, rules, and procedures	Emotional Responses to Educational and Clinical Experiences
		History of nursing profession	Learning as a Social Process
		Student’s possibilities of participating, learning and development	Influence of Role Models
		Meaningful relationships	Learning in a Trusting Environment
		Manage and organize work, and other activities	Learning through active participation in social practices.
Reasons	An analysis of students’ reasons for acting as they do in relation to these conditions and their own needs and interests.	Adjusting to New Norms and Practices	The meaning of learning culture and role models.

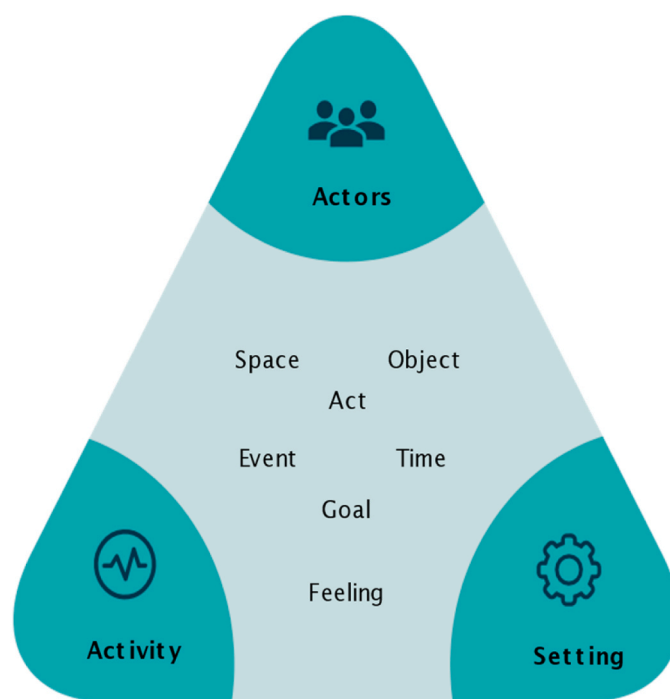


Fig. 1. Observational guide inspired by Spradley (1980).

4. Results

During the analysis, safety emerged as a significant concept in all contexts, revealing its crucial role. Through an iterative process, the following 3 themes emerged: (1) Perception of safety, (2) Motivation for learning in different communities of practice, and (3) The meaning of learning culture and role models. While these themes are interconnected, they will be presented separately (Fig. 2).

4.1. Perception of safety

Within a critical psychological framework, safety refers to ontological safety and is viewed not merely as an individual psychological achievement but as a complex interplay between personal, social, and cultural/political dimensions that shape nursing students’ agency and professional development.

During in-situ interviews with students over their break periods, we gained an understanding of what constitutes meaningful conditions in their self-understanding of becoming nurses. Early in their careers, students had prioritised the learning of anatomy and physiology. While these students acknowledged the importance of acquiring this knowledge, they also expressed the need for additional focus on the core value of nursing, which is caring, to enable them to envision themselves in the nursing profession.

The students underlined the significance of being in an environment where they felt safe, acknowledged, and valued by their educators and clinical supervisors. This safe learning environment could be considered crucial to their agency and well-being and to the learning process of becoming nurses. As one student explained:

“Where I learn best is when I feel safe. When I can feel that those around me support me. It’s not about anatomy and physiology; I need to learn those, of course, but where I truly develop is in safe relationships – relationships with other people. That includes clinical supervisors, other students, patients, managers, teachers, and doctors, just to name a few. That’s when I feel that I have truly grown.” [ID 8]

The observations revealed a variety of learning experiences for students in different classes. In classrooms settings, we observed a quiet

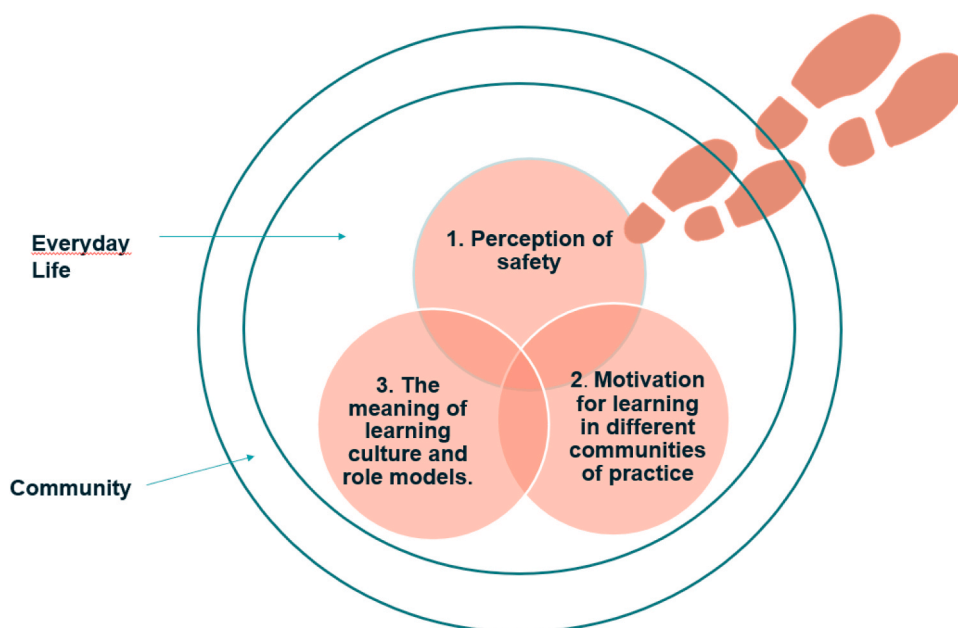


Fig. 2. Themes and their interconnected.

