**Professional Biography**

**Introduction**

Nursing profession globally is responding to the continuously changing needs, priorities, expectations, and developments in healthcare. Nurses are therefore expected to acquire knowledge as well as skills and behaviors to respond to the dynamics of healthcare demands (Kim, 2010). Besides, nursing education equips learners with professional standards of practice that are necessary to meet the present and future demand of quality as well as improved healthcare (Cant & Cooper, 2010). In a bid to provide high-quality care, nurses are expected to acquire knowledge in complex care by using the best available clinical setting and technology of learning. In such settings, nurses reflect on current and future practices as ways to improve high-quality care in the dynamic health environment (D'Antonio, 2010). Besides, nursing education equips nurses with analytical skills that enable them to lead healthcare professionals, keep up with current technological advances and use problem-solving methods to promote and sustain demand for quality healthcare (Edwards & O'Connor, 2011).

According to Dausien et al. (2008), professional conduct is a factor of education coupled with experience. This implies that professional development cannot be achieved without taking into consideration of personal development. Evidently, education supports personal growth as it inculcates understanding, commitment and reinforces the culture of upholding the knowledge. Certainly, understanding oneself is considered an important aspect of professional development. This is, as such, reflected in the professional biography. Therefore, this study provides an opportunity of reflecting on my professional biography as a nurse (Clausson, 2008). This will enable me to reproduce personal conceptions through self-experience. Ultimately, the biographical experiences will guide learning in a new setting as I endeavor to advance my professional nursing practice (Kinsella, 2010). The discussion commences with the exploration of biography, followed by the reasons as to why I opted for a nursing career and an overview of the nursing profession in Saudi Arabia, a country where I come from. Subsequently, a description of past academic and professional journey will be explored. Finally, a conclusion will wrap up the entire discussion.

Definition of Biography

According to Bornat (2008), biography is a literary expression of the life of a person. It is a nonfictional form of expression that is intended to recreate words and events in the life of an individual as understood from the personal or historical perspective of the author. Since biography reflects the accounts of life of a person, the sources of information can be obtained through oral, written and pictorial materials. Besides, biography relies on available evidence, including the information retained in the memory of the informant.

Definition of Professional Biography

Professional biography, also known as professional bio, denotes the art of presenting oneself in the best possible as well as most exciting light in a precise manner. Generally, professional biography provides a summary of who you are as a professional, business person or employer. In essence, professional biography is developed in a manner that engages, inform and amuse the intended audience (Bornat, 2008). It is a sales tool that can be written on websites, brochure or book jacket to attract potential buyers, clients or employers.

As a sales pitch, professional biography allows one to provide an account of their lives. Most importantly, it outlines academic qualifications, leadership awards and professional background that are important for a given setting (Seifert, 2012). As opposed to a resume, a professional bio has a photo of the individual showcasing the professional expertise in a given industry. In the current world of fast communication, professional biography plays an important role as an online resume. As such, the professional bio outlines one’s experience, awards, what makes one to be an expert and social identity of a person.

Concept of Biography

Biography takes the form of a narrative, whereby, the chronological stages of life of a person is explored. A good biography is similar to a novel in the sense that it narrates the life of the biographee; from the birth to lifetime experience until death.

Reflection

Traditionally, biography has been developed to provide a historical account of a person from birth to death. Professional biography on the other hand showcases the expertise of an individual. All these are written records that demand appropriate considerations for inaccuracies (Fook & Gardner, 2007). Apparently, professional biography can be validated through the presence of authentic professional certificates, merits, and awards.

Argument between the two definitions of Biography

Both biography and professional biography explores the background as well as academic and professional profile of a person. Conversely, biography provides an account of life of an individual from birth to death, hence, it is written by a third party. The biographer is, therefore, expected to conduct proper research of the biographee (Tinkham, 2013). As such, biography is subject to inaccuracies as the biographer can be misinterpreted or intentionally demonstrate personal bias in the subjects discussed. Professional biography, contrariwise, is written by a person who is living and willing to showcase his or her expertise. The information presented depicts the personality of person and is therefore authentic (Rosengren, Athlin & Segesten, 2007). However, since an individual is marketing self, the information presented can be boring to the audience and extremely formal. However, both biography and professional bio can be falsely misinterpreted by the reader or listener, hence leading to subjective judgment. Consequently, an expert can be denied a chance to a job or an award based on this misinterpretation (Saks & Allsop, 2007). As such, it is vital to assess the setting prior to writing both a biography and professional bios.

