

**Title: The motivations to nurse: An exploration of factors amongst undergraduate students, registered nurses and nurse managers**

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## **ABSTRACT**

**Aim:** To explore what motivates individuals to engage in nursing as a career.

**Background:** The recruitment and retention of nurses is a worldwide concern for healthcare systems because of high attrition of new graduates, nurses leaving healthcare work and ageing workforces. Given the need to effectively recruit, prepare and retain nurses, it is important to understand what motivates individuals to nurse, what can sustain that motivation and how healthcare systems support nurses' career development and retention.

**Method:** This paper reports findings about motivations to nurse within a longitudinal multi method study from interviews with 28 undergraduate student nurses, 25 registered nurses, six Nurse Unit Managers and three Directors of Nursing from four hospitals across a healthcare organisation.

**Results:** Thematic analyses identified four key themes that were common to all participants: (i) a desire to help, (ii) caring, (iii) a sense of achievement and (iv) self-validation.

**Conclusions:** These themes represented what motivated individuals to enter into nursing and sustained them in their chosen career as either nurses or nurse managers.

**Implications for nursing management:** Understanding the personal premises and key motivators that underpin individuals' desire to initially seek, prepare for and remain a nurse provides premises for effective nursing management indicators and practices in recruitment and retention strategies.

**Keywords:** career choice, caring, motivation, nurses, workforce

## **Introduction**

The recruitment and retention of sufficient numbers of nursing staff is now a worldwide concern (Lai et al. 2006, Preston 2006). Across Europe new and creative ways of encouraging nurses to remain in nursing are being required because of the increasing complexities of healthcare work, an ageing population and staff global migration (Camerino et al 2006). This need is further compounded by healthcare environment that now have to support a multigenerational workforce (Boychuk Duchscher & Cowin 2004). Understanding how best to cope with these increasing complexities of nursing work and the quality of their workplace are likely to be critical in assisting in developing and retaining a skilled and engaged nursing workforce. In particular, understanding further about what motivates nurses to engage in and be sustained through learning more about their work may be central to the maintenance of nursing workforces. It seems nurses' personal, not only inform students about their career choice, but also how nursing students engage in nursing (Spouse 2000), and sustain their interest in nursing beyond initial training.

## **Background**

There are many reasons why people choose a career in nursing. The desire to help or care for others, and to contribute to society are reported as a dominant factors influencing this choice (Boughn 2001, Prater & McEwen 2006, Zyberg & Berry 2005). However, a study investigating what helping others means for nursing students found ambiguity with the 'helping motive' in that students themselves sought positive feedback from their patients when giving care (Rognstad et al. 2004). While these researchers claimed student nurses should learn not expect critically-ill patients to be in a position to thank them, nevertheless for some novice nurses at least, the notion of self-concern is as important as concern for others in this career selection. Therefore, although realised through assisting others, issues of self and personal goals, may well be central to what motivates individuals to nurse.

Personal experiences also feature in reported motives for becoming a nurse with references about self or a loved one being ill or hospitalized (Larsen et al. 2003, Prater & McEwen 2006). 'I always wanted to be a nurse' is an often reported reason for choosing nursing as a career (Prater

& McEwen 2006, Barriball & While 1996), and having a health professional in the family, particularly a mother who is / was a nurse, is also commonly reported (Dockery & Barns 2005, Barriball & While 1996). These kinds of personally-based motivations deserve being taken into account in nursing development and retention strategies. For instance, it is reported that those who made a childhood choice to become a nurse are more likely to claim that they made a good career choice and less likely to identify a desire to leave within five years, than those who made a later decision to become a nurse (Barriball & While 1996).

Motivation to select nursing as a career is guided by both intrinsic and extrinsic factors. A comparison between registered nurses' and student nurses' survey responses on occupational choice found that both groups rated the same three intrinsic factors most highly: (i) working to help others, (ii) interesting (and challenging) work and (iii) working closely with people (McCabe et al. 2005, p 390) In a survey of nursing students and non-nursing students, Dockery and Barns (2005) found that the extrinsic attraction of nursing as an occupation accounted for 32.5 percent of variance between the students in choosing a career. These extrinsic rewards of nursing included: flexible hours, responsibility and autonomy; employment security over life of nursing; influence of others in choosing nursing; and travel opportunities provided by nursing. McCabe et al. (2005) note that a younger cohort (i.e., the student nurses) placed particular emphases on intrinsic work factors, challenging and exciting work and less emphasis on the prestige of the nursing profession and the community respect for the profession. This finding is supported by Miers et al. (2007) who claimed health professional students', aged between 21-30 years, were less likely than other age groups to cite altruism as a career motivator.