environment, with a teacher at the front of the room and students seated behind computers, arranged in long rows. This setup limited teacher–student interaction, often resulting in students remaining silent and being less engaged. The safe learning environment was somewhat hindered in auditorium lectures and group instruction classes, resulting in minimal interaction between students and teachers. Additionally, the comprehensive curriculum that teachers were required to cover potentially limited opportunities for dialogue.

Students offered various reasons for feeling unsafe and experiencing limited class participation. Some hesitated to speak in front of peers due to past learning experiences that had negatively affected their self-understanding as being good students. On the one hand, students recognised the need for active participation to facilitate learning, while on the other hand their participation could foster uncertainty. This dichotomy influenced their actions and ability to act and expand their agency. Their choices and reasoning can be understood as a way of protecting themselves.

Their reluctance to participate in group work was also attributed to the social dynamics within the classes.

“I don’t participate because, why show up if I have no group or if no one wants me to in their group? I can’t see the meaning of coming to school, so I sit alone at home and read.” [ID 9].

However, the main conditions hindering class participation were excessive pre-reading, part-time jobs (often in healthcare), and family obligations. During the in-situ interviews, some students expressed sentiments such as the following: *“For me to feel safe, I also need to have the ability to withdraw a little.”* [ID 10]. The ability to step back, when necessary, allows students to manage their comfort levels and engagement, which is critical to their psychological well-being and is a necessary condition for feeling safe.

The “subjective dimension” of learning processes refers to “the perspective and agency of the learning subject” (Schraube and Højholt, 2016). Students are active subjects in their own lives, and their subjective experiences, intentions, actions, and social relationships both inside and outside of nursing education significantly impact their learning opportunities in teaching situations (Dreier, 2015).

During observations in the skills laboratory, safety was observed as an environment where students could feel confident that they would not be exposed to criticism or any other emotional harm. Some students

expressed how simulation training made them feel more confident and comfortable in their agency. They appreciated the dynamic and interactive nature of high-fidelity simulation, as it made them feel more engaged in and enthusiastic about their learning:

“Our teacher does it well; she just did something to make it come alive. It made us feel more involved and safer to participate in high-fidelity simulation. I liked that because I felt very comfortable with it. I preferred it when it was more alive and without a computer. That way, it was better.” [field note p. 25].

On the other hand, experiencing a safe space during simulations could also be a challenge. Some students described experiencing emotional issues when, for instance, washing or caring for each other in an open room with fewer clothes on and in the company of co-students whom they knew less well. The mixed feelings students had during simulation training, especially in scenarios that required vulnerability, point to the complexity of creating a completely safe learning environment.

4.2. Motivation for learning in different communities of practice

From a critical psychology perspective, emotion and motivation are viewed as not just individual psychological phenomena but also as phenomena that are deeply intertwined with social, cultural, and political contexts. This perspective challenges traditional views that often see emotion and motivation as purely internal, personal experiences. Instead, this perspective emphasises the external influences and power structures that shape how individuals feel and what drives them.

Participant observations revealed that the motivation and emotion associated with learning occurred within various communities of practice. In their educational program, students moved between different communities of learning practices during their transformation into authorised nurses. None of these communities of practice could be understood in isolation, as they cross-influence each other and leave a significant impact on the student’s learning trajectory.

I observed a group of students working on a self-selected case study. They were discussing their experiences with the cases. Their voices were loud, and they were interrupting each other. One student remarked, “It’s only here in the 5th semester that I find the motivation to work on these cases. If no one reads them, I don’t know if I’m right or wrong.” Another added:

"It just shows we can find a research article, but I'll probably never use it in actual nursing work." [field note p. 42, ID 1].

These interactions suggest a pattern in the students' motivation and their approach to the learning process.

When assigned a group exercise with reflection questions related to the prepared literature, the students were hesitant to participate, and the classroom remained silent. No one had read the article, indicating a lack of engagement with the material [field note, page 61].

In contrast, when real-life cases were the focus and students could draw on their clinical experience, the learning became more meaningful. Students were more motivated and engaged, transforming the silent learning space into one that was dynamic and interactive. In addition to making the lessons more meaningful, this approach highlighted learning as a social process.

