STORIES OF EXEMPLARY HOSPITAL REGISTERED NURSES: A NARRATIVE ANALYSIS

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by

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ABSTRACT

Today the multidimensional global shortage of nurses is negatively impacting the work environment of hospital nurses and causing, in a cyclical fashion, decreasing work satisfaction, increasing nurse turnover, and decreasing patient outcomes. While strategies aimed at causation of the nursing shortage must be addressed, to support nursing until resolution occurs, it is essential to focus on strategies aimed at retaining nurses within this challenging health care environment. Using qualitative research, narrative inquiry and personal narratives, this study documents the stories of six exemplary hospital nurses who not only have stayed and survived in this hostile and challenging environment of hospital nursing, but continue to grow professionally and provide exceptional nursing care; their story is a story of career satisfaction and career success. Using narrative analysis, these stories were co-constructed with the researcher and the exceptional hospital nurses from data obtained through two interactive narrative sessions. An in depth three dimensional analysis of both the individual and collective narratives was completed.

The findings of this study revealed numerous exceptional nurse characteristics and traits which not only appear within, but transcend the individual nurse narratives. First and foremost, this study indicated that the concept of caring permeated all aspects of their personal and professional being. They not only cared for their patients but these exceptional nurses cared deeply for and respected their peers, their families, their profession and themselves. Life-long learning took precedence in their nursing career, and though they believed in formal education, few pursued advanced credentials. They unanimously believed the greatest educational emphasis in nursing should be on experiential learning. Along with exemplary and positive attitudes, the exceptional nurses in this study were extremely pragmatic, value-driven individuals and employed a solutions-focused approach to problem solving. Nursing was viewed by these nurses
as a profession of rewards and they celebrated these rewards continually. When compared to the extant literature on the concept of resiliency, the exceptional hospital nurses in this study displayed many of the traits of resilient individuals.

Implications for adult and narrative learning are explored within this research study and, based on the findings of this study, implications for nursing education, nursing practice and future nursing research are presented. Since few studies have been completed which identify the characteristics and traits of exemplary and/or resilient hospital nurses, this study serves to add to the body of knowledge on hospital nurse exceptionality, nurse retention and nurse resiliency.
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CHAPTER 1. INTRODUCTION

To the vast majority of Americans, health is one of their most valued possessions. Traditionally once illness occurs, individual life priorities seem to quickly realign, and the need to return to health quickly moves to the top of an ill person’s list. Daily nurses are privileged to have an opportunity to impact the health of others and execute the science and the art of their work. The work of helping others to maximize their health, the work of nurses, brings with it a sense of indescribable satisfaction; a satisfaction known only to those who have been fortunate enough to help others to meet their health needs at a time when they are most vulnerable. To be able to apply one’s craft on a daily basis, to be challenged to use one’s education to its maximum potential, to be afforded the opportunity to apply the art of your profession individually in creative ways to meet the needs of others, are but a cursory synopsis of what hospital nursing as a practicing profession affords its members.

I have been a nurse educator for over 35 years. I have a passion for nursing which I will have until the day I can no longer nurse. Currently I am not practicing on the “front lines” of nursing, in the hospital at the bedside caring for the sick, but I have a deep respect for those nurses who do this work. To me, they are nursing in its purest sense; to me, they are the heart of nursing. Considering the work of nursing as a profession coupled with the ability of hospital nurses to practice their craft daily, it would seem logical that, career-wise, nurses at the bedside in the hospital epitomize nursing in its most satisfying role. Unfortunately, this is not true for a great majority of hospital nurses.

As I continue in nursing I both understand and am disheartened with the dissatisfaction so many nurses hold for the profession of nursing. This nursing career dissatisfaction is supported in the nursing literature. A study conducted by the American Nurses Association (ANA)
reported that 58.8% of nurses surveyed would not tell their daughter or a family member to be a nurse (ANA, 2001). Likewise, a General Social Survey conducted by the National Opinion Research Center during 1988–1998, found nurses working in nursing homes and hospitals were among the least satisfied, with one of every three nurses in these settings reporting dissatisfaction (McGee, 2006). The reality is clear, hospital nurses are not satisfied with nursing and they are exiting this role in record numbers (Heinrich, 2001).

This dichotomy between the essence of nursing and the reality of nurses’ views of their profession has been a challenge to me as a nurse educator. I am accountable to educate future nurses to provide quality nursing care; as I see it, this is the essential part of my role. Ethically, however, the situation is a bit different. As an educator, I am personally bound to provide my students with the reality of the profession of nursing and hopefully the tools to make nursing a viable and rewarding career. Time after time the stories of these dissatisfied nurses ring in my students’ ears; time after time research cites the deplorable conditions in health care and nursing (Aiken, Clarke, & Sloane, 2002; Aiken, Clarke, Sloane, Sochalski, & Silber, 2003; Lamm, 2003), time after time the negative sociopolitical forces, both past and present, impacting nursing are paraded in front of these novice students and neophyte nurses—as if to tell them, “Get out while you can. Why are you coming into this profession? Don’t believe what they say; in reality, it is as bad as we are telling you.” The voice of negativity is loud and many times I am ethically perplexed. How does one advocate and support students entering into the profession of hospital nursing?

