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From Nursing Practice to Full-Time Motherhood: Lived Experiences and Pathways to Workforce Reintegration

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ABSTRACT

Motherhood-related career pauses among nurses remain an underexplored phenomenon despite their implications for professional identity, workforce participation, and long-term nursing workforce sustainability. Nurses who temporarily step away from clinical practice to assume full-time caregiving responsibilities may experience challenges related to identity, emotional well-being, professional continuity, and future workforce reintegration.

Keywords: *motherhood; nursing identity; career pause; full-time mother-nurses; qualitative research; workforce reintegration; caregiving*

INTRODUCTION

Nursing is a profession characterized by knowledge, clinical competence, caring, responsibility, and commitment to the health and well-being of individuals and communities. Nevertheless, not all licensed nurses remain continuously engaged in formal nursing practice. Some temporarily or permanently step away from clinical employment because of family responsibilities, personal circumstances, or changing life priorities. Among these nurses are full-time mothers who choose to prioritize the care and development of their children while placing their professional careers on pause.

The transition from nursing practice to full-time motherhood represents more than a change in occupation. It involves a significant shift in daily responsibilities, social roles, professional recognition, and personal identity. Nurses who have previously derived purpose and self-worth from patient care, professional relationships, and clinical responsibilities may experience uncertainty when these sources of professional identity are no longer part of their everyday lives.

The global nursing workforce continues to face shortages and workforce sustainability challenges. The final thesis situates the experiences of mother-nurses within this broader concern, identifying nurses outside formal practice as an important but potentially underutilized human resource. The study further recognizes that workforce shortages cannot be addressed solely through recruitment; retention, career flexibility, and pathways for nurses who temporarily leave practice are also important considerations.

Motherhood may create competing demands between professional aspirations and family responsibilities. For some nurses, leaving clinical practice is a deliberate decision to provide full-time care during important stages of their children's development. However, the decision may also be accompanied by feelings of guilt, social expectations, loss of professional connection, and concerns about future employability and competence.

At the same time, leaving clinical employment does not necessarily mean that nursing knowledge and values disappear. Participants in the study described continuing to apply assessment, health education, critical thinking, compassion, patience, and health advocacy within their families. Their experiences suggest that nursing identity may continue beyond the boundaries of hospitals and other healthcare institutions.

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Patricia Benner's from Novice to Expert Theory provides a relevant theoretical lens for understanding professional competence as an evolving process grounded in experience. The thesis recognizes that extended absence from clinical practice may create a need for skills updating and professional reorientation, while experiential knowledge gained through motherhood may also contribute to communication, empathy, family-centered care, and emotional support.

Despite the importance of these issues, the lived experiences of nurses who leave clinical practice specifically to assume full-time motherhood remain insufficiently explored. Understanding their experiences can provide nursing administrators, educators, policymakers, and healthcare organizations with evidence for developing more inclusive career pathways.

Therefore, this study explored the lived experiences of full-time mother-nurses who were not currently engaged in nursing practice, focusing on how they understood their professional identity, experienced motherhood, managed emotional and social challenges, maintained nursing values, and envisioned their future participation in nursing.

METHODS

Research Design

A qualitative phenomenological research design was used to explore the lived experiences of full-time mother-nurses who were not currently engaged in nursing practice. A phenomenological approach was appropriate because the study sought to understand the meaning participants attributed to their transition from professional nursing practice to full-time motherhood.

Participants and Sampling

Purposive sampling was employed to identify participants who could provide rich and relevant accounts of the phenomenon under investigation. Participants were registered nurses with previous professional nursing experience who had transitioned to full-time motherhood and were not currently employed in nursing-related positions.

The inclusion criteria required participants to have a valid nursing license, at least one year of professional nursing experience before leaving practice, at least one year of experience as a full-time mother, and willingness to participate in the study. Nurses engaged in part-time or per diem healthcare work, currently enrolled in nursing-related education or training, or temporarily on maternity leave with an imminent return to practice were excluded. The final study included 10 participant narratives.

