

# The experience of marginalization in new nursing graduates

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This article discusses the conceptual history of marginalization, suggesting its use as a framework within which to understand some of the causal relationships between the high rate of attrition of new nursing graduates from professional nursing and the difficulties incurred during their transition from student to professionally practicing nurse. The application of marginalization in this article focuses on the vulnerability and alienation that these newly graduated nurses experience during their introduction to acute-care practice. The article further suggests that they are both inadequately prepared by their undergraduate education to enter into the full scope of their new role as professional practitioners, and ineffectually orientated to an oppressive workplace culture that they are expected to sustain.

With almost half of the nursing workforce in North America > 45 years of age and that number increasing exponentially,<sup>1</sup> it has been predicted that by 2011 Canada will experience a shortage of RNs upwards of 113,000.<sup>2,3</sup> The United States will require a staggering infusion into their nursing work force of 1 million.<sup>4</sup> Alarming statistics further inform us that 35–61% of new nursing graduates (NNGs) can be expected to change their place of employment or exit the nursing profession altogether within the first year of professional practice.<sup>5–7</sup> In the US alone, this attrition of nurses translates into costs averaging \$50,000 per replaced nurse,<sup>7–9</sup> and an even greater cost of increased patient mortality rates resulting from nurse burnout and job dissatisfaction.<sup>10</sup> Purported to be a direct result of the traumatic and stressful transition for nursing students to professional nursing practice, the renewal of nursing human resources may be the greatest challenge

faced by North American health care communities in decades.<sup>6,7</sup>

This article seeks to gain a more in-depth understanding of possible causes for the rising attrition rate of NNGs, and its inherent relationship to the difficulties incurred during the transition from student to professionally practicing nurse. It is intended that the transition experience of the new graduate will be illuminated by exploring the issues from the framework of marginalization as both a concept and as an experience. By doing so, the intent is not to trivialize the importance of the relationship between marginalization and the significant issues which currently plague those in our society who, unlike the new nursing graduate, are truly socially disadvantaged and discriminated against. Rather, it is hoped that explicating decided elements of this important concept might assist us in further extracting and understanding the vulnerability that exists in the NNG's experience of transition. Ultimately, the desired result will be the further development of education and work-place strategies to identify and resolve the issues inherent in making the transition to professional practice for the NNG, a goal on which the renewal of the nursing profession virtually depends.

## MARGINALIZATION AS A CONCEPT

The concept of marginality has been used since the 1920s to describe the experience of living between 2 cultures that have asymmetrical power,<sup>11</sup> or living between 2 levels in a hierarchy.<sup>12</sup> The term "marginal man" was originally coined by Park and further developed by Stonequist<sup>13,14</sup> to describe the immigration of second generation Americans and their assimilation into the dominant socio-political culture. Further generalized "from the political struggles of women, people of colour, the poor, immigrants, the mentally ill, sexual minorities, children, and victims of violence,"<sup>15</sup> marginalization referred to status-based social attributes afforded to the elite relative to that afforded the impoverished.<sup>16,17</sup> The determination of the existence of marginalization has conventionally been distinguished by experiences that cause economic or political oppression and/or segregation of individuals or groups over an extended duration (ie, a lifetime).

More recently, however, some authors have expanded the criteria of this experience to include "the

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process through which persons are peripheralized on the basis of . . . identities, associations, experiences, and environments.”<sup>18</sup> Emerging from a more elemental meaning of margins—that is, to be on the border or edge—marginalized persons or groups included here have been turned out from the proverbial *center* of an experience to its periphery. In support of this, 1 of the most thorough and recent analyses of the concept of marginality is provided by Dickie-Clark,<sup>12</sup> whose major assumption is that the experience of marginalization exists at many different levels, from the *whole* of society, such as in caste systems, to *parts* of that whole, such as occupational groupings. Dickie-Clark<sup>12</sup> claimed that evidence of a hierarchical social stratum was all that was necessary for marginality to exist. The explication of the concept of the marginal man [*sic*] to this broader scale expression of marginality is fundamental to the concept of marginality in nursing.