*Where Have All the Caring Nurses Gone?*

“Who’s going to lunch? We better get there before the cafeteria closes.” could be heard over the hustle and bustle in the nurses’ station. It was a day like so many others. Kathy, a nurse
on the surgical unit in a local hospital was busy, so busy she had not even had an opportunity to
think of having lunch with her fellow nurses. She had planned to take this time to talk with her
friends about their upcoming trip…a trip they looked forward to for many months. But today the
hospital was filled to capacity; their unit echoed this same space constraint. As Kathy looked
above her she saw the screen, the screen connected to the patient call bell system. When a
patient needed help this screen would light to indicate the room number where a nurse was
needed. Just two minutes before, when she looked, there were no lights lit; now she could see
the lighted signal next to three patient room numbers, the patients in Rooms 223, 225 and 230
needed help. As she quickly glanced away to see who was entering the unit from the elevator,
you could hear Kathy utter, “I can’t go to lunch now. Would you please bring me something
back? I’ll take my lunch later today but right now…”

It was the third day in a row this unit had been so busy. Amid the turmoil one could hear
the other nurses on the unit talking with their peers. Sally was a new nurse, but new did not last
long in this busy profession. Sally graduated three months before from college, yet her nursing
skills and judgments were challenged daily as the nursing shortage forced her to work to her
capacity….and sometimes, Sally felt, beyond. Daily Sally was grateful for the support she
received as a new nurse on this unit. Although she felt grateful all her new peers on the surgical
unit helped her so much, without question, some were more supportive than others. On top of her
list was Kathy. When Sally entered the unit, it was Kathy who immediately made her feel not
only welcome and but more so, needed. As she began to nurse it was Kathy who helped her
build confidence in her abilities, Kathy who took her under her wing, and Kathy who took
genuine interest in her professional development. When her inexperience showed causing her to
feel like a fifth wheel on the well-oiled nursing care machine moving through this surgical unit
on a daily basis, it was Kathy who took time to tell her about her own beginning days in nursing, making sure to strike a similarity between Sally’s inexperience and her own. Sally thought of her days in nursing school and how her professors advocated that nursing needed mentors, mentors to help new nurses, like Sally, understand the world of nursing and aid their transition from the known world of nursing school to the little-known world of hospital nursing. This, she thought, this is what Kathy is. Kathy is a mentor. No, Kathy is my mentor! And as she moved down the hall to enter the elevator for lunch the sight of Kathy caught the corner of her eye.

As if it could not get any more hectic, in the distance a patient called, “Nurse I have pain, would you please help me?” Transcending the problems, the frustrations and the issues that she and her peers faced on a daily basis, Kathy instinctively turned in her tracks and, as one on a mission, moved to the bedside of the patient in need and instinctively did what she did so naturally, she “nursed.” The nursing care Kathy gave to her patients was always centered on their individual needs. Her approach to nursing was not only, as many would say, professional, but her care exuded enthusiasm and an enjoyment that Sally did not see in the other nurses. Kathy was somehow a nurse others wanted to not only partner with but to emulate. Her presence on the unit made others want to do more, want to be better.

Yet Sally was also familiar with another side of Kathy, the side that worked to make the unit and the nursing care delivered to patients on this unit the best it could be. Kathy valued learning to enhance her nursing knowledge and, whenever the opportunity afforded itself she attended seminars to strengthen her clinical knowledge. She was a supporter of nurses’ rights and willingly represented her peers on the hospital committees. She was someone that Sally quickly realized was able to transcend the many frustrations of this nursing profession and this
health care environment and make this system, as sick as everyone said it was, work for her. Sally thought, “How does she do it?”

And as the elevator door opened, Sally seemed to feel a need to stay on the unit, to work with Kathy at this moment, to do what she had wanted to do since the day she entered nursing school, to “nurse.” She quickly turned in her tracks, smiling as she told the other nurses, “Pick up something for me also.” Today, she thought, I’m going to stay here and work with Kathy now; this is where I am needed. Then we both can take a break together later.

The other nurses looked at each other. Their eyes told the whole story. One of the nurses chimed, “She’s crazy. She will see.” Their heads shook back and forth as the elevator door closed. One could read on their faces, Why did they stay in such a profession?

When one observes nurses such as Kathy one cannot help but wonder, “Why do some hospital nurses like Kathy seem to rise above the frustrations of nursing and health care and not only survive during their career in hospital nursing but professionally thrive? Is she the exception? Does Kathy have an answer to the frustrations in hospital nursing that eludes so many others?”

The Profession of Nursing in Turmoil: A Synopsis.

Nursing is a profession with a rich American heritage dating back to the time of the Civil War. Throughout its history, the growth of the profession of nursing has consistently paralleled the needs of health care in the United States (U.S.) (Kalisch & Kalisch, 1986). Today nursing is listed as the largest group of health care providers in the U. S. (American Association of Colleges of Nursing [AACN], 2006). With such a premier role in providing health services, is it any wonder that nurses are essential for the effective functioning of health care.
Globally the profession of nursing is in the midst of a personnel shortage of such a magnitude never before encountered in the history of the profession. Federal projections indicate that by 2020, the U. S. nursing shortage will grow to more than 340,000 registered nurses (Auerbach as cited in AACN, 2007). This current nursing shortage threatens to globally impact health care bringing the health care industry in the U. S. to its knees. Though nursing shortages are not a new phenomenon in the U.S. this current shortage is unique, complex and severe because it is multifocal in causation. No one focus will lead to a solution.