Data Collection

Individual semi-structured interviews were conducted at a time and place convenient to the participants while maintaining privacy and confidentiality. Each interview lasted approximately 45–60 minutes.

Participants were encouraged to describe their experiences, motivations, challenges, identity changes, coping processes, and perspectives regarding possible future re-entry into nursing.

With participants' consent, interviews were audio-recorded. Field notes were also maintained to capture contextual information and relevant observations. Interviews were transcribed verbatim, and transcripts were reviewed for accuracy. Participants were provided opportunities to review their transcripts and clarify their responses. Data collection continued until sufficient information and thematic saturation were achieved.

Data Analysis

The interview data were analyzed using Colaizzi's seven-step phenomenological method. The process involved familiarization with the transcripts, identification of significant statements, formulation of meanings, organization of meanings into thematic clusters, development of an exhaustive description, formulation of the fundamental structure of the phenomenon, and validation through member checking.

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Through this process, the participants' individual narratives were synthesized into five major themes and their corresponding subthemes.

Ethical Considerations

Ethical principles were observed throughout the study. Participants were informed of the purpose and procedures of the research and provided informed consent before participation. Participation was voluntary, and participants were informed of their right to withdraw without penalty.

Confidentiality and anonymity were maintained through the use of participant codes and removal of identifying information. Audio recordings, transcripts, and related research materials were securely stored, with access limited to authorized members of the research team.

RESULTS

Analysis of the ten participant narratives generated five major themes that collectively describe the transition from professional nursing practice to full-time motherhood.

Theme 1: Reframing Professional Identity

The first theme describes the transformation of participants' professional identities following their withdrawal from clinical nursing practice. Participants initially experienced a sense of loss, uncertainty, and disconnection from the nursing profession. The absence of clinical duties, professional colleagues, and the nursing uniform contributed to uncertainty regarding their continued identity as nurses.

Loss of Clinical Identity

Participants described hesitation in identifying themselves as nurses after leaving clinical practice. One participant stated:

> *"I used to introduce myself as a nurse first; now I hesitate because I'm no longer practicing." (P01)*

Another participant expressed the symbolic importance of the nursing uniform:

> *"Letting go of my uniform felt like losing a part of who I was." (P02)*

These experiences illustrate how professional identity was initially closely associated with active employment, clinical practice, and institutional belonging.

Redefinition of Self-Worth

Over time, participants began to redefine their self-worth beyond professional employment and career achievement. Remaining at home was gradually understood not as evidence of diminished competence but as a purposeful decision to fulfill family responsibilities.

Participants described motherhood and caregiving as new sources of meaning and achievement. Their sense of success gradually shifted from professional recognition toward being present and responsive to their children's needs.

Emotional Adjustment

Participants also described emotional adjustment as they reconciled their previous professional identities with their current maternal roles. Seeing former colleagues progress professionally sometimes intensified feelings of inadequacy or stagnation. However, participants gradually developed acceptance and recognized that a career pause did not erase their nursing identity.

Thus, professional identity became increasingly understood as fluid and adaptable rather than dependent solely on employment status.

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Theme 2: Motherhood as a Full-Time Commitment

Participants described motherhood as a demanding and continuous responsibility requiring emotional, physical, and psychological investment.

Emotional Labor of Motherhood

Participants compared the emotional demands of motherhood with the demands of nursing practice. Caring for children required patience, vigilance, emotional regulation, and continuous availability.
One participant expressed:

"Caring for my children requires the same emotional strength as nursing." (P01)

Another shared:

"There are days when motherhood feels more exhausting than hospital duty." (P03)

These accounts demonstrate that participants did not experience motherhood as an absence of meaningful work. Rather, motherhood represented an intensive caregiving role requiring skills and emotional resources.

Prioritization of Family Needs

Participants consciously prioritized the needs of their children and families over career advancement. Their decisions to leave clinical practice were framed as intentional and family-centered rather than as an inability to continue nursing.