Observation of a small group working on mandatory study assignments revealed that despite the power dynamics inherent in the teacher-student relationship, students' motivation was driven by a desire to impress their supervisor and achieve academic success. They eagerly discussed their teachers' expectations, actively participated in guidance sessions, and showed a strong commitment to understanding the subject matter and receiving constructive feedback. Yet they also displayed vulnerability, particularly in response to what they perceived as harsh feedback. Despite these challenges, they acknowledged their responsibility to improve their performance. Their reactions are not just personal feelings but are shaped by the broader context of their role as students and the expectations placed on them. Moreover, their reactions are emotional responses to the institutional pressures and cultural norms of the nursing profession. Students internalise the values and norms of the nursing profession and how they see themselves as part of the social practice in their everyday lives.

Students expressed similar concerns in clinical practice, such as *"My voice isn't big enough, so I'd rather persevere than risk failing my exam."* [field note p. 56, ID 4]. Some students seemed to adapt to their circumstances and limited conditions within different communities of practice without trying to overcome them. This adaption could be a response to the power structures and social norms within nursing education, which might make it challenging for students to change their conditions. This reflects an interplay between personal agency and the constraints imposed by the educational and professional environment.

The observations also revealed that students faced a continuous assessment of their competencies, making them feel the constant need to prove their value to themselves and the school and in clinical practice. One student described the multitude of expectations nursing students faced:

"I must be ready all the time, be prepared, curious and always one step ahead. I'm constantly thinking about the next step to show that I can answer, but sometimes I don't know how." [ID 7].

During the field observation in clinical practice, developing skills and interpersonal relationships with patients emerged as a significant motivator for nursing students wanting to make a difference. As one student expressed, *"I love the moments when I see the person beyond the geriatric patient. We enter their sphere, not just to perform tasks, but to get close to another human being. It's a privilege to help."* [ID12].

The students' motivation, as observed in their interactions and engagements within different communities of practice, played a crucial role in shaping their professional identities. Their varying degrees of motivation and emotional responses were closely tied to how they perceived their roles as nursing students and their evolving sense of belonging to the nursing profession. These responses, such as feeling motivated, challenged, or vulnerable, are not just personal feelings but can also be seen as reflections of the social dynamics and power structures within the nursing education system.

4.2.1. Theme 3. The meaning of learning culture and role models

This theme explores how professional role models and the culture within different learning contexts can influence the learning processes of nursing students and the development of their professional identities. It emphasises that professional development encompasses more than instrumental care and involves the behaviour and communication of a professional towards patients and colleagues.

I observed the clinical supervisor and the students during a daily caring activity. The supervisor noted that during busy times, interactions often become more like dictation with constant questions like "Have you looked at it? Have you kept an eye on it? Have you followed it up?" focusing on tasks rather than trying to understand underlying issues. [field note p. 85].

Field observations in clinical practice showed that clinical supervisors, while caring for older patients with complex needs, also juggled supervising multiple students. These supervisors serve as role models, balancing patient care, student guidance, and their own self-care.

In-situ interviews with students revealed that they learnt from nurses by observing their interactions with patients and coordination with college and municipality staff. One student described this learning as piecing together a puzzle: *"The way I've learnt to make a professional judgment comes from the nurse I've been working with. I always take a little something from each person I meet that has made an impression on me."* [field note, ID 11].

Students across different settings highlighted the importance of learning in a culture based on trust. Their experiences in previous internships, influenced by the culture and communication within those social practices, significantly impacted their self-understanding and the development of their professional identities. A culture characterised by respect and acknowledgment was highly valued. However, a lack of continuity in relationships with supervisors or educators made it difficult to discuss experiences and their impact on learning.

The students expressed the need to be a part of communities of practice in order to learn the norms, values, and beliefs of the nursing profession through interaction with nurses. For instance, when asked about non-participation in a morning meeting, one student remarked,

"We are not a part of it, nor do we need to be. It doesn't do me any good to be at the morning meeting. There is talk of staff shortages and I can feel they are under pressure, and it doesn't do me any good. I can avoid feeling like a nuisance. We know what we must do, so it's not necessary." [ID 11].

During their internships, students often compared new experiences of adjusting to communities of practice with previous ones. This adjustment period was crucial to building confidence, understanding norms, and establishing relationships.

Field observation during school courses revealed how students understood that new academic assignments affected their confidence and agency as well as their certainty on "what constitutes a clinical problem" and the understanding of assignment criteria. The organisational conditions within the educational setting seemed to influence students' self-understanding, learning processes, and development of a professional identity.

5. Discussion of the results in relation to other studies

The main findings of our study underline the importance of *perception of safety, motivation, and culture* as prerequisites for learning that profoundly impacted the students' self-understanding and process of becoming professional nurses.