Recent research on motivation has indicated that the social context has a cumulative influence on what people value and ultimately affects what is intrinsically motivating (Sansone & Harackiewicz 2000). The findings suggest that individuals can maintain interest (i.e., intrinsic motivation) and interacting with others while working, or knowing that one's work will affect others, can generate more interest and enjoyment, leading to a subsequent increase in intrinsic motivation to perform the activity (Sansone & Harackiewicz 2000). However, individuals' engagement within the workplace is not only driven by their motivational interests but is also shaped by the dynamics of

the workplace, including how they are permitted to participate and engage in workplace activities (Billett 2006).

Within current healthcare work, Pask (2005) identifies consequences of a gap between what nurses believe their role could be and what it actually constitutes. These consequences have implications for the decisions nurses make and their apparent loss of hope to achieve what they desire. A loss of hope, Pask (2005) suggests, may lead some nurses to retreat “from the effort that is required to challenge a system that fails to recognise nurses as they work for that which they see has intrinsic value” (p. 253). Furthermore, the reality of implementing ideals in practice is often limited by organizational and professional factors that impact on nurses’ ability to care for patients in ways that they desire (Maben et al. 2006). To sustain the intrinsic value of nurses’ work requires an organisation where they and their learning are valued, encouraged and empowered (Pask 2005). In health systems where nurses are continually over stretched because of sufficient numbers of nurses, the ability of the organisation to sustain individuals’ intrinsic motivations can become difficult. Maben and colleagues (2006) suggest that such issues need to be addressed globally in order to maintain nurses’ motivation and ensure that their individual needs are not overlooked in favour of organizational needs.

In Australia, healthcare systems are experiencing high attrition of its young, new graduates (Heath 2002). This attrition may be associated with the social and professional context of nursing; not offering the necessary personal rewards of challenging and exciting work that these young graduates seek. Nursing remains a highly feminised career and, with increased employment and career opportunities for women outside of ‘traditional’ female roles, the number of young women pursuing a career in nursing has reduced (Dockery & Barns 2005). Conversely, there is also an increase of mature age students into undergraduate nursing courses and this has pedagogical implications (Bye et al. 2007) on how to ensure that they are actively engaged in their learning experiences.

The nursing workforce is ageing (Department of Human Services [Victoria] 2004) and this adds to the issues of ensuring that those nurses who remain in the workplace are motivated, encouraged,

and supported in their ongoing learning and development, particularly as the workplace is becoming an increasingly complex environment with an associated expanding education – service gap (Wagner 2007). This gap, Wagner suggests, has been perpetuated by but not exclusively; the rapid changes in the clinical setting, lack of collaboration between clinical areas and educational institutions, the lack of sufficient time or skills of clinical staff, university reward systems not acknowledging the value of practice and the lack of clinical placements/too many students.

Given these factors and the existing global nursing shortage (Wagner 2007) and low retention, it is necessary to understand why individuals choose to nurse, what keeps them engaged in nursing, and in what ways healthcare systems can support career development and retention. Consequently this paper reports on the findings of interviews about becoming and remaining a nurse with 2<sup>nd</sup> and 3<sup>rd</sup> year undergraduate nursing students at an Australian university and with registered nurses from a large public health provider. The first interviews included questions relating to career choice and motivation to nurse as part of a broader longitudinal study examining learning about nursing through workplace learning experiences in hospital wards. The study seeks to understand how the contributions of education provider and healthcare organisation can assist the initial learning, ongoing development and retention of nursing staff.

### **Aims**

This project seeks to elicit data about: (i) What motivates individuals to study nursing? (ii) what motivates them to engage in nursing as a career? and (iii) what factors are likely to support and sustain a long nursing career?

### **Methods**

A multi method approach framed in the paradigm of ethnomethodology, including interviews, surveys and field work observations is being drawn upon. This paper focuses on the data analysis from the first one-on-one interviews with undergraduate nursing students, registered nurses, and senior managers across six clinical areas in addressing the research questions.