One participant explained:

"I chose to step back from nursing because my children needed me most." (P02)

The decision reflected a reallocation of time and attention toward family responsibilities during a particular stage of the life course.

Sense of Fulfillment in the Maternal Role

Despite sacrifices associated with leaving nursing practice, participants reported fulfillment from being present during their children's formative years. They gradually recognized the value of their maternal role and viewed their sacrifices as purposeful.
One participant stated:

"Watching my children grow made my sacrifices worthwhile." (P07)

Another reflected:

"Motherhood gave me a deeper sense of purpose." (P10)

The findings demonstrate that motherhood became a meaningful source of identity and personal fulfillment rather than simply an interruption of professional life.

Theme 3: Emotional Struggles and Social Pressures

The transition to full-time motherhood was also characterized by emotional and social challenges. Participants experienced guilt, self-doubt, social judgment, and isolation.

Feelings of Guilt and Self-Doubt

Some participants questioned whether they were appropriately using the education, training, and professional license they had obtained. Leaving clinical practice sometimes created a sense of guilt associated with not actively applying nursing competencies.

One participant stated:

"I felt guilty for not using my nursing license." (P05)

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These feelings were particularly influenced by comparisons with nurses who remained active in the profession.

Social Expectations and Judgment

Participants encountered questions and judgments concerning their decision to remain at home despite being registered nurses. Social expectations often equated professional success with employment and career progression.

One participant shared:

"People often ask why I'm not working when I'm a nurse." (P02)

Another stated:

"I felt judged for choosing home over hospital." (P05)

Such experiences demonstrate the influence of social expectations on professional self-perception and maternal decision-making. The findings suggest that caregiving contributions may be undervalued when they occur outside formal employment.

Emotional Isolation

Leaving the clinical environment also resulted in reduced interaction with professional colleagues. Participants missed professional conversations, teamwork, shared experiences, and the sense of belonging associated with nursing practice.

One participant shared:

"Staying at home sometimes felt lonely." (P03)

Another explained:

"I lost daily adult interaction when I left nursing practice." (P05)

These experiences indicate that professional connection provides not only occupational benefits but also social and emotional support.

Theme 4: Continuity of Nursing Values at Home

The fourth theme demonstrates that participants continued to apply nursing knowledge, skills, and values within their families despite being outside formal nursing employment.

Application of Nursing Skills

Participants reported using nursing knowledge when caring for their children and family members. Assessment, observation, symptom recognition, first aid, medication management, and health-related decision-making remained part of their everyday caregiving.

One participant stated:

"I still use my nursing knowledge when caring for my children." (P03)

Another shared:

"Assessing symptoms comes naturally to me as a nurse-mother." (P05)

Participants also described remaining calm during their children's illnesses because of their clinical experience:

"My clinical skills helped me stay calm during my children's illnesses." (P07)

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These experiences demonstrate that nursing competencies can remain meaningful and transferable beyond formal clinical environments.

Health Advocacy within the Family

Participants assumed important health-related responsibilities within their households. They provided health information, encouraged preventive behaviors, supported nutrition and wellness, and served as sources of health guidance for family members.

One participant stated:

"I became the health educator in our household." (P02)

Another shared:

"My family relies on me for health-related guidance." (P08)

Thus, participants continued to function as health advocates even without a formal nursing position.

Compassionate Care as a Core Value

Beyond technical knowledge, participants continued to demonstrate compassion, patience, empathy, therapeutic communication, and holistic care in their roles as mothers.

One participant stated:

"Nursing taught me patience, which I use daily as a mother." (P04)

Another explained:

"Empathy remains central to how I care for my children." (P05)

A further reflection captured the continuity between the two roles:

"The heart of nursing continues through motherhood." (P09)

These accounts indicate that participants experienced nursing values as enduring aspects of who they were rather than competencies limited to the workplace.

Theme 5: Hopes, Adaptation, and Future Aspirations

The fifth theme reflects participants' growing acceptance of their current life circumstances together with their continuing aspirations for personal and professional development.