A Look at the Nursing Shortage and Its Causes

Factors centering on the history of nursing, nursing recruitment, the aging of nurses and the Baby Boomers, nursing dissatisfaction and nursing retention seem to be at the heart of this current nursing shortage. Everyone knows, nursing is primarily a female gendered profession. Today, women still comprise 90% of all nurses. At one time women had few career choices, and nursing topped this career list. However today, nursing is no longer the only career choice for women. More and more career opportunities are available to women than in the past. Therefore, nursing must actively compete with other professions for its new nurses. Nursing, historically a patriarchal profession with a poor public image and an oppressed personality (Muff, 1984; Reverby, 1987) does not fare well in this competitive career market. Negatively impacting nurse recruitment this situation is increasing the current nursing shortage.

Also today, daily efforts to improve nursing recruitment are being thwarted by a large scale shortage of nursing faculty. The AACN, the voice of baccalaureate and higher education in nursing nationwide, predicts that the nursing faculty shortage is growing worse daily. In 2004, the AACN reported that nursing schools across the country turned away more than 26,000 qualified applicants, primarily due to faculty shortages. Even if career recruitment efforts in
nursing are successful, the shortage of nurse educators will prevent nursing programs from accepting the number of nursing students needed to meet tomorrow’s healthcare needs.

Now add to this recruitment crisis, the graying of both nursing and the American population. The average age of the RN today is 46.8 years old (Health Resources and Services Administration [HRSA], 2004a). Large numbers of nurses are nearing retirement age and, impacted by a decrease in recruitment efforts and a shortage of nursing faculty, the number of new, replacement nurses is not sufficient to fill the gaps created by this retirement.

Simultaneously, the Baby Boomer segment of the American populous is also reaching retirement age. This large segment of the American population will continue to add to current retirement numbers until the year 2030, when the last of the baby boomers reaches age 65 (Stucki and Mulvey, 2000). As people age, without question, they use the health care system more (Lamm, 2003). More health care will be needed at a time when less nurses will be available.

It appears that retention of nurses currently practicing is essential to soften the effects of these dwindling numbers of new and increasing numbers of retiring nurses. Yet nursing retention is being affected by nurses’ dissatisfaction in all areas of nursing. In a 2001 Survey conducted by the Bureau of Health Profession (BHP) comparing the work satisfaction of U.S. workers, only 70% of practicing nurses reported being satisfied with their current position in nursing compared to 85% of U.S. workers in general and 90% of other professionals in particular. (BHP, 2001).

Likewise, the stresses of health care and the oppressive history of nursing have long plagued the profession. Currently, decreased numbers of hospital nurses caused by this shortage will continue to add to these stressors. Too few practicing nurses will lead to increased nurse to
patient ratios, increasing the workload of nurses and resulting in unsafe working conditions. Ultimately this situation affects patient care and patient outcomes negatively thus leading to further nurses’ dissatisfaction and increasing nurse turnover (Aiken, et al., 2002). While efforts to increase nurse recruitment are essential, reducing nurse turnover rates must be addressed also as many believe it is one of the most effective strategies for fighting the nursing shortage among hospital nurses (Lacey, 2003, p. 5).

Examining the complexity of the current nursing shortage, it is obvious that multiple interventions will be needed to adequately address a solution. A focus on concepts of nursing retention and nurses’ satisfaction will clearly provide a framework from which to understand current thought relative to solutions. While efforts are surfacing to address these multiple factors at play, literature has shown that resolution will not occur rapidly (McVicar, 2000). Due to the multifactoral nature of the nursing shortage, it does not seem rational to expect changes in health care to occur quickly. Therefore taking the complexity and time constraints of this dilemma into consideration it is logical to address methods to not only increase recruitment of new nurses but to also increase current nurse retention and satisfaction. If hospital nurses can work within the midst of the multidimensional and challenging workforce stressors of today and find satisfaction with nursing as a career then the retention of nurses may be enhanced and the nursing shortage decreased.

Therefore, supported by the work of D’Antonio (1999) my research has focused on adding insight to the body of knowledge that supports a positive solution to the nursing shortage through nurse retention. Since resolution of the nursing shortage must focus beyond individual to social change if it is to be effective, research on methods to effect change in nursing retention generally not only has relevance but is supported by adult education (Sheared & Sissel, 2001). Using
qualitative research, this study highlighted the individual career trajectories of tenured hospital nurses, like Kathy, who, despite the many crises in health care, have not only continued to work in positions of hospital nursing and survived healthcare stressors but have actually thrived in this environment. Through narratives, the stories of these thriving, exemplary nurses is explored.

To determine the participants for this study nursing care was used as the constant. Since no clear definition of an exceptional nurse was found in the literature, in this study an exceptional nurse was one who provided exceptional, exemplary nursing care as determined by their peers. Their story is the story which is captured throughout this research.

Since narrative affects adult learners and others by “functioning as a powerful medium of learning, development and transformation” (Rossiter, 2002, p. 5), these stories which identified the characteristics and insights of the many ways hospital nurses coped with the stressors of health care and nursing served as a positive learning modality for potential career development and career transformation.

Purpose of the Study

The purpose of this research was to explore the characteristics and life stories of exceptional nurses who have worked directly with patients in acute care facilities for at least 15 years. This study examined the multiple rationales exceptional, tenured hospital nurses used as they continued in their career of nursing, despite the social, political, educational and economic issues and stressors which impacted their profession and their work. Practicing bedside hospital nurses were the narrators of their own personal stories. The personal reasons 15 year tenured hospital nurses have not only stayed but thrived in nursing framed a story of the practice of these nurses. These nurses shared personal characteristics for thriving in the profession of nursing despite the stressors, challenging work conditions, and lack of autonomy (Kalisch & Kalisch,
Since stories are a way of “understanding the world around us” (Johnson-Baily, 2010. p. 77), the insight from these stories added to the body of knowledge relative to nursing retention.