## **Sample**

Undergraduate student nurses at two campuses of an Australian university were invited to participate following a presentation during a key lecture by the chief investigator, resulting in twenty-eight students being recruited. In the health care organisation, 25 registered nurses volunteered to participate following a presentation by the chief investigator during ward handovers. In addition, six Nurse Unit Managers (NUMs) and three site Directors of Nursing (DoNs) provided managerial and individual perspectives about the ways in which learning and engagement in nursing work can be realised in health care work settings. The students ranged in age from 20 years to mid 50s as did the registered nurses. The latter had all been practicing as a registered nurse for more than one year. Nurses' clinical sites where the research was conducted included acute mental health aged care, oncology, acute medical and surgical wards.

## **Ethical considerations**

Ethical approval was obtained from the participating healthcare organisation and universities' ethics committees. Informed consent of all participants was obtained prior to interviews. Students were assured that neither participation nor subsequent withdrawal would affect their assessments. Equally, anonymity and confidentiality was exercised with all participants. All participants were invited to create a pseudonym.

## **Data collection and analysis**

This project draws upon an ethnomethodological framework (Holstein & Gubrium 2005), focusing on the study of work. The analytic interest is in the methods individuals employ to engage in the workplace setting and the associated learning. The data was gathered through a series of semi-structured interviews between a member of the research team and the individual participants. The students, and registered nurses were interviewed twice and the management participants once. The first interviews with students and registered nurses, focused on the participants' work history and their participation in nursing, including their activities and engagements in the clinical setting. It involved telling the story of their work-study life to date, how they participate in clinical practice, and the factors that shape their experiences in clinical settings. Interviews with the management

participants focussed on how they contribute to assisting nurses in their learning in clinical areas. Interviews were conducted at a time and place convenient to the participants (i.e., on the ward during double staffing at shift changeover). All interviews were transcribed verbatim with a transcript being provided to the participant for validation at the subsequent interview. The interviews transcripts were then entered into NVivo-7 for data analysis.

Through reading of the interview transcripts and field work observations four central concepts were initially identified that broadly focused on clinical practices as learning opportunities. The identified concepts were: (i) curriculum (ie the timing and sequencing of clinical placements), (ii) pedagogy - potentials (i.e., the opportunities available for learning), (iii) personal epistemologies (i.e. individuals' beliefs and values), and (iv) impact of workplace. Consensus of the four central concepts was achieved through rigorous discussion amongst the researchers, based upon previous work and expertise of Billett (2006) in the area of workplace learning. Using these four concepts as a platform for analysis (see Figure 1), initial coding was conducted for the first interviews, which was subsequently used to identify further subcategories. The findings of two of these sub-categories; motivation to nurse, and engagement in the workplace, are discussed below. Coding of each interview transcript was undertaken by at least two researchers and consensus gained.

\*\*\* Insert Figure 1 about here\*\*\*

## Findings

Within the sub-category of motivation to nurse, which comes under the central concept of personal epistemologies, a number of themes were identified. The first of the themes, *a desire to help*, centres on the vocation of nursing, that is, nursing is to help others and is illustrated by the following:

“Helping people, it’s not a job where you get paid financially for what you do, but it’s helping people just a little of things like fluffing up their pillows”- Jayne (student)

“I suppose I’m a people person. I love helping people out” – Bella (RN)

Closely aligned to the desire to help others was the concept that nursing is about caring and

is grounded in the individuals' desire to nurture others or stemmed from the participants' cultural values and beliefs. The theme *a caring motive* is demonstrated by phrases such as:

"I just like caring for people, I get satisfaction out of seeing someone come in sick and then discharging them healthy back to the community, a bit sappy"- Jane (student) or as Marissa (student) indicated this caring encompassed more than just the patient; "I like the caring aspect...I always thought that you can do something to make a difference in the world...if you gave good care their families would appreciate, would feel that".

The influence of individuals' background is also articulated through the voices of Julia and Stef:

"The caring for an older person is very much a cultural thing in my background, you know, we don't generally send them off to nursing homes or whatever. So caring for older people on the ward... I really like doing that... it is just a personal value that I have..."

Julia (RN)

"...ever since I was little I've liked taking care of other little children or people, I just enjoy um, that aspect of I suppose ... and I suppose it's something that can really translate into nursing in that it's very caring and that sort of thing, um, I suppose I've been raised I've been to catholic schools and I suppose just the whole aspect of caring is very, and nursing so that it's almost quite inter-related", Stef (student)

Many of the participants voiced that caring was just part of their being and is exemplified by Nike's (RN) comment:

"Well I'm a caring person by nature anyway...it is just something I've always done, so I suppose it is just me".