We found that the **perception of safety** played a central role in connecting the students' professionalism with their self-understanding as nurses. Safety is a vital prerequisite to the educational process, as it enhances students' agency and learning and contributes to the development of their professional identities. Our findings revealed that

simulation training in the skills laboratory provided a safe space for students to practice clinical skills without the fear of real consequences. However, challenges in simulation settings, like vulnerability during tasks such as wash and care, could compromise this safe environment. Like our study, other research has highlighted that students often feel nervous and find simulation scenarios to be highly anxiety-inducing and stressful (Howard, et al., 2011; Baxter, et al., 2009). In our study, students stressed the importance of a safe learning environment where they could express themselves and feel acknowledged. This aligns with findings from various settings and emphasises the importance of a safe cultural environment (Bowman, et al., 2013) in fostering the development of nursing students into professionals with a strong professional identity (Vabo, et al., 2022) and in promoting their emotional well-being for effective learning (Brown, et al., 2012; Steven, et al., 2023). Despite the widespread acknowledgment of the safe learning environment in teaching and learning literature, which is aimed at enhancing student engagement and academic outcomes, Barrett (2010) suggested re-evaluating whether a safe classroom truly fosters the development of critical thinking in nursing students. Professional development is a dynamic process filled with conflicts and contradictions, as students must continuously reconcile and negotiate their identities amid various demands and expectations of what constitutes a professional (Heggen and Terum, 2017). Edmondson (2020) addressed this in the concept of “psychological safety”, defined as “a climate where people feel safe to express themselves and be themselves”. Similarly, Frazier et al. (2017) focused on psychological safety in organisations, considering it as the structures and conditions necessary for a safe working environment. It appears that a safe learning environment, being a fundamental human need in various contexts, is crucial to maintain as a focal point.

In our study, we observed that students’ **motivation for learning in different communities of practice** was influenced by factors like context, teaching methods, emotions, and professionals’ attitudes. These conditions significantly shaped their motivation, self-understanding, and professional development. Students showed high motivation when striving to impress teachers and achieve academic success. According to Illeris (2013), learning involves emotional (motivation), social, and societal dimensions. Thus, nursing students’ motivation is not only a reflection of their academic capabilities, but their motivation also influences their identity formation within various educational contexts. However, we also found that constant assessments and feedback perceptions could evoke vulnerability in students. This aligns with findings from Finstad et al. (2022), who reported that students felt insecure about their learning progress. Feedback, while crucial for guiding students’ understanding and performance (Arkan, et al., 2018), must be delivered in a manner that fosters trust and a sense of safety (Eraut, 2006). To ensure that feedback leads to meaningful progress for the student, they must feel a sense of safety and trust in their teacher, supervisor, and colleagues. As Wahlgren (2018) noted, a safe learning environment is essential when undertaking challenging endeavours and enables individuals to extend their boundaries. Our results revealed that excessive academic pressure and the ongoing need for students to prove their worth in both educational and clinical settings adversely impacted their motivation and self-understanding. Lehn-Christiansen and Holen (2020) found that improved practical skills and patient interactions can significantly motivate nursing students, fostering a sense of purpose and fulfilment in their profession. Moreover, other studies have demonstrated a correlation between motivation, positive learning outcomes, and higher retention in the nursing profession (Clynes and Raftery, 2008; Rose, 2011).

The theme of **the meaning of learning culture and role models** in the learning process highlights the significant influence of professional role models and the culture within various communities of practice on nursing students’ learning experiences and their development of a professional identity. Our observations in school classes reveal a focus on achieving specific goals, whereas in clinical practice there is a strong emphasis on task solving. The structural and organisational conditions

within these different contexts are crucial for the development of a professional identity. It was observed that the behaviour and communication styles of experienced nurses played a pivotal role in shaping the students’ professional judgments and their approaches to patient care.

The institutional language and neoliberal values, including NPM (New Public Management), have become deeply ingrained in nursing students, aiding their integration into a professional community of practice (Lehn-Christiansen and Holen, 2019). In critical psychology, individuals’ options for action and development are closely linked with their immediate environment and the practices in which they engage. These elements are mutable, creating a dynamic space for negotiating identity and evolution. Students shape their identity through both individual and collective engagement with what matters (Holzkamp, 2013a). Heggen (2008a) argues that professional development is not limited to acquiring knowledge and ethical values but also involves the adoption of behaviours akin to those of experienced healthcare professionals that are considered appropriate by the profession. Our study suggests that professional identity is constantly being shaped and transformed through a dynamic social learning process (Wenger, 2002), highlighting that identity formation is both dynamic and relational (Heggen and Terum, 2017).

The integration of professional, personal, and social elements into a professional identity becomes evident when students recognise the importance of their actions and feel valued for their knowledge and contributions (Heggen and Terum, 2017). In our study, busy working conditions and crowded curricula led to limited opportunities for discussion about nursing with clinical supervisors and educators. This lack of discourse can potentially impact the development of students’ professional identities, which depend on active participation and reflection in social practice.