Research Questions

“What are the characteristics of the careers (career stories) of 15 year exemplary, exceptional hospital registered nurses who work directly with patients in acute care facilities which have enhanced their retention in nursing and enabled them to provide exceptional nursing care?” This question is further delineated by the following questions:

1. What are the reasons exemplary hospital registered nurses stay in nursing?
2. How do exceptional registered nurses perceive their career tenure in nursing and what stories will they tell to describe their individual careers?
3. What are the characteristics of the practice of exemplary 15 year tenured registered nurses?
4. Does resiliency play a role in the careers of exemplary hospital registered nurses?

Conceptual Framework

Although many studies are based strongly on one single theoretical framework, this research, based on the fact that it is rooted in the narrative inquiry design, did not fit neatly into one theoretical framework. In reality, stories derived from narrative analysis are knowledge generating and they did not fit into a selected and limited theoretical lens. Since limitations in data collection, interaction and transcription can be affected by a limiting theoretical lens (Riessman, 1993, p. 13) and narrative research as an approach should not be limited in its scope of inquiry by (these) constraining variables or determined parameters (Clandinin & Connelly, 2000) my research was better served by identifying factors which broadened my inquiry and analysis process.
This research was informed by the literature in a number of areas which have shaped present day nursing and nurses’ careers. As a framework, the concepts of the present day nursing shortage and its causation were used. This provided a clearer understanding of the context of the current health care environment and the conditions of present day nursing, with an emphasis on hospital nursing. This served as the basic framework and basis of support for this study.

Interrelated concepts of the nursing shortage were not only explored but used as a framework for the research process and the data analysis. This research exploration included a focus on the health care environment and its impact on the nursing shortage, nurse retention, nursing dissatisfaction/satisfaction, nursing careers, and the stories of nurses. Although seemingly separate entities, these concepts are in reality very interrelated and interdependent on each other. Understanding these concepts was tantamount as an understanding of each served to inform this research of nursing in its broadest sense thus enabling the researcher to be cognizant of their multidimensional influences on the profession of nursing. This provided a framework for not only the narrative sessions but the narrative analysis and the construction of the nurses’ stories. In the most unique of senses, these concepts relative to nursing actually had a dual role, they informed this study and, this study served to inform them.

The term resilient is used many times to indicate professionals who continued to grow professionally throughout their careers and who display enthusiasm for their career (Ahrens, 2001). While this term is used to identify the characteristics of a selected group of exceptional people, it has not been applied in any focused way to nursing (Jackson, Firtko & Edinborough, 2007). By including selected research in this area, the characteristics of resiliency framed a point of reference for analysis of the storied lives of the nurses involved in this research. In this study,
resiliency was not used to limit the research inquiry but rather broaden the analysis and hopefully provide a possible link and source of new nursing retention knowledge.

The multiple rationales nurses as women choose to continue in the profession of nursing despite the social, political, educational and economic issues impacting the profession of nursing are not only important, but essential to know. Rather than focus solely on gender, social, educational, economic and/or political forces affecting nursing, this study attempted to understand how these career nurses were successfully able to cope with these sociopolitical forces and continue to be satisfied with the practice of their profession. This approach was global and consistent with the concepts of adult education as it provided nurses the ability to view nursing in a different light and possibly question the status quo in nursing. The intent of this approach was to question the instrumental and communicative knowledge of nursing and see the limiting nature of each (Cranton, 2006).

By using such a broad conceptual lens this study was able to capture data about the life’s work of a group of nurses who few have studied. It has provided nursing with a look at exceptional nurses and the intangible traits they possess which have enabled them to rise above the negativity in nursing and health care and practice nursing in a way that has kept them satisfied with their career in nursing. If nurses are to be retained in nursing for a career, they must question the status quo and begin to understand the dynamics of how nurses have thrived in nursing (Summer & Townsend-Rochiccioli, 2003).

Data Collection

This research study is housed within the interpretive paradigm as this research design seeks to identify individuals’ stories within a social context. Since qualitative research assumes multiple realities and is ontologically subjective while focusing on how people make meaning
from their personal experiences, a qualitative research design using narrative inquiry was used to
document the stories of selected tenured career nurses. In order to identify the multiple
meanings attributed to staying in nursing, it was essential to collect data that describes multiple
realities as might be discovered. To accomplish this, qualitative research focused on descriptive
data. Since it is process oriented, this approach was very beneficial in identifying characteristics
of nurses’ careers. Since the objective of this study was to understand and interpret reality at
multiple points in time, this methodology helped to capture perspectives at various times across
the careers of the exceptional nurses. These qualitative approaches collectively lent themselves
to a rich examination and understanding of not only personal events during the careers of the
tenured hospital nurses but also their perceptions of those events resulting in emerging
knowledge building for the participant, the audience and the researcher.

More specifically narrative inquiry and narrative analysis was used as a methodology for
data collection and analysis. Narrative inquiry is a research strategy that documents the stories
of its participants. In its truest sense narrative inquiry is dynamic, personal, and continuously evolving. Narrative inquiry is a dynamic strategy with unique qualities. As a process it focuses
on capturing the stories of participants while they are being lived. Narrative analysis gives
“prominence to human agency and imagination, and as such is well suited to studies of
subjectivity and identity” (Riessman, 1993, p. 5). Narrative stories are rooted in perspectives of
time, place and personal experience making them valuable as data sources for understanding
careers in nursing (Personal Narratives Group, 1989).