**My Biography (Analysis)**

The learning attained in previous academic endeavor have granted me the chance to reflect upon the path of my career development. To improve the nursing practice on knowledge, I purpose to explore my professional biographical experiences and use the outcomes to assess the path of my professional development. In so far, biographical approaches allow one to enquire into learning processes that underpin nursing practice and enables one to develop a concomitant generation of professional knowledge. Based on this context, the study will be divided into three sections (Johns, 2009). The first section will reflect on a personal horizon in which I am going to explore on my interest in pursuing a nursing career. In the second section, I will expound on the experience of learning and professional practice. Here, I will examine my knowledge and the emergent understanding that support differing natures of realities and challenges of practice in nursing (Tønnessen, Nortvedt & Førde, 2011). In the third section of my professional biography, I will address the concerns of standards and regulations that guide professional nursing practice as well as attainment of education.

**Section One: My story of Choosing a Nursing Career**

I cogitate a nursing career as a calling in which members profess to acquire distinct skills through knowledge and experience that guide professional practice (Tee, Jowett & Bechelet-Carter, 2009). As opposed to the sheer demand for financial fulfillment, nursing profession inclines to a passion for helping people in dire need of health assistance (McCaughey & Traynor, 2010). Apart from the desire for responding to potential health problems of the people, family experience also motivated me to join this worthwhile career.

My path to a nursing profession began at a tender age of 14 years. I can recall in 1998 when a tragedy befell our family, which shaped my perception of the world. My elder sister succumbed to illness after an admission for inpatient care. While still ailing, I frequently visited her to monitor her progress. The nursing procedures during the care for my sister intrigued my interest in the nursing profession (Mantzoukas & Watkinson, 2007). I was fascinated at the kindness and keenness as well as the novel care that was given to her. The passion by which the nurse in charge handled her made me to feel somehow indebted. I consequently resolved to change my perception and pursued a profession in nursing. Even though my sister succumbed to the illness, I asserted not to be baffled by the confusion of grief and, therefore, joined the vault to prepare grounds for my future career (Nicolini et al., 2008). I realized the value of life, hence, I was so much worried in losing another member of my family. The reflection of the attention given to my deceased sister motivated me to pursue a career in the health sector and specifically, nursing.

In general perspective, nursing is a profession intended to help those in need of health support. Coupled with my passion for service to others, I was rebounded into the career of nursing. However, the decision to my destined career faced an unprecedented hurdle (McConnell‐Henry, Chapman & Francis, 2009). The gender stereotype that associate the nursing profession with women made me to reconsider my choice. Being a man, I considered myself inappropriate for the career. Besides, none of my family members had pursued the career and therefore, thought that the profession was peculiar to me. However, in consultation with family members and relatives, I resolved to pursue my career in nursing, following their relentless encouragement and support.

In order to build my will for the career, my brother hinted about a friend he knew who had pursued a career in nursing. He organized for our meeting to reconsider my option further. Upon meeting the friend at the hospital, I felt very pleased with what I saw during the care for patients. In addition, the friend acknowledged that nursing profession designates working as a volunteer in helping patients. This coincided with my passion and interest in assisting people in hitches (Meleis, 2011). Intrinsically, my will to be part of the nursing community was invigorated, and therefore, I chose my career path. Currently, I feel that I found what I wanted in life. I enjoy every aspect of my career and have resorted to nursing education as strategies to garner vast knowledge in professional practice.

**Nursing in Saudi Arabia**

As a developing economy, Saudi Arabia faces inadequacies in most of its areas of development. The health sector is not spared in this ordeal. For a long time, nursing profession suffered the fate of lack of recognition. However, the government of Saudi thought it wise to incorporate the profession in the department of health. Besides, it began to encourage Saudi nationals to enroll in the program (Andrews et al., 2010). This saw the government to establish a section of health education in the ministry of health in 1992. The move aimed to introduce nursing education and to develop the profession in the department of health. Besides, the government aimed at increasing enrolment to nursing sector as a way to improve job creation.