Marginalization occurs when an individual lives simultaneously in 2 *worlds*, the borders of which are seen as being mutually exclusive and even diametrically opposed, while at once dynamically permeable.<sup>19,20</sup> For the marginalized person, the presumed potential for movement between subordinate and dominant worlds predicates an uncertain and unfixed acceptance of, and full functioning within, the confines of either world. Important to the discussion of marginalization as it relates to the NNG is the distinction between the potentially more transient *marginalizing situation* from the more permanent *marginalized personality*. In the context of the NNG transition to professional practice, the marginalizing situation is the purposeful and, often, time-limited process of passing from the center of one cultural group (nursing student) to the center of another cultural group (practicing nurse). The more enduring marginalized personality, meanwhile, results from the longstanding misappropriation of individuals into a binding subordinate social or economic stratum within which the realization of their full sense of self is prohibited, and from which they are unable to ascend.<sup>11–13</sup> The application of marginalization in this article will focus on the experience of vulnerability and alienation<sup>18</sup> that exists for newly graduated nurses making the transition to hospital nursing. As such, it is suggested that these new recruits are coming into the workplace unprepared to assume the full scope of their new role as professional practitioners, and unaware of the historical, social and political foundations that underlie the institutional health care culture they are expected to sustain.

## MARGINALIZATION AND THE NEW NURSING GRADUATE

Marginalized persons view themselves, and are viewed by others, as being different from the *norm*.<sup>15</sup> Articulations by NNGs of “being neither fish nor fowl”<sup>21</sup> represent this separation from their previously academ-

ically based identity, while highlighting their perceived lack of acceptance by their new group of professional senior nursing affiliates. It is this feeling of not belonging anywhere and of finding oneself at the intersection between 2 cultures (that of academia and industry) that serves as the basis for exploring the applicability of this experience as marginalizing for the NNG.<sup>9</sup> The following discussion explores the NNG’s entry into professional practice within, more narrowly, the socio-cultural experience and, more broadly, the socio-political constructions of their nursing practice reality.

### Socio-Cultural Relations

We are reminded that “from the moment of his birth the human being is the responding subject of a stream of . . . activities, standards, and objects which make up that complex whole termed *culture* [original emphasis].”<sup>4</sup> Relational factors or circumstances exist that alienate the NNG within the context of their nursing practice environment. The consequences are that NNGs are peripheralized outside the dominant coalition of expert practitioners encompassed by the seasoned nurses with whom they work.

There are substantial initial difficulties in health care work entry. The NNG may experience inherent value discrepancies between the academic environment in which they have been *raised* and the industry into which they are being initiated. At the same time, these nursing professionals are being recruited into practice areas where unprecedented workload expectations commonly occur in work environments with critically high stress levels.<sup>22–24</sup> The professional practice standards and anticipated professional relations that are brought to the acute-care environment by the NNG are constantly challenged by the strains of practicing in the *real* world. Referred to as immediacy by Hall et al,<sup>18</sup> there is a sense of “betweenness” inherent in the process of socialization into nursing, or *status passage* from nursing student to professional practitioner.<sup>25–27</sup>

**Reality Shock.** The term *culture* refers to the collective understanding of characteristics, customs, mores, and rules for behavior considered acceptable for one’s inclusion in a social community united by a shared aim, interest, or principle.<sup>28</sup> The transition and subsequent socialization into professional practice of the new nursing graduate is such a group and has been extensively studied, most notably in the seminal work of Marlene Kramer.<sup>29</sup> The term reality shock was utilized by Kramer to describe the discovery that school-bred values conflicted with work-world values, a concept that built on the foundational tenets of culture shock.<sup>30–31</sup> Research by Kramer suggested that nursing students were inadequately prepared to make sense out of, or subsequently be acculturated into, the behaviors and expectations of their new professional working culture. The differences between being a student nurse and being a professional nurse resulted in a *distinctness*

that isolated and peripheralized the NNG from their professional and institutional communities. Despite the 4 decades that have elapsed since Kramer's original work, current research supports the author's contention that the primary challenge for NNGs lies in their struggle to reconstruct a new professional sense of self that fuses the ideals of their education with the realities of their practice context.<sup>32–33</sup>