Significance of the Study

With the advent of the latest nursing shortage, the nation is clearly realizing that without
nurses, quality health care is not possible (Draper, Felland, Liebhaber, & Melichar, March 2008).
This is a sobering thought but at the same time a very self-affirming position for nursing. It is hoped that by telling the stories of selected tenured satisfied hospital nurses, a picture of what these nurses do to effectively cope with the multidimensional stressors of nursing and health care can begin to be told. Although examination of the gender, social, educational, economic and/or political forces affecting nursing are important to the viability of the profession, looking at how selected hospital nurses employed these difficulties to make their tenure in nursing a positive experience is equally as important. This approach does not in any way negate the contribution of the research completed on nurse retention, recruitment and satisfaction but will add to this body of nursing knowledge by generating data and perspectives through a similar but different lens.

For a long term solution to the nursing shortage, nursing must not exclusively focus on numbers, nursing needs to focus on longevity and retention. If nursing’s history is a valid predictor of its future, oppressive practice and sociopolitical issues will be present in nursing for many more years to come. Daily nurses will continue to be confronted with difficult situations, inequities and hegemonic forces that threaten to challenge the core of their nursing practice. I contend it is this dissonance between what nurses need to nurse and the negative forces at play which frustrates many nurses and ultimately drives them from the acute hospital patient care environment. Therefore, to address this nursing shortage, nursing cannot, and must not, be unidirectional in its solution. Nurses need to understand how to nurse successfully in the midst of these issues and this dissonance, weaving in and out of the sociopolitical and practice maze, if they are to remain in nursing.

It is anticipated that these stories will offer invaluable insights into nursing as a career and allow not only new nurses, but present nurses, to understand how to successfully construct a career in hospital nursing. These stories will provide new graduates entering nursing with a
realistic story of selected successful nursing careers thus providing them with positive information about nursing. It will highlight the career stories of successful nurses and will serve as a role model to decrease the dissonance new nurses many times experience when entering nursing as a career. Also by reading these stories, nurses at all points on their career trajectory will be able to view specific ways their peers were not only able to stay in nursing but grow from the experiences of hospital nursing. Insights and nuances of these nurses will provide formation to the profession of nursing which can lead to a richer understanding of the dynamics at play in the careers of exemplary hospital nurses. Consistent with adult education, it is hoped this information will enable nurses to question the status quo and begin to think of change within their approach to nursing. This change can ultimately affect the profession of nursing by positively impacting the nursing shortage.

**Assumptions**

There are a number of assumptions of the study. The following assumptions will need to be considered when undertaking this study:

1. Nurses can remember the experiences of their career trajectories in nursing.
2. Stories of the selected exemplary nurses will have a positive impact on the profession of nursing and nurses’ image.
3. Nurses will be interested and willing to sharing their personal stories about nursing.
4. Students will be interested in reading the stories of nurses who have been tenured in nursing for 15 or more years and see this information as relevant to their own nursing career despite intergenerational differences.
5. The stories of the hospital nurses in this study will have relevance to nurses despite their educational level.
6. The stories of nurses who are considered by their peers as exemplary and who have not only survived nursing for a minimum of 15 years but have thrived will be positive.

7. The researcher can find six exemplary tenured registered nurses who are willing to share their nursing career stories.

Limitations

The limitations of this study are related to participants, time, and definitions.

1. The findings of this study are not generalizable to the profession of nursing but will only be a reflection of the stories told by the nurse participants.

2. Only nurse educators were used as key informants in this study.

3. Nurses who were over 46.8 years of age were the majority of the participants of this study. This may limit the interest and applicability of the data.

Definition of Terms

For clarity, the following definitions used in this study are offered.

Audience – the readers of the narrative research text.

Career – a job or occupation regarded as a long-term or lifelong activity; somebody’s progress in a chosen profession or during that person’s working life (Encarta, 2008).

Career in Nursing – the timeline one has worked as a nurse. It must be the time one practices nursing actively; the total time one is associated with the profession of nursing, either full-time or part-time.

Exemplary Nurse – A Registered nurse, who works in a hospital, provides direct care to patients and displays outstanding, praiseworthy nursing care deserving of imitation. This nurse serves as a model for other nurses (Webster-Merriam Online, 2008). This nurse
may or may not serve on hospital committees, mentor other nurses and/or serve as a preceptor for nursing students and new nurses. The term exemplary, exemplar and exceptional related to nurses in this study will be used synonymously.

**Hospital nursing** – (synonyms- bedside nursing, acute care nursing, staff nursing) registered nurses who work directly with patients in the hospital in diagnosing and treating human responses to actual or potential health problems through such services as case findings, health teaching, health counseling, provision of care supportive to or restorative of life and well-being, and executing medical regimens as prescribed by a licensed physician or dentist (Pennsylvania State Board of Nursing, 2001).

**Narrative Analysis** – a form of qualitative research, which uses stories as data (Merriam & Simpson, 2000).

**Nurse** (as a participant in this study) – a registered nurse who defines herself as having worked currently or in the past with patients/clients at the bedside in an acute care institution for a period of no less than 15 years. The entry-level educational background may be at the associate degree, diploma or baccalaureate level.