Furthermore, our study reveals that in the fast-paced clinical routine, opportunities to engage in in-depth discussions about nursing care are often limited to task-focused queries. The learning culture among nursing students encompasses the acquisition of tacit knowledge or embodied knowledge (Benner et al., 2010; Benner and Tanner, 1987). They gain knowledge not only through theoretical study and supervision but also through observation, imitation, and clinical interactions (Fitzgerald and Clukey, 2022). However, this method may lead to overlooking essential nursing actions and practices that remain unspoken or implicit (Polanyi, 2009). Such omissions, often the result of cultural norms, unwritten rules, or the implicit nature of certain aspects of nursing care, pose a risk. When these unaddressed elements are not explicitly conveyed to nursing students, it may lead to the perpetuation of traditional practices without a full understanding of their rationale or evidence-based grounding. This can impede the development of professionalism and critical thinking in nursing education (Benner, et al., 2010).

Our findings suggest that prior internships and relationships with supervisors or educators impacted the students’ self-understanding and professional identities. The continuity and stability of these relationships were crucial for effective communication and facilitated discussions about both positive and negative learning experiences within the community of practice (Lave, 1996; Wenger, 2002). These experiences have a lasting impact on the students’ ongoing learning process (Soerensen, et al., 2023). Additionally, the structure of educational programs also influences students’ sense of belonging to the profession. These programmes often involve multiple clinical placements and require students to repeatedly navigate between academic and clinical contexts (Eraut, 1994; Heggen and Terum, 2017).

6. Strengths and limitations of the study

The major strength of this study lies in its unique approach grounded in a critical psychology framework and close collaborations with users. To our knowledge, this framework has not been previously applied to the examinations of nurse education.

Among the strengths of the study, we first emphasise the use of participant observation at the educational institution and the department. Shared data analysis involving all authors qualified the research agenda, questions, and analytic process, ensuring validity. Secondly, for credibility, the co-researcher group discussed the main themes emerging from the preliminary analysis of observations and in-situ interviews with nursing students. Thirdly, new knowledge from co-researcher involvement gradually integrated into practice and was further discussed during the research process. Transparency was ensured by visualizing the analysis and discussing it with all authors and the users through an interactive process (Lincoln, et al., 1985).

A limitation of the study is the focus on perspectives from the municipal health sector in the co-researcher group without conducting participant observations from this sector. Additionally, the study's scope is limited to one clinical department and one nursing school, with observations in clinical practice involving only two nursing students. The empirical examples were not chosen to highlight extreme cases but to illuminate various aspects of nursing education. According to critical psychology, the goal is to explore the challenges faced by nursing students in everyday contexts. The research aimed to draw general insights from specific situations, acknowledging that studying particular cases can inform broader practices in nursing education (Schraube and Højholt, 2019)

7. Conclusions

In conclusion, our study highlights the critical importance of fostering an ontological safety learning environment within complex socio-cultural and educational contexts. Creating and sustaining learning environments that prioritise student participation, interaction, and support are crucial to the development of caring and competent nursing professionals. Educators and stakeholders must recognise their own importance in fostering and promoting safety in all aspects of nursing education. This approach is aimed at ensuring the holistic development of students, their ability to become proficient nurses, and their sense of belonging in the nursing profession.

Ethical considerations

The study was approved by The Regional Committees on Health Research Ethics for Southern Denmark (J.nr. 20222000–37).

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CRediT authorship contribution statement

Nielsen Dorthe Susanne: Writing – review & editing, Writing – original draft, Validation, Supervision, Methodology, Formal analysis, Conceptualization. **Jakobsen Ida Skytte:** Writing – review & editing, Supervision, Methodology, Formal analysis. **Larsen Palle:** Writing – review & editing, Supervision, Methodology, Formal analysis. **Soerensen Jette:** Writing – review & editing, Writing – original draft, Visualization, Validation, Project administration, Methodology, Formal analysis, Data curation, Conceptualization. **Holen Mari:** Writing – review & editing, Supervision, Methodology, Formal analysis.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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References