Being able to provide care was central to the majority of participants' motivation to nurse though inextricably linked to this was the sense that they had made an input to a patient's recovery.

*A sense of achievement* reflects the nurses' ability to have contributed to the patients' wellness and is captured in participants' comments such as:

“It can be very rewarding to see them [the patient] walk out of here and you know they’re all hunky dory [okay], especially in the extreme case when we have people with infections and they are here with us for quite a few months”-Nicole (RN)

“Out on placement, you know watching someone come in as an admission and they are unwell and then seeing them go home, that’s what makes me want to keep doing it, just making people better” – Kate (student).

This sense of ‘feeling good’ that a patient’s health status has improved parallels to some degree participants’ spoken need of receiving positive acknowledgment for the care they give. *Self validation* theme centres on the recognition of individuals’ needs to feel good, being thanked for providing care and is illustrated by the following:

“ I really enjoy showering people, just because they love it so much and I like to help people but partly that is for my own gratification” - Louise (RN)

“to be able to get along with my patients...to see that progress is happening and that they are improving and getting better...and seeing that they truly appreciate all the help that we’ve given” - Michelle (RN), and in the case of Mick as he recounts receiving a letter:

“I got this letter today, Dear ‘Mick’, I’m writing to let you know how much..., one of patients passed away on the 2nd of April, she is a sister, and wanted to thank you for your great care that you gave her, you know, with, with great thanks, and thanks for the work” – Mick (RN)

This sense of self-validation and achievement has also been identified by Coyle-Rogers and Cramer (2005) in their research on the meaning of caring amongst nurse educators. They found the concept of caring in most situations creates a sense of success, to the ‘caregiver’ in particular when an individual expresses their appreciation to the carer, or the carer’s sense of self-satisfaction is realised through the results of their effort.

Interestingly, very similar themes emerged from the sub-category engagement in the workplace. These themes did not just reflect nurses’ engagement in patient care, but focussed on their role as a preceptor, leader and teacher in the context of a caring motive - nurturing others, a desire to

help and self validation were exercised in support for students and junior nursing staff. The excerpts below provide some examples of these themes.

#### *A caring motive*

This sense of caring emerged across all levels of nurses from the ward nurse through to nurse unit managers (NUM) and directors of nursing (DoN) and could be accounted for through this intrinsic motivation that compels individuals to engage in nursing as a career.

“I love working with the new NUM who is just new into the position and I have the days where they go ‘this is the best thing I’ve wanted’ and the next minute they’ll be in tears going ‘I can’t do this I don’t want it, it’s awful’ and just going through what I call the roller coaster and seeing them develop” – Ruth (DoN)

“I ask them where they’re going career wise, where they want to go ... so tell me if you’re interested in coronary care and we’ll get you education, I’ll speak to the NUM there and see if we can you know basically move you towards that direction. I push them for further professional development...” – Roy (NUM)

“It’s scary being a student and having to deal with different types of nurses and different wards and not being able to do things. So being nice to them maybe, just making them feel welcome and making them feel supported is important to them,” – Julia (RN).

The need to care for and help others clearly does not just revolve around administering patient care. In their capacities as preceptors, the registered nurses voiced a desire to help students assimilate into the clinical area was voiced by several participants as illustrated by the quotes below.

#### *Desire to help*

“I try and give them as much attention as I can. Um I know what its like for them to come straight from uni and been thrown into the deep end virtually. So I’m always there, I’m always open to them for any question” – Jackie (RN)

“... altruistic service, you know, just the idea of helping people and at that stage you’re looking at the students that are almost colleagues, relevant peers, having the ability to help and certainly you wouldn’t nurse for the money” – Mick (RN)

However in helping others it would appear that this may be driven by an intrinsic motivator of self gratification and success.

### *Self validation*

Issues of self validation, that is the desire to feel good, are also evident in the responses of the experienced nurses across all levels.

“...developing a board of culture that gives me a real buzz and to see it work and to see the nurses actually happy and joyous in their work”, – Roy (NUM)

“I get great joy of when you open up more capacity, recruiting more ICU nurses over more ICU beds. Or seeing NICU achieve on the 20 ventilated cots and the new nurses and I've now got more Div 2s up there doing all these things that they'd never thought that they'd be able to do. Um that's the stuff that still gives me the win” – Ruth (DoN)

“I suppose the biggest reward is actually having students thank me and say ... I'm so glad you helped me with that or I was going to quit and talking to you has changed my mind or you know, I can't believe I was so nervous about this placement, you know, you've helped me out...” Bella (RN).