**Nursing** – an accountable discipline guided by science, theory, a code of ethics and the art of care and comfort to treat human responses to health and illness (Harkreader & Hogan, 2004).

**Nursing Practice** – the science and the art of nursing put into action (Harkreader & Hogan, 2004).

**Resiliency** – the ability to adjust to adverse situations and increase one’s competence in the face of adversity (Gordon & Cascarilla, 1996 as cited in Bobeck, 2002).
**Signature** - “participant and/or researcher identity conveyed in the research text by rhythm, cadence and expression” (Clandinin & Connelly, 2000, p. 148).

**Temporality** - place in time. May be past, present or future.

**Thrive** – to grow, develop or be successful (Cambridge Dictionary, 2008b). Nurses who demonstrate professional growth during their nursing career. This may be displayed in attending committee and community meetings, serving as a mentor for other nurses, increased professional expertise and/or increased professional confidence and competence as a nurse and team member.

**Voice** – the quality or opinion expressed in the narrative text (Cambridge Dictionary, 2008a). Voice may belong to the participant or the researcher (Clandinin & Connelly, 2000).
CHAPTER 2. LITERATURE REVIEW

In this chapter the literature which informs this research study will be explored. This literature review is multidimensional and designed to not only offer rationale for the validity of this research but insight into nursing as a career. The nursing shortage will be thoroughly examined, identifying causation while supporting the relevance of my research study. The literature related to nursing as a career is examined providing insight into characteristics presently understood. Interspersed with this is literature on nurse retention, nurse dissatisfaction and nurse satisfaction. Stories are explored as a method to address the inaccuracies relative to the image and roles of nurses. The use of stories as a valid means of data collection relative to nursing is highlighted with exemplars being provided. Narrative learning through stories as a means of adult learning is addressed. Resiliency is explored as a possible trait of the participants in this study with emphasis on the need to explore this topic further as the data collection was completed.

Nursing Shortage

Nursing shortages are not new to the profession of nursing. The nation has actually experienced three previous shortages within the last century and successfully resolved each (Kalisch & Kalisch, 1986). Presently the nation is again deep within another nursing shortage. Threatening to be longer, more expansive and potentially devastating in effect (Buerhaus, Staiger, & Auerbach, 2000; Spetz, 2004), this shortage is multidimensional in causation and global in scope. An aging workforce, an aging populous within our county and a decrease in the number of new nurses entering the profession combine to make this shortage more severe than in the past and therefore, unfortunately, very difficult to resolve.

When one surveys the literature on the nursing shortage it is both expansive and replete
with data validating this present shortage of nurses. The AACN presents timely and thorough evidence which paints a compelling picture of the existence of the current nursing shortage. For emphasis, selected points of data which broadly highlight the state of this present nursing shortage (AACN, 2007) are listed below:

1. In the January/February 2007 issue of Health Affairs, Dr. David I. Auerbach and colleagues estimated that the U.S. shortage of RNs will increase to 340,000 by the year 2020. Though this is significantly less than earlier projections for a shortfall of 800,000 RNs which was made back in 2000, the study authors note that the nursing shortage is still expected to increase by three times the current rate over the next 13 years.

2. In April 2006, officials with the Health Resources and Services Administration (HRSA) released projections that the nation's nursing shortage would grow to more than one million nurses by the year 2020.

3. According to a report released by the American Hospital Association in April 2006, U.S. hospitals need approximately 118,000 RNs to fill vacant positions nationwide. This translates into a national RN vacancy rate of 8.5.

4. According to the latest projections from the U.S. Bureau of Labor Statistics published in November 2005, more than 1.2 million new and replacement nurses will be needed by 2014. Government analysts project that more than 703,000 new RN positions will be created through 2014, which will account for two-fifths of all new jobs in the health care sector.

5. According to a report published in November 2004 by Dr. Peter Buerhaus and colleagues, it was found that “despite the increase” in employment of nearly
185,000 hospital RNs since 2001, there is no empirical evidence that the nursing shortage has ended. To the contrary, national surveys of RNs and physicians conducted in 2004 found that a clear majority of RNs (82%) and doctors (81%) perceived shortages where they worked.

HRSA (2002) analysts, define the current nursing shortage as an issue of simple supply and demand. Demand for nurses will grow by 40% from 2002 to 2020, while the supply of new nurses will increase by only 6% over the same period. Factors driving this growth in demand include an 18% growth in the population, a larger proportion of elderly in the population, and medical advances (HRSA, 2004c). Figure 1 shows a schematic of these supply and demand issues facing nursing and health care from 2000 to 2020 (HRSA, 2004c).

![Figure 1. Projected U. S. Full-time RN Shortages, 2000 to 2020 (HRSA, 2004c)](image)

**Nursing Shortage: Cycle of Causation**

The research is conclusive; there is a severe shortage of nurses. This nursing shortage is multifaceted and caused from as well as impacted by numerous factors. To better understand the totality of this problem, I have constructed a model that depicts the cyclical relationship of the nursing shortage components as they are interrelated and not only affect, but are affected by, the nursing shortage (see Figure 2). I believe depicting the nursing shortage in this cyclical fashion...
adds validity to the importance of its causative factors and the interrelatedness of each component. Multidimensional in causation and impact, the complexity of scope truly challenges efforts aimed at resolution. Each component of the model addressed independently ultimately affects the cycle of causation and thus impacts the nursing shortage. This diagram enables a clearer understanding of the current nursing shortage while highlighting the need for multiple
approaches to resolve it. I encourage the reader to refer to this diagram as I discuss each component and its impact on the nursing shortage in this section of chapter two.