- Arkan, B., Ordin, Y., Yilmaz, D., 2018. Undergraduate nursing students' experience related to their clinical learning environment and factors affecting to their clinical learning process. *Nurse Educ. Pract.* 29, 127–132.
- Barrett, B.J., 2010. Is "Safety" Dangerous? A Critical Examination of the Classroom as Safe Space. *Can. J. Scholarsh. Teach. Learn.* 1 (1), 9.
- Baxter, P., Akhtar-Danesh, N., Valaitis, R., Stanyon, W., Sproul, S., 2009. Simulated experiences: Nursing students share their perspectives. *Nurse Educ. Today* 29 (8), 859–866. <https://doi.org/10.1016/j.nedt.2009.05.003>.
- Benner, P., Sutphen, M., Leonard, V., 2010. *L Day. Educating nurses: A call for radical transformation*, 1st ed. John Wiley & Sons, Hoboken, New Jersey, USA.
- Benner, P., Tanner, C., 1987. Clinical Judgment: How Expert Nurses Use Intuition. *Am. J. Nurs.* 87 (1), 23–31. <https://doi.org/10.2307/3470396>.
- Böttcher, L., Kousholt, D., 2018. D Winther-Lindqvist. Indledende refleksioner over analyseprocesser og kvalitetsdimensioner. In: Böttcher, L., Kousholt, D., Winther-Lindqvist, D. (Eds.), *Kvalitative analyseprocesser: med eksempler fra det pædagogisk psykologiske felt*, 1st ed. Samfundslitteratur, København, pp. 17–38.
- Bowman, C., Neeman, N., Sehgal, N.L., 2013. Enculturation of unsafe attitudes and behaviors: Student perceptions of safety culture. *Acad. Med.* 88 (6), 802–80810. <https://10.1097/ACM.0b013e31828fd4f4>.
- Braun, V., Clarke, V., 2006. Using thematic analysis in psychology. *Qual. Res. Psychol.* 3 (2), 77–101 <https://10.1191/1478088706qp063oa>.
- Brown, J., Stevens, J., Kermod, S., 2012. Supporting student nurse professionalisation: the role of the clinical teacher. *Nurse Educ. Today* 32 (5), 606–60610. <https://10.1016/j.nedt.2011.08.007>.
- Clynes, M.P., Raftery, S.E., 2008. Feedback: an essential element of student learning in clinical practice. *Nurse Educ. Pract.* 8 (6), 405–411.
- Dale, B., Leland, A., Dale, J.G., 2013. What Factors Facilitate Good Learning Experiences in Clinical Studies in Nursing: Bachelor Students' Perceptions, ISRN nursing. 2013 628679-7. <https://10.1155/2013/628679>.
- Dall'Alba, G., 2009. *Learning to be professionals*. Springer, Dordrecht [u.a.].
- Dreier, O., 2016. Conduct of everyday life: Implications for critical psychology. In: Schraube, E., Højholt, C. (Eds.), *Psychology and the conduct of everyday life*, 1st ed. Routledge, London, pp. 15–33.
- Dreier, O., 2015. *Learning and Conduct of Everyday Life*. In: Cresswell, J., Haye, A., Larrain, A., Morgan, M., Sullivan, G. (Eds.), *Dialogue and Debate in the Making of Theoretical Psychology*, 1st ed. Captus Press Inc., Canada, pp. 182–190.
- Dreier, O., 2008. *Psychotherapy in everyday life*, 1st ed. Cambridge University Press, New York.
- Dreier, O. *Den kritiske psykologi*. 1st ed., Rhodos, København, 1979.
- Edmondson, A.C. *Den frygtløse organisation: skab psykologisk tryghed på arbejdspladsen og styrk læring, innovation og vækst*. 1. udgave ed., Djøf, Kbh., 2020.
- Emerson, R.M., Fretz, R.I., Shaw, L.L., 2011. *London. Writing ethnographic fieldnotes*. 2nd ed. ed. The University of Chicago Press,.
- Eraut, M., 2006. Feedback. *Learn. Health Soc. Care* 5 (3), 111–118 <https://10.1111/j.1473-6861.2006.00129.x>.
- Eraut, M., 1994. *Developing professional knowledge and competence*. 1. publ. ed. Routledge, London.
- Eriksen, T.R., 2005. Professionsidentitet i forandring – komparativ perspektivering. In: Eriksen, T.R., Jørgensen, A. (Eds.), *Professionsidentitet i forandring*, 1st ed. Akademisk Forlag, Akademisk Forlag, pp. 244–267.
- Ewertsson, M., Bagga-Gupta, S., Allvin, R., Blomberg, K., 2017. Tensions in learning professional identities – nursing students' narratives and participation in practical skills during their clinical practice: an ethnographic study. *BMC Nurs.* 16 (1), 48. <https://doi.org/10.1186/s12912-017-0238-y>.
- Finstad, I., Knutstad, U., Havnes, A., Sagbakken, M., 2022. The paradox of an expected level: The assessment of nursing students during clinical practice – A qualitative study. *Nurse Educ. Pract.* 61, 103332 <https://doi.org/10.1016/j.nepr.2022.103332>.
- Fitzgerald, A., 2020. Professional identity: A concept analysis. *Nurs. Forum* 55 (3), 447–472 <https://10.1111/nuf.12450>.
- Fitzgerald, A., Clukey, L., 2022. Factors influencing nursing professional identity development: A qualitative study. *Nurs. Forum* 57 (6), 1346–1353. <https://doi.org/10.1111/nuf.12816>.
- Fitzgerald, A., Clukey, L., 2021. Professional Identity in Graduating Nursing Students. *J. Nurs. Educ.* 60 (2), 74–80. <https://doi.org/10.3928/01484834-20210120-04>.
- Fog, J., 2004. *Med samtalen som udgangspunkt: det kvalitative forskningsinterview*, 2nd ed. Akademisk Forlag, Akademisk Forlag,.
- Forchhammer, H.B., 2001. Interviewet som handlesammenhæng. *Nord. Udkast* 29 (1), 23–32.
- Frazier, M.L., Fainshmidt, S., Klinger, R.L., Pezeshkan, A., Vrancea, V., 2017. Psychological safety: A meta-analytic review and extension. *Person. Psychol.* 70 (1), 113–165.
- Heggen, K., 2008a. Profesjon og identitet. In: Molander, A., Terum, L.I. (Eds.), *Profesjonsstudier*, 3rd ed. Universitetsforlaget, Oslo, pp. 321–332.