The profile of the Generation Y graduate continues to perpetuate the experience of peripheralization or feeling *on the edge* of one's social context.<sup>34</sup> The Generation Y individual is described as very informed, idealistic, highly motivated and intellectual, and enters the workplace with high expectations paradoxically coupled with little practical work experience and lacking in workplace interpersonal skills and maturity.<sup>25</sup> This worker may be intimidated by those perceived as "experts" and by an organizational culture that conflicts with the cloistered perspective of reality acquired as a student.<sup>32,35</sup> The new worker desires to gain the respect and admiration of colleagues whose acceptance may be a pivotal aspect of their developmental need to fit into the nursing culture.<sup>36</sup> The blend of workplace expectations and the working profile of the new generation nursing graduate provides the foundations of a marginal situation. However, as Smyth suggested, "whether or not someone actually experiences marginality, whilst in an objectively marginal situation, is a matter of orientation to the dominant group and attitude towards the barriers."<sup>20</sup>

**Role Expectations** It has been claimed that the first year of professional nursing practice is similar to "an obstacle course." The graduate's initial experience of work can be traumatic primarily because of unrealistic management expectations that the NNG will "hit the ground running."<sup>37–38</sup> These expectations result from an evolving incongruence between progressive clinical expectations developed in the course of their nursing education and the expectations of senior nursing colleagues and nursing unit managers in their new professional practice environment.<sup>39–40</sup>

Uncertainty regarding self-perceptions of practice competence significantly increases the NNGs' level of stress. During the first several months of practice, the expectations others have of the recruit's knowledge and skill ability comes as a revelation to graduates who may continue to see themselves as senior nursing students, and who feel emotionally unprepared to be responsible, accountable health care professionals.<sup>32,41</sup> Regardless of the level of mastery achieved in their roles as senior students, NNGs are once again placed in the reliant position of learning. The constant scrutiny of their nursing skills and even well-meaning inquiries into their coping ability by other health care professionals contributes to the erosion of their self-confidence and can elicit feelings of self-consciousness and inadequacy.<sup>32,41–42</sup> Senior nursing staff and managers demon-

strate initial modest expectations of clinical performance by NNGs.<sup>39</sup> This is in contrast to the high self-confidence, initial enthusiasm and eager entry into the health care workplace expressed by NNGs.<sup>39</sup> Within several months, however, the NNG begins to realize the pervasiveness of their full professional responsibility and accountability, an experience that is unavoidable by virtue of the nature of the supervised undergraduate clinical learning environment.<sup>29,32–33</sup> This recognition coincides with a fall in nursing self-concept, specifically general self-concept/esteem, represented by a loss of self-confidence.<sup>43</sup>

At this same time in the NNG's transition stage, senior nursing staff and unit managers are experiencing a surge in their expectations, perceiving the delayed barrage of questions just beginning to surface from the disoriented NNG as indicative of suspect competence.<sup>39</sup> A recent study of 15 NNGs in their first year of professional practice illuminated possible disconnections between new and seasoned nurses' expectations of NNG performance with claims that participants "thought it would be easier, . . . expected more from orientation, . . . expected less 'in the fire experience', . . . and expected more support from the RNs."<sup>44</sup>

The nature of the unrealistic expectations by senior nursing staff relative to the NNG cited here may emanate from unacknowledged value conflicts and role ambiguities inherent in a move from an educationally based, learner-focused care paradigm to the more functionally-focused care paradigm of industry. This lack of acknowledgement may significantly contribute to unrealistic clinical expectations by senior staff. It is distinctly possible that senior staff have long since adjusted to the altered workload and responsibility of professional practice, assimilated existing service values into their own personal care-value system, and have become desensitized to the impropriety of some of their collapsed values.<sup>23</sup> Further to this, these senior staff may have simply *forgotten* the intensity of the transition experience for the new practitioner and the critical importance of acceptance to the new professional's developing nursing self-concept.

**Professional Identity** Affording status to and, subsequently, assimilating the NNG into the system of social relations that forms the basis of the institutional nursing culture parallels the degree to which they are accepted as professional equals. Stigmatization is defined here as the "marking" of an outsider within a larger group.<sup>18</sup> As an aspect of marginality, stigmatization is evident in the variable labelling of NNGs by senior staff throughout the first year of the new nurse's professional practice as "new graduates", "kids", "young nurses", "novices", and perhaps more importantly, as distinct from "seasoned", "senior", or "expert" nurses. This process of differentiation may serve to repel the NNG from the normative nursing 'centre', and provide the seasoned nurses with the "seat of

hierarchical power and the conceptual location of the homogenous “majority.”<sup>18</sup>