**Aging: A Variable Affecting Supply and Demand Equally**

As seen on this diagram, a number of distinct issues are fueling the current nursing shortage. First and foremost, the need for nurses is increasing. Americans are aging at a rapid pace. As the largest segment of the American population, the Baby Boomer generation, the population age 65 and older in America is estimated to double by 2030. Within this aging segment, largely due to medical advancements and improved treatments, the fastest growing group is actually the over-85 segment. This segment, owing to their age and other variables, typically suffers from many chronic conditions requiring nursing care (Indiana Nursing Workforce Development Steering Group, 2002). This shift in the population demographics is expected to put significant additional strain on not only health care but nursing as the need for health care services increases (Lamm, 2003).

Age is also affecting the nursing profession. Today the average age of the nurse is 46.8 years (HRSA, 2004a). Many nurses will be retiring in the near future. The effect of these retirements is clearly reflected in a recent report by HRSA (2004c) entitled Projected Supply, Demand, and Shortages of Registered Nurses: 2000-2020. Due to increasing numbers of nurses retiring in comparison to the number entering the nursing profession, this study projects the nursing shortage will deepen tremendously in the next to decades.

Figure 3 provides a graphic picture of the changes in the age of the nursing workforce between 1980 and 2004 (HRSA, 2004a). An analysis of these changes reveals some very interesting findings and information which further explains the severity of the nursing shortage:

In 1980, the majority (52.9%) of the RN population was under the age of 40, while in
Figure 3. Age Distribution of Full-time Registered Nurses – 1980 – 2004

2004 just above one quarter (26.3 %) were under the age of 40 (See Figure 3). The major drop occurred in those under the age of 35. In 1980, 40.5 % of RNs were under the age of 35 compared to just 16.4 % in 2004. Similarly, in 1980, 25.1 % of RNs (418,331) were under the age of 30, compared to only 8.0 % of RNs (233,437) in 2004. The 2004 figure reflects a 4.0 % decrease from the 243,239 younger RNs estimated under the age of 30 in 2000 (9.0 % of all RNs). Meanwhile, the percent of nurses over 54 years of age increased to 25.2 % in 2004, compared to 20.3 % in 2000 and 16.9 % in 1980. (HRSA, 2004a, para 13). Just over 41 % of RNs were 50 years of age or older (33 % in 2000 and 25 % in 1980), while the average age of the RN population continued to climb,
increasing to 46.8 years of age in 2004, compared to 45.2 years in 2000, and 44.3 years in 1996 (HRSA, 2004b, para 1).

Also, it is projected that “between 2000 and 2030, the number of women between the ages of 24 and 54, traditionally the foundation of the nurse workforce, is not expected to change, while the over-65 population will double” (U. S. General Accounting Office, 2001, p. 11). In a time when more health care services will be needed, there will be fewer younger nurses to provide the care. Therefore, as this group ages, there is no question that a potential mismatch between the future supply and the demand for nurse caregivers will continue to increase (Heinrich, 2001, p. 10).

The Need for New Nurses

Research indicates that the supply of new nurses is also diminishing. In a 2006 report by AACN, it was reported that the number of graduates from entry-level baccalaureate nursing programs increased by 18.0 % from 2005 to 2006. Considering that this upward trend was preceded by a six-year period of graduation declines from 1996 through 2001, this recent rise in graduations follows 13.4, 14, 4.3 and 3.2 % increases in the number of nursing graduates in 2005, 2004, 2003 and 2002, respectively, but more are needed. (AACN, 2006). By the year 2020, HRSA projects that more than one million new RNs will be needed in the U.S. healthcare system to meet the demand for nursing care. HRSA projects that nursing schools must increase the number of graduates by 90 % in order to adequately address the nursing shortage (AACN, 2007). To address these needed projections, recruitment of new nurses is an essential strategy. However recruitment in nursing is not an easy task. Understanding the complexities impacting nursing recruitment will serve to further elucidate the interrelatedness of the nursing shortage and provide support for the complexity of this national crisis affecting health care.
Nurse Recruitment

Nursing has traditionally been a gender based profession; that is, a profession of women. Women comprised 92.3% of RNs in 2005 (U. S. Department of Labor, September 19, 2008). Throughout the history of our country, nursing, along with teaching, has been one of the few professions open to women. Nursing as a profession literally held a gender monopoly. However, this is not true today. The marketplace is brimming with career opportunities for women. Nursing must now compete with other careers if it is to remain attractive and viable. For a number of distinct reasons, many rooted in its history, the profession of nursing will likely not compete well in this present day job market.

According to the Gallop Poll (2009), nursing has been nationally ranked as the most trusted profession by 83% of the American public. Yet, this ranking seems to have done little for nursing. Despite this praise, nurses and nursing remain undervalued. In general, there is a lack of public understanding of the role of nursing in health care (Nevidjon & Erickson, 2001), causing the profession of nursing to suffer from a poor self image. Nursing recruitment and retention, for that matter, have been and will continue to be affected by these issues if nursing does not begin to understand and work to address them. To do this, an exploration of the history of the profession of nursing seems a logical place to start.