- Heggen, K., 2008b. Social workers, teachers, and nurses – from college to professional work. *J. Educ. Work* 21 (3), 217–231. <https://doi.org/10.1080/13639080802214076>.
- Heggen, K., 2005. Fagkunnskapens plass i den profesjonelle identiteten. *Nor. Pedagog. Tidsskr.* 89 (06), 446–460.
- Heggen, K., Terum, L.L., 2017. The impact of education on professional identity'. In: Björn, Blom, Lars, Evertsson, Marek, Perlinski (Eds.), *Social and Caring Professions in European Welfare States: Policies, Services and Professional Practices*, 1st ed., Bristol, 2017; online edn. Policy Press Scholarship Online, Oslo, pp. 21–36.
- Højholt, C., 2005. Presentation af praksisforskning. In: Højholt, C. (Ed.), *Forældresamarbejde: Forskning i fællesskab*, 3. oplag, 2011 ed. Dansk Psykologisk Forlag, København, pp. 23–46.
- Højholt, C., Kousholt, D., 2019. Developing knowledge through participation and collaboration: Research as mutual learning processes. *Annu. Rev. Crit. Psychol. (Online)* 16 (16), 575–604.
- Holstein, J.A., Gubrium, J.F., 1995. *The active interview*. Sage Publ, Thousand Oaks [u. a.].
- Holzcamp, K., 2013a. Basic concepts of critical psychology. In: Schraube, E., Osterkamp, U. (Eds.), *Psychology from the standpoint of the subject: Selected writings of Klaus Holzcamp*, 1st ed. Springer, London, pp. 19–27.
- Holzcamp, K., 2013b. Psychology: Social self-understanding on the reasons for action in the conduct of everyday life. In: Schraube E, Osterkamp U (Eds.), *Psychology from the Standpoint of the Subject*, 1st ed., Palgrave Macmillan, London, 2013b, pp. 233–341.
- Howard, V.M., Englert, N., Kameg, K., Perozzi, K., 2011. Integration of Simulation Across the Undergraduate Curriculum: Student and Faculty Perspectives. *Clin. Simul. Nurs.* 7 (1), e1–e10. <https://doi.org/10.1016/j.ecns.2009.10.004>.
- Illeris, K., 2013. *Transformativ læring og identitet*. 1. udgave ed. Samfundslitteratur, Frederiksberg.
- Jartoft, V., 1996. Kritisk psykologi: en psykologi med fokus på subjektivitet og handling. In: Højholt, C., Witt, G. (Eds.), *Skolelivets Socialpsykologi. Nyere socialpsykologiske teorier og perspektiver*, 1st ed. Unge Pædagoger, København, pp. 181–208.
- Jefferson, A.M., Huniche, L., 2009. (Re)Searching for Persons in Practice: Field-Based Methods for Critical Psychological Practice Research, Qualitative research in psychology. 6 (1–2), 12–27. <https://10.1080/14780880902896507>.
- Jensen, C.J. Nyuddannede sygeplejerskers møder med realiteterne på medicinske afsnit i reformerede sygehuse: en institutionel etnografisk undersøgelse [Ph. D.], Roskilde Universitet., Roskilde, 2018.
- Kousholt, D. Collaborative research with children: Exploring contradictory conditions of conduct of everyday life. In: Schraube Ernst, Højholt Charlotte (Eds.), *Psychology and the conduct of everyday life*, 1st ed., Routledge/Taylor & Francis Group, Hove, 2016, pp. 241–258.
- Lave, J., 1996. Teaching, as Learning, in Practice. *Mind. Cult. Act.* 3 (3), 149–164. https://doi.org/10.1207/s15327884mca0303_2.
- Lave, J., Wenger, E., 1991. *Situated learning: legitimate peripheral participation*. Cambridge University Press., New York.
- Lehn-Christiansen, S., M. Holen. Læreprocesser i klinisk sygeplejerskeuddannelse: Viden og erfaringer fra projekt PÅ TVÆRS. 1st ed., Roskilde Universitet, København, 2020.
- Lehn-Christiansen, S., Holen, M., 2019. Ambiguous socialization into nursing: Discourses of intimate care. *Nurse Educ. Today* 75, 1–5. <https://doi.org/10.1016/j.nedt.2019.01.002>.
- Lincoln, Y.S., Guba, E.G., Pilotta, J.J., 1985. Naturalistic inquiry. *Int. J. Intercult. Relat.* 9 (4), 438–439. [https://doi.org/10.1016/0147-1767\(85\)90062-8](https://doi.org/10.1016/0147-1767(85)90062-8).
- Mørch, L.L., Huniche, L., 2006. Critical Psychology in a Danish Context, *Annual Review of Critical. Psychol. (Online)* 5, 1–19.
- Nissen, M., 2000. Practice Research. *Critical Psychology in and through Practices*, *Annual Review of Critical. Psychol. (Online)* 2 (2), 145–179.
- Noer, V.R., 2016. Rigtige sygeplejersker – uddannelses-etnografiske studier af sygeplejerskerstudier og dannelsesprocesser. *Tidsskr. Prof.* 12 (23), 108–110. <https://doi.org/10.7146/tpf.v12i23.96757>.