With alarming consistency, NNGs describe senior nursing staff who lack care and concern for them at the least<sup>45</sup> and who bully them at the worst.<sup>46</sup> Compounding this is mounting evidence that managers and senior nursing staff are antagonistic, unwelcoming, and abusive to NNGs, that workplaces are critically understaffed, and that institutions subsist within a culture that is resistive to new ideas and fraught with negative attitudes about nursing and health care.<sup>32,41</sup> This initiation to the workplace takes on a central significance in the context of role theory, which proposes that individuals perceive their own identity relative to those with whom they associate, those with related roles, or those who directly impact the individual’s identity and performance.<sup>47</sup> Important related literature demonstrates that the NNG’s initial work experience has a critical impact on the formation of their concept of nursing and their professional value system.<sup>6,29,48</sup> The political organization of any professional work system serves as the framework within which the values of the new worker are either reinforced or reconstructed.

### *Socio-Political Conditions*

The use of the term “politics” here subsumes all formal organizations. This includes the institutions of nursing education and the health care industry that influence, and in many cases perpetuate, hierarchical power structures and relations. These structures reinforce the distinction and separation of persons based on education, length and quality of experience, compliance with established normative behavior codes, and role status within the institution.

**Role Socialization** The role socialization of NNGs into professional nursing practice “marks the beginning of an acculturation process into the health care system.”<sup>49</sup> In a review of the issues underlying the current nursing shortage, Cowin and Jacobsson asked how an educational system could be expected to prepare a nursing recruit for a workplace that is “fundamentally at odds with nursing care philosophy.”<sup>50</sup> Cowin and Jacobsson further claimed that it is the inability of the work environment to nurture and develop the new employee that is at the heart of many losses of NNGs. Previous nursing research on role socialization from the 1980–90s concluded that transition stressors related primarily to “fitting into the bureaucracy”<sup>51</sup> and an overwhelming fear of failure, overall responsibility, and making mistakes.<sup>52</sup>

New graduates describe the tremendous pressure to conform to ward routines that are often viewed as ritualistic and which interfere with the ability of the nurses to interact with and meet their patients’ needs.<sup>32,37</sup> Concurrently, senior nursing preceptors in Brown’s study admitted that “getting the work done by the end of the shift”<sup>39</sup> was the most important criteria

for NNGs to successfully meet preceptor expectations during their orientation period. As Horsburgh articulated, “adjustment [to the nursing profession] meant the acceptance of nursing as [the] management of tasks.”<sup>51</sup> Associated with this acceptance for the NNG was a tremendous sense of guilt and disappointment with this reality,<sup>22,23,29,32</sup> feelings of frustration and demoralization at not being able to deliver nursing care to their standards, and resentment toward themselves and others for allowing them to be put in this position.<sup>22,40</sup>

In a recent qualitative exploration of 5 NGs in acute-care, participants claimed to be caught in a number of moral dilemmas. For example, new graduates were expected to choose between caring effectively or caring efficiently; providing comfort, attending to needs of families and advocating for patients self-determination was polarized with maintaining a powerfully fixed organizational structure and ordered routine. Other dilemmas included being perceived as independent, capable practitioners by their colleagues, or reaching out for needed assistance, thereby exposing their naiveté and ignorance and risking the acceptance they so desired. New graduates felt caught between practicing the ideals that had been taught to them in their undergraduate education and assimilating the institutionally modified practice standards of the real world. Further, these neophyte professionals found themselves caught between focusing on their own needs and attending to the ever-demanding but unpredictable and unfamiliar needs of their patients. Finally, the NNGs felt conflicted regarding their understanding that while experience was key to their becoming professionals, they had little control over the nature, intensity or quality of that experience.<sup>32</sup>

Participants further described a prescriptive, intellectually oppressive or, at the least, cognitively restrictive working environment for nurses in acute-care centers.<sup>32</sup> Further evidence by Mohr<sup>53</sup> revealed that the hospital environment tends to move the NNG away from their ideal of professional nursing practice by emphasizing productivity, efficiency, and the achievement of institutionally imposed social goals. Referred to as divestiture by Bradby,<sup>25</sup> the organization attempts to strip the individual of their identity so that the employee will be forced to conform to the institution’s needs. The result is a reduction of autonomy and organizational influence.<sup>54</sup>