**Section two: My Academic Journey**

It is evident that education provides the benchmarks for fulfilling a passion and purpose in life. Grounded in this premise, I knew that my passion for a nursing career would be a nightmare without a formal education. As such, I participated in formal studies by enrolling at various institutions of learning both in Saudi Arabia and even overseas.

My passion for nursing profession is evidenced in the learning journey I undertook coupled with experience as a practicing nurse (Masters, 2015). My professional bio depicts a formal learning that has been advanced at various ranks. Therefore, the consistent need for professional development is evident in my current enrolment for a post-graduate program.

After finishing high school in October 2002, my interest in learning rekindled. This saw my enrollment for a Diploma in nursing program at a health college, a year after. The college was in Alqaseen region far from home, and the course considered a high intermediate degree. The program took two and a half years, leading to my graduation in June 2006. After qualification as a nurse, I secured a chance to work in the ministry of health (MOH) in January 2007. Precisely, I worked at Hankia General Hospital for five years. During this period, I garnered valuable skills of nursing practice in the emergency department of the health facility. I also became skilled in the management of critical care for patients by working in the medical department and Intensive Care Unit (ICU). Working in the critical care setting allowed me to put into practice the concept of pain assessment and management. I also learnt the context of making a judgment, in which it is not always what you physically see about a patient but rather a total picture of what the patient feels upon assessment (Charalambous & Beadsmoore, 2009). Besides, I worked in the Nursing Administration of the hospital where I gained valuable skills on leadership. In 2011, I got an opportunity to secure another job. In this, I was absorbed into the Department of Nursing in the Medina region.

Working in the hospital setting enabled me to advance my professional practice. However, I realized that mobility in ranks at the nursing department was determined by academic qualification. As such, I saw the need to advance my education. In 2012, I enrolled for my undergraduate studies at the University of Shaqra. I pursued bachelor’s degree in nursing, a program which took two years. The month of June 2014 saw me graduating with a bachelor degree in nursing, an advancement from diploma. I returned to work at the hospital to implement the knowledge gained. As a graduate nurse, I learnt to distinguish formal academic knowledge from nursing practice (Beal, 2012). The latter incorporates knowing-in-action in addition to formal academic knowledge. Based on this premise, I can attest that nursing practice entails an understanding of the clinical settings of the patient by making inquiries through listening to stories narrated by patients. Hence, relying on published work alone is not adequate to ensure quality of health outcomes.

However, in the course of working, my desire for education was restored when a colleague hinted to me the need to advance my education. In addition, I hold a belief that nursing practice and scientific representations of the professional outlook is subject to changes. Moreover, the self-care deficit theory of nursing did not yield a bundle of evidence to support my passion for assisting and supporting patients in need of care in surgery units (Baldacchino, 2008). Besides, both the diploma and degree certificates enabled me to meet all the standards required for post-graduate studies (Buerhaus, 2008). I considered the point very important and therefore opted to pursue post-graduate studies. The colleague went ahead to recommend for a reputable oversea university that offers master programs in nursing. Precisely, the friend linked me to one of his friends who is enrolled at the University of Salford. He assisted me with admission requirements as well as guidance in the program. In July 2016, I arrived at the United Kingdom ready to pursue my career. However, it was a requirement that I enroll for English language courses, being that I hail from a country where English is not considered as a first language. I took this program for a whole year, and this saw me to advance my competence in the reading and comprehension of the language. Upon completing my English courses, I was accepted to be part of the academic community at the University of Salford in September 2016. I am proud to be part of the student community in the university, and I believe that the knowledge gained will advance my professional practice as a nurse.