- Patton, M.Q., 2015. *Qualitative research & evaluation methods: integrating theory and practice*, 4th ed. SAGE Publications, Inc., London.
- Polanyi, M., 2009. *The tacit dimension*. The University of Chicago Press., Chicago.
- Rose, S., 2011. Academic success of nursing students: Does motivation matter? *Teach. Learn. Nurs.* 6 (4), 181–184. <https://doi.org/10.1016/j.teln.2011.05.004>.
- Sandvik, A., Hilli, Y., 2023. Understanding and formation—A process of becoming a nurse. *Nurs. Philos.* 24 (1), e12387. -n/a. <https://10.1111/nup.12387>.
- Sandvik, A., Eriksson, K., Hilli, Y., 2015. Understanding and becoming - the heart of the matter in nurse education. *Scand. J. Caring Sci.* 29 (1), 62–72. <https://doi.org/10.1111/scs.12128>.
- Sandvik, A., Eriksson, K., Hilli, Y., 2014. Becoming a caring nurse – A Nordic study on students' learning and development in clinical education. *Nurse Educ. Pract.* 14 (3), 286–292 <https://10.1016/j.nepr.2013.11.001>.
- Schraube, E., Højholt, C., 2019. Introduction: Subjectivity and knowledge—The formation of situated generalization in psychological research. In: Højholt, C., Schraube, E. (Eds.), *Subjectivity and knowledge: Generalization in the psychological study of everyday life*, 1st ed. 2019 ed., Springer, London, pp. 1–19.
- Schraube, E., Højholt, C., 2016. *Psychology and the Conduct of Everyday Life*, 1st ed. Routledge., United Kingdom.
- Skovhus, R.B., Thomsen, R., 2022. Using critical psychology in analysis of career guidance and counselling. *Br. J. Guid. Couns.* 0 (0), 1–12 <https://10.1080/03069885.2022.2050672>.
- Soerensen, J., Nielsen, D.S., Pihl, G.T., 2023. It's a hard process – Nursing students' lived experiences leading to dropping out of their education; a qualitative study. *Nurse Educ. Today* 122, 105724. <https://10.1016/j.nedt.2023.105724>.
- Spradley, J.P., 2016. *Participant Observation*, 2nd ed. Waveland Press., Long Grove.
- Steven, A., Rossi, S., Dasso, N., Napolitano, F., Grosso, A., Villa, S., et al., 2023. A qualitative exploration of undergraduate nursing students' experience of emotional safety for learning during their clinical practice. *Nurse Educ. Today* 121, 105673.
- Suri, H., 2011. Purposeful Sampling in Qualitative Research Synthesis. *Qual. Res. J.* 11 (2), 63–75. <https://10.3316/QRJ1102063>.
- Timbrell, J., Relouw, H., 2019. Exploring the disconnect between developmental stage and academic expectations: Implications for nursing education. *Nurse Educ. Today* 82, 74–78. <https://10.1016/j.nedt.2019.08.002>.
- Tolman, C.W., 2009. Holzcamp's Critical Psychology as a Science from the Standpoint of the Human Subject. *Theory Psychol.* 19 (2), 149–160. <https://10.1177/0959354309103535>.
- Tong, A., Sainsbury, P., Craig, J., 2007. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int. J. Qual. Health Care: J. Int. Soc. Qual. Health Care* 19 (6), 349–357. <https://doi.org/10.1093/intqhc/mzm042>.
- Trede, F., Macklin, R., Bridges, D., 2012. Professional identity development: a review of the higher education literature. *Stud. High. Educ.* 37 (3), 365–384. <https://10.1080/03075079.2010.521237>.
- Uddannelses- og Forskningsministeriet, Bekendtgørelse om uddannelsen til professionsbachelor i sygepleje., (2022).
- Vabo, G., Slettebø, Å., Fossum, M., 2022. Nursing students' professional identity development: An integrative review. *Nord. J. Nurs. Res.* 42 (2), 62–75. <https://10.1177/20571585211029857>.
- Wadel, C. *Feltarbeid i egen kultur*. 2nd ed., Cappelen Damm Akademisk, Oslo, 2014.
- Wahlgren, B. *Voksenpædagogik*. 1st ed., Akademisk Forlag, Kbh, 2018.
- Wenger, E., 2002. *Communities of practice: Learning, Meaning, and Identity*, 7th ed. Cambridge Univ. Press., Cambridge, England.
- Wenger, E., 1998. Communities of practice: Learning as a social system. *Syst. Think.* 9 (5), 2–3. <https://10.1007/978-1-84996-133-2>.
- World Medical Association, 2013. *World Medical Association Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects*. *JAMA: J. Am. Med. Assoc.* 310 (20), 2191–2194 <https://10.1001/jama.2013.281053>.