Acceptance of a Temporary Career Pause

Participants gradually reframed their withdrawal from nursing as a temporary and intentional life phase rather than an end to their professional careers.

One participant stated:

"I now see this phase as a pause, not an end." (P01)

Another explained:

"Stepping away helped me realign my priorities." (P05)

Participants also developed greater self-compassion and reduced self-blame regarding their decision.

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Desire for Re-entry or Alternative Nursing Roles

Although participants accepted their current responsibilities as mothers, they continued to express interest in future nursing involvement. Some envisioned returning to bedside nursing, while others considered flexible or alternative roles such as teaching, community health, consultancy, volunteer work, or part-time nursing.

Participants expressed that future nursing participation should ideally allow greater integration between professional responsibilities and family life.

The findings therefore point toward the importance of flexible workforce pathways rather than a single traditional model of continuous full-time clinical employment.

Personal Growth and Resilience

Participants viewed motherhood as a period of personal development. They described becoming more patient, empathetic, self-aware, and resilient.

One participant stated:

"This experience made me emotionally stronger." (P08)

Another shared:

"Balancing identity and motherhood taught me resilience." (P09)

A further participant reflected:

"I grew in ways I never expected outside the hospital." (P10)

Thus, participants did not view the career pause solely as a period of professional loss. It was also experienced as a period of growth that could contribute to their future personal and professional roles.

DISCUSSION

The findings reveal that the transition from nursing practice to full-time motherhood is a complex process involving professional identity, family responsibility, emotional adjustment, social expectations, continuity of nursing values, and future aspirations.

The first theme, **Reframing Professional Identity**, demonstrates that professional identity may initially be disrupted when nurses leave clinical employment. Participants associated nursing identity with uniforms, clinical responsibilities, professional relationships, and institutional recognition. However, they gradually learned to define professional worth beyond employment status. This supports the thesis' conceptualization of professional identity as adaptable across life transitions.

The second theme, **Motherhood as a Full-Time Commitment**, demonstrates that participants experienced motherhood as demanding and meaningful work. Their decision to prioritize family needs was not necessarily a rejection of nursing but a response to life-course responsibilities. The findings suggest that nursing workforce policies should recognize that career decisions are influenced by family and caregiving realities.

The third theme, **Emotional Struggles and Social Pressures**, highlights the emotional costs associated with leaving practice. Guilt, self-doubt, perceived judgment, and isolation were significant challenges. The loss of professional interaction may further weaken nurses' sense of belonging. Maintaining connections with professional organizations, peers, and nursing communities may therefore help nurses preserve professional identity during career pauses.

The fourth theme, **Continuity of Nursing Values at Home**, provides an important counterpoint to the idea that nurses who are not employed in healthcare have ceased to use their professional knowledge. Participants continued to apply clinical reasoning, health assessment, health education, advocacy, compassion, and therapeutic communication within their families. Their nursing identity was therefore expressed in a different context.

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This finding is consistent with the theoretical perspective of Benner, which emphasizes the importance of experiential learning in the development of nursing competence. Although some technical competencies may require updating following an extended absence, experiential knowledge—including communication, empathy, and family-centered care—may continue to develop through caregiving experiences. The thesis specifically proposes that re-entry programs should recognize previous competence while providing appropriate skills refreshment.

The fifth theme, **Hopes, Adaptation, and Future Aspirations**, demonstrates that career interruption does not necessarily eliminate professional aspirations. Participants continued to imagine future participation in nursing, although some preferred alternative or flexible roles. This finding has important implications for workforce planning because nurses who temporarily leave clinical practice may remain a potential source of experienced nursing talent.

The five themes collectively suggest a progression from **professional disruption toward identity reconstruction, acceptance, continuity, and future-oriented professional possibility**. In this sense, the experience of full-time mother-nurses may be understood not as professional abandonment but as professional transformation.

Implications for Nursing Practice, Administration, and Workforce Planning

The findings have several implications for nursing administrators, healthcare institutions, educators, and policymakers.