As these themes illustrate the motivation to nurse and engage in practice are multidimensional and highlight not only the complexity of nursing work but the intrinsic and extrinsic factors that are associated in the desire to nurse.

### **Discussion**

In keeping with the literature, a wide range of motivations to nurse were identified among students and registered nurses alike, although there was a consistently strong representation of the caring motive across all participants. In relation to motivation to nurse, the findings of this study support that of previous research, though little has been mentioned in relation to 'self-validation'. Rognstad et al. (2004) drawing upon Aristotle's work remind us that virtues develop through practical wisdom and are cultivated and realised in society. Nursing it would seem provides a societal culture that endorses an altruistic nature which would seem to be a key motivator in engaging nursing as a career, as this study highlights and is supported by recently published work (De Cooman et al. 2008).

Within the Australian context there are no national standards that mentors or preceptors are required to meet to teach/supervise student nurses, as is mandated in the United Kingdom (Nursing and Midwifery Council 2004). Thus it is interesting to consider that those nurses, in this study, who offer to preceptor may find a measure of self validation through helping students and this provides them with an alternate avenue of engaging in nursing. Caring is multifaceted and an aspect of caring is to nurture and assist individuals in their growth and development, which clearly is an expectation of the role of preceptors and senior management within the workplace.

However, Prater and McEwan (2006, p. 68) suggest nurses are taught to “view their role as a psychodynamic care provider rather than a nurturer” and yet the dominant factor, emerging from our data, influencing individuals’ decision to choose nursing as a career, is this desire to help or care for others which clearly is an important motivator amongst the participants in this current study. It could be suggested that embedded within people opting to engage in nursing is this intrinsic motivator of knowing that their work will affect others (Sansone & Harackiewicz 2000). As the analysis illustrates, in the case of the senior managers and clinical site directors, it would appear that this particular motivator is what serves them to continue in nursing and reward them in their current roles.

Knowing the intrinsic and extrinsic motivators that drive individuals to engage in nursing is an important aspect in considering recruitment, pre-registration and post-registration curricula and workplace learning. A recent study by Bye, Pushkar and Conway (2007) exploring the motivation, interest and positive affect in traditional (i.e. those aged 21 years and younger) and non-traditional (those aged 28 years and over) undergraduate students showed that non-traditional students reported higher levels of intrinsic motivation to learn than did traditional students. This was reflected amongst the non-traditional student participants whom articulated a real passion about wanting to learn to be a nurse and several had made deliberate decisions in career change to enter nursing. Such generational differences in career choice motivators have also been reported by Miers et al (2007) ,however the findings of this study suggest that there is no generational difference across a wide range of nurses from students to ward nurses to senior managers. This finding is further supported by De Cooman et al (2008) who found recent

graduates reported similar traditional motivators, in particular to help individuals and build rewarding relationships with them.

Pursuing nursing as a career does currently present challenges, namely how to efficiently and creatively reduce the education - service gap. One solution Wagner (2007) offers is to develop the role of the preceptor along with improving the collaboration between clinical areas and educational institutions. We propose that this can be done through the concept of co-participation and participatory practices as a model of workplace learning. This concept affords an avenue for developing learning for novice nurses through motivating and engaging experienced nurses in taking an enhanced role (Billett 2006) and has formed the basis for this current study.

### **Limitations**

It is acknowledged that the data gathered is only from one healthcare facility and university and thus may not be representative of nurses from other organisations. It is a self report study so that there may be a social desirability effect in the responses. In the terms of qualitative research the sample size is substantial though does not imply that the results are generalisable.

### **Conclusions**

In a time of organisational constraints and resource efficiencies it is important as De Cooman et al.(2008) suggest that managers do not overlook what continues to be the main motivators that engage nurses in pursuing a career in nursing. The complexity of health care delivery is increasingly challenging along with the dynamics of engaging in a health care workplace. Understanding the key motivators that engage individuals to seek and pursue a career in nursing may offer healthcare management strategies in recruitment and retention of what is a currently dwindling workforce.

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**Figure 1. Conceptual Framework**