The learning culture in the UK is very different from Saudi Arabia. The nursing education in the UK provides a myriad of specialties. Nevertheless, I hold a view that nursing process require thought, action and learning practice with more experienced staff, hence my preference for the University of Salford. I believe that learning in this settings will enable me to understand the global perspective of nursing care (Pulcini et al., 2010). Coupled with multiple placement projects and excellent healthcare settings, I have a conviction that my professional nursing practice will be advanced through this Masters program.

**Section Three: Standard Regulations in the Professional Practice**

Professional values strengthen knowledge that is acquired in nursing practice. According to the standards of conduct of Nursing and Midwifery Council (2010), delivery of high-quality service depends upon complex care of performance and adherence to ethics of nursing practice (Alligood, 2014). It is therefore vital that education programs and field of practice should safeguard the public by upholding these values.

The principal line of inquiry revealed four domains that guide standards of competence required for nursing practice (Holland et al., 2010). These include; decision making and nursing practice, professional values, leadership, interpersonal skills and communication, and team working and management (Uhrenfeldt & Hall, 2009). Each of these domains is explored in terms of general and field standards of competence.

During my training at diploma and degree levels, I learnt these competencies that later guided my professional practice. These guidelines set the global standards of operation to ensure that nursing practice adheres to quality (World Health Organization, 2010). During my experience at the hospital, I used the general standard competence of the professional value to offer safe and compassionate nursing procedures to patients. Besides, I ensured that dignity and respect to human rights were upheld in which Informed Consent form was availed to patients before surgical operations were done (Andrews et al., 2010). Besides, I used the field standards for competence of the professional value by ensuring that diversity and equality were upheld during care of patients. For patients on mechanical ventilator and pulse oximeter, especially in ICU, I always paid attention to their needs, regardless of their age (Cleary et al., 2011).

Communication and interpersonal skills were implemented during care for patients. In order to obtain information from patients, I communicated with them or their care providers (Williamson & Harrison, 2010). Most importantly, I demonstrated empathy to patients in intense pain as well as those suffering from distressed conditions. I assured them of their well-being to instill confidence in the nursing procedures (Campion-Smith et al., 2011). Most importantly, I develop a rapport with patients on long-term care to the extent that they demanded my presence while attended to by physicians. One patient even gave the parameters of a good nurse by positively using me as the benchmark.

In the domain of nursing practice and decision making, I assessed the conditions for recommendations for physical restraints and advised accordingly. Physical restraint is recommended when immobility of specific body parts is required in order to maintain therapy. Intrinsically, patients in the surgical units are subject to physical restraint orders due to broken limbs or spinal injuries (East et al., 2010). Hence, I made decisions for recommendations of patients who were restless, a status which impaired administration of therapy for those with disjointed elbows.

I utilized the last domain of leadership, management, and team working while working in the Nursing Administration department of care facility (Alligood, 2014). I also intend to implement the domain during placement in different healthcare settings in the United Kingdom. In my previous work, I realized that different settings demand varied care for patients. Specifically, I realized that patients in emergency settings require different priorities of care (Schroeder, 2013). Hence, I used leadership skills to prioritize, communicate and coordinate healthcare delivery to patients that seek care (Mccallin et al., 2007). Explicitly, mechanically ventilated patients, as well as those experiencing intense bleeding, require immediate attention at the emergency department, in which I demonstrated overt acquaintance.

**Conclusion**

A professional biography is a marketing tool that outlines practice, experiences and academic qualification. In nursing, professional bio guides placement and specialization in care settings. As discussed in the preceding excerpt, nursing professional development depends entirely on passion and education advancement. The latter provides the benchmarks for professional nursing practice (Crawford et al., 2014). Besides, as outlined in the four domains, education illuminates standards and regulations that must be met to provide safe and quality healthcare by nurses. These domains will form the basis of my action plan as I advance my career in the United Kingdom. Fundamentally, I believe that the hospital setting depends primarily on nurses as they are the primary provider of care. Thus, passion coupled with requisite education is quintessential in achieving quality care for patients. As outlined in my professional biography, continuous learning provides new perspectives on care in order to improve quality and standard of care for patients (Forneris & Peden‐McAlpine, 2007). Therefore, I look forward to furthering my education and specialize as a critical care nurse with the intention of working in ICU or surgery units of care facilities.

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