First, organizations should recognize that career pauses related to motherhood do not necessarily indicate a loss of professional commitment. Policies should avoid stigmatizing nurses who temporarily leave practice.

Second, **structured return-to-practice programs** may help nurses regain confidence and update clinical competencies. Based on the theoretical framework, re-entry programs may include skills revalidation, simulation-based learning, continuing education, clinical orientation, mentorship, and phased reintegration.

Third, healthcare organizations may consider **flexible employment pathways**, including part-time work, non-clinical nursing positions, teaching, community health, telehealth, consultancy, and other roles compatible with family responsibilities.

Fourth, psychosocial support should be incorporated into career-transition initiatives. Peer support groups, counseling, mentoring, and reflective forums may help address guilt, professional disconnection, selfdoubt, and isolation.

Finally, nursing workforce planning should adopt a broader understanding of professional contribution. Caregiving experiences can develop patience, empathy, communication, resilience, and family-centered perspectives that may complement professional nursing competencies.

Limitations

This study focused on the lived experiences of a purposively selected group of full-time mother-nurses who were not currently engaged in nursing practice. As a qualitative phenomenological inquiry involving ten participant narratives, the findings are intended to provide depth and meaning rather than statistical generalization to all mother-nurses.

Participants' experiences may also differ according to family circumstances, length of career interruption, previous clinical specialty, socioeconomic conditions, cultural context, and opportunities for future employment. The study therefore provides contextual insights that may inform, rather than universally determine, nursing workforce policies and interventions.

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CONCLUSION

The lived experiences of full-time mother-nurses demonstrate that stepping away from clinical nursing practice does not necessarily signify the abandonment of professional identity. Participants initially experienced loss of clinical identity, guilt, self-doubt, social judgment, and emotional isolation. However, through emotional adjustment and reflection, they gradually reframed their career pause as an intentional and meaningful response to family priorities.

Motherhood became a significant context in which participants continued to express nursing knowledge and values. Clinical assessment, health advocacy, critical thinking, compassion, patience, empathy, and holistic care remained part of their everyday family lives.

At the same time, participants-maintained hopes for future professional engagement. Some envisioned returning to clinical practice, while others considered flexible or alternative nursing roles. Their experiences of motherhood also contributed to personal growth, resilience, empathy, and a broader understanding of caregiving.

Overall, the five themes demonstrate that career interruption may represent professional transformation rather than professional abandonment. Nursing identity can remain meaningful beyond formal employment, while motherhood can become an additional context through which nursing values are expressed.

A more inclusive nursing workforce framework should therefore recognize non-linear career pathways and provide mechanisms through which mother-nurses can maintain professional connection, update competencies, and return to practice when circumstances permit.

Recommendations

Based on the findings, the following are recommended:

1. **Develop structured return-to-practice programs** for nurses who have taken extended career pauses, incorporating competency assessment, refresher courses, simulation, and supervised clinical experience.

2. **Establish mentorship programs** that connect returning nurses with experienced nursing professionals who can provide clinical guidance, encouragement, and professional support.

3. **Promote flexible nursing employment pathways**, including part-time, non-clinical, community health, academic, telehealth, consultancy, and other alternative roles.

4. **Provide psychosocial support** through counseling, peer-support groups, reflective forums, and professional networking opportunities for nurses experiencing career transitions.

5. **Recognize caregiving as a meaningful context for nursing values and competencies**, particularly compassion, health advocacy, communication, critical thinking, and family-centered care.

6. **Develop family-friendly nursing workforce policies** that allow nurses to manage professional responsibilities alongside changing family needs.

7. **Strengthen continuing professional development opportunities** for nurses who are temporarily outside practice so that they can maintain professional connection and readiness for future re-entry.

8. **Conduct further research** examining the long-term experiences of mother-nurses returning to practice, the effectiveness of return-to-practice programs, and organizational strategies that support sustainable workforce reintegration.

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