A most disturbing finding in the research on the role socialization stresses inherent in the NNG transition to professional practice was the prevalence of moral distress, or the inability to live up to one’s moral convictions.<sup>22,23,40</sup> Participants give supporting examples of a lack of decision-making autonomy in practice, guilt and self-disappointment related to not being able to protect or advocate for their patients, and an accompanying pervasive belief that ethical compromise is unavoidable in hospital nursing.<sup>37,54</sup> While differing greatly from the professional values and ideals adopted by the NNG

as a student, this is a pervasive experience for these recruits as hospital nurses.<sup>53,55</sup> Nursing students coped with this discrepancy by compartmentalizing “two versions of nursing,”<sup>56</sup> each with its own standards and rules. Rather than questioning or confronting these diverse care philosophies, students rationalized their acceptance of them as temporary; that they were “just passing through”<sup>56</sup> and would find a different experience as nursing graduates. The acceptance of distinctly polarized ideologies places the student, and presumably eventually the NNG, at risk of becoming habituated to an unquestioning mode of behavior and, ultimately, desensitizing them to poor nursing practice habits.<sup>57</sup>

Considerable evidence exists to suggest that nurses will only continue to support a workplace environment that provides opportunities for professional development, autonomy, and a focus on quality patient care.<sup>58–60</sup> The dichotomized values of a caring, responsive nursing presence with those of clinical expediency and unquestioning obedience to the institution continue to cause stress for the new nurse.<sup>29,54</sup> If the stress remains unresolved, new nurses can suffer low self-esteem resulting in a lack of self-confidence coupled with a perception of having failed to fulfill their professional role. It is further contended by authors such as Kramer and Schmalenberg<sup>61</sup> that graduates who are not assisted in the successful socialization to their new working role may resolve the perceived incongruities in a number of undesirable ways. These may include diminishing or discarding ethical and practice standards for institutional routines and bureaucratic compliance as well as limiting their work commitment and turning their conflict inward, thereby causing moral distress and workplace burnout. Poorly socialized new graduates may express their discontent through dissension, rebellion and conflict, thereby contributing to a reduction in morale and an increase in unit dispute and malcontent. Alternatively, poorly socialized new graduates may align themselves with the institution by developing a pervasive disdain for the profession that encouraged a belief in an ethics- and value-based practice ethos that they now recognize as unrealistic and unachievable. The failure to successfully adjust to the new organizational climate is believed to be one of the major factors leading to rapid NNG turnover.<sup>62–64</sup>

## REFLECTIONS ON MARGINALIZATION IN NEW NURSING GRADUATES

For many, the journey from nursing student to professionally practicing nurse is chaotic, unsupported, and painful. Initially perceived as exhilarating, this transition experience may quickly turn traumatic as graduates become aware of the contrasting differences between *practicing* nursing as a student, and nursing as a fully responsible and accountable professional. Disturbing discrepancies between what they are led to understand about nursing from their undergraduate education, and

what they experience in the *real* world of health care service delivery leaves the NNG with a sense of groundlessness. For at least the first 6 months of professional practice, these nurses can exist between 2 worlds.

It is likely that within every profession there exists a gap between the culture of the profession transmitted in the teaching institution and the actualities of practice in the field. However, the tension created by these polarized ideals of care in nursing, if left unchecked, may contribute unnecessary stresses for the graduate in socializing to their new professional roles. The marginalizing situation in which the NNGs find themselves, however temporary, fosters feelings of isolation, vulnerability, and uncertainty. At the same time, these new-generation nursing graduates are highly educated, armed with considerable nursing knowledge, and intolerant of the “sink or swim” management style of many recruiting institutions. They may enter the workplace with a greater loyalty to the nursing profession than the agency, a higher personal self-esteem than graduates of other generations, and an unwillingness to tolerate a patriarchal and medically dominated health care management system that continues to invalidate and devalue the nursing care they aim to deliver. This situation may be needlessly discouraging and disillusioning to the NNG. Poorly managed transition may be costly to recruiting institutions if graduates leave their initial places of employment in search of a professional work environment that better matches their vocational aspirations and practice ideals.

It may be tempting to lay blame for the inadequacies of the transition experience of NNGs with the undergraduate nursing education programs, for poorly preparing the NNG for the *realities* of hospital nursing. Equally, the health care institutions may be at fault for their unsatisfactory commitment to workplace orientation and mentoring programs for NNGs. Broadly, the problem of marginalization in nursing has become a significant workforce issue and strategies for management need to encompass issues such as a sustainable workforce, quality health care, improved interpersonal relationships, and best practices. Strategies should aim to orient the NNG towards a meaningful and enjoyable career rather than just a job. While the recognition and management of asymmetrical power within the health care system needs to be addressed, strategies are suggested that focus on addressing marginalization at the nursing professional level and, specifically, at the NNG (Table 1).

The key to the successful integration of nursing graduates into the health care industry lies in appreciating the mutual importance and interdependence of their foundational education and the environment within which they are hired to practice in contributing to the marginalizing experience for the NNG. The provision of orientation and mentorship programs dur-

**Table 1. Strategies to minimize marginalization of new nursing graduates**

1. Promote tolerance, acceptance and mutual respect, particularly as it relates to NNGs:
  - Develop a plan to promote acceptance of the NNG,
  - Break down status-based boundaries by utilizing good ongoing communication and relationship development between NNG and experienced nurses,
  - Create a sense of belonging within the nursing team and aim to bring those who feel they work on the periphery close within the team by enhancing team communication, collaboration and leadership,
  - Discourage and avoid the use of discriminatory labels by rewarding tolerance, acceptance and mutual respect.
2. End oppressive nursing actions by utilizing liberating practices:
  - Aim for collaborative leadership,
  - Look for potential obstacles to integration and remove these before issues arise,
  - Monitor NNGs closely for signs of isolation, alienation and stress,
  - Assess NNGs regularly for signs of reality or culture shock,
  - Eradicate horizontal violence (interpersonal conflict) and provide clear and consistent education and management strategies in dealing with these events.
3. Consistently present nursing as a "sea of possibilities" rather than mutually exclusive specialized nursing factions (ie, midwives vs. trauma nurses):
  - Encourage and enjoy individualism while promoting the collective of nursing, thereby preventing alienation,
  - Celebrate differences and find ways to utilize these to a health care advantage.
4. Encourage greater collaboration between nursing academia and the clinical workplace:
  - Assist NNGs to explore and discuss the structure of socialization into the nursing profession. This should occur before the graduate leaves their academic institution and again when starting out in the workplace,
  - Develop a workplace educational program aimed at standardizing competency/skills assessment and provide ongoing support and encouragement for improving skills,
  - Encourage the use of mentors and buddies in a mutually beneficial manner,
  - Structure the mentor and buddy process to provide individual cognitive, spiritual and physical support.
5. Develop an understanding of generational issues in the workplace (specifically in nursing), and develop flexible work practices that compliment the multi-generational workforce:
  - Utilize the differences in nursing skills and knowledge to a health care advantage,
  - Encourage critical thinking by developing a workplace culture open to change and new knowledge,
  - Develop and support all workplace practices that enhance professional self-concept dimensions such as self-esteem, staff relations, communication and leadership,
  - Quantitatively assess and evaluate all programs aimed at decreasing the effects of marginalization. Encourage participation into nursing research that uncovers marginalizing events and assesses program outcomes.
6. Explore work-based rituals and routines with all nursing staff by encouraging discussion and debate on best practices:
  - Provide NNGs and experienced nurses with an open and ongoing forum for the discussion of potential or actual moral dilemmas. Utilize and promote nursing clinical supervision where possible,
  - Promote professional status development and encourage nursing autonomy at the workplace and at the organizational level by encouraging membership to professional organizations or developing workplace groups.
  - Promote the values of ethical and professional standards of nursing practice irrespective of workplace limitations and actively encourage NNGs to express their developing views.

ing the senior years of nursing education programs that anticipate the socialization issues inherent in this transition to professional practice could introduce senior students to likely incongruities in applying idealized theory to the realities of the practice setting. The commitment of sufficient physical and financial resources to address marginalization will contribute to the overall successful transition to professional nursing practice. Decreasing the effects of marginalization can lessen the potential trauma of transition and foster independent critical thinkers who are more likely to be

retained by the workplace. The elimination of detrimental marginalization effects is an underutilized tool in the arsenal of stress-proofing our future nursing workforce.

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