History of Nursing and the Nursing Shortage

Nursing’s history has served to negatively affect the recruitment of new nurses. Issues of women’s work, poor self image, lack of professionalism and a lack of a clear understanding of the influencing socio-political factors affecting nursing have served to make nursing an unattractive and undesirable profession over time (Muff, 1984) and affected nursing recruitment. Lack of unity, role dissonance and lack of a firm sense of contribution to health care globally
have kept nursing obscure and open to varied, and many times negative, interpretations by non-
nurses. This negative story of nursing and its history has permeated nursing as well as society in
general. Historically nursing has been affected by social and political forces causing it to be
labeled as an oppressed profession suffering from marginalized status. A myriad of articles and
authors have validated this oppression in nursing and have stressed the negative influence of
oppression on the nursing profession (Carlson-Catalano, 1992; David, 2000; Muff, 1984;

Decreased self-esteem, self-hatred, lack of pride in their own group, passive-
aggressive behavior, and participation in horizontal violence are some of the behaviors of
oppressed groups which characterize nursing (Friere, 2000; Roberts, 1983). Most authors lay the
blame for nursing’s oppression on the societal structures affecting health care. Because
oppression and domination occur when there are unequal power relations embedded in the basic
structure and function of society, patriarchy, from a male-dominated scientific based medical
system has been an overriding concept that has worked to prevent nursing, a female dominated
profession, from assuming positions of power and influence within the health care system (Muff,
1984). Modern medicine in America, heavily influenced by scientific and rational thought and
fueled by existing capitalistic and social structures has enabled the authority of ideas and
empirical positivism to reign supreme (Baer, 2001). This has perpetuated the status quo in health
care and fostered oppression in the profession of nursing (Hutchinson, Vickers, Jackson &
Wilkes, 2006).

Add to this the fact that ontologically nursing is insecure about its identity (Watson,
1999). The images of nursing are deep and have eroded the profession throughout its history
(Neal, 2002). The literature is replete with validation of the poor image of nursing. Many
authors such as Reverby (1987), Melosh (1982) and Hines (1990) have painted a view of nursing which has been negatively impacted by the influences of socially constructed health care systems. Nurses have viewed themselves through a medical-scientific discourse and, owing to their value on caring, have devalued their contribution to health care. (Summer & Townsend-Rocchiccioli, 2003).

These images of nursing have done much to negatively affect recruitment into the profession of nursing thus enhancing the nursing shortage and adding to the stresses of the health care environment for nurses. Distressing to report but not surprising to me, in a survey of RNs and LPNs conducted by the ANA (2001), 23% of the nurses surveyed reported that they would actively deter someone close to them from entering the profession. A 2003 survey of 31,000 New York State Registered Nurses revealed similar results. In this survey, one-quarter of all nurses surveyed indicated they would advise others to not choose nursing under any circumstances. Only one quarter of these nurses stated they would recommend nursing to others as a career choice (New York State Survey of Registered Nurses, 2003). Without question, competition in the employment market for potential new nurses and a poor career and professional image has done much to add to the nursing shortage.

*Nursing Recruitment and Horizontal Violence*

Unfortunately oppression in nursing has been identified by a number of behaviors but none as prevalent as the horizontal violence nursing as a profession displays. Identified as “interpersonal conflict” among nurses, horizontal violence is defined as hostile and aggressive behavior exhibited by individual or group members toward another member or group of members of the larger group. Horizontal violence is generally non-physical, inter-group conflict that is manifested by overt and covert behaviors of hostility (Friere, 1970, 2000). There has been a dearth
of literature written on horizontal violence and its widespread impact on the profession of nursing. Regardless of whether horizontal violence is cited in the literature as a cause of nurse exodus from the profession (McKenna, Smith, Poole & Coverdale, 2003), a part of nursing’s cultural narrative (Freshwater, 2000), generated by the organizational climate (Hutchinson et al., 2006), caused by nurse managers (Jackson, Clare, & Mannix, 2002), or having a negative effect on nursing students and new nurses (Longo, 2007; McKenna et al., 2003), it has eroded the profession of nursing. Identified as a concept akin to nursing and resulting from its oppressive influences since Ashley (1976) identified this concept, we are still, 35 years later, working to address this issue and to remedy it.

Matheson and Bobay (2007) offer a well documented and very interesting rationale for the inability of nursing to shed this oppressive yoke after all these years. They relate that, after an extensive literature review, they have identified that most of the literature related to oppression in nursing has focused on individual nursing oppressive behaviors rather than validating a model of oppression in nursing. This point is supported by an extensive literature review conducted to apply Freire’s (1970) model of oppression to nursing. Although the authors found that the oppressed group behaviors of nurses have been studied independent of each other (Sofield & Salmon, 2003) and oppression has actually caused nurses to leave nursing (Tinsley & France, 2004) a model of oppressed group behavior has not been developed in nursing. Their premise is important. If nursing does not directly identify its oppression and the dimensions of their professional oppression, it cannot be overcome. Liberation from oppression must come from inside the group of nursing itself if it is to occur (Buerhaus, 2000 as cited in Matheson & Bobay, 2007; Friere, 1970). Until this happens, nursing will continue to foster oppressive behaviors which
will continue to add stress to the health care environment and diminish the image of nursing to those seeking entrance to the profession.

Faculty Shortages and the Nursing Shortage

Not only are the number of students recruited for nursing schools inadequate to address the nursing shortage but there is an inadequate numbers of nursing faculty available to educate the limited number of students who have recruited into nursing as a career. Affected by the shortage of nurses and the graying of America, the average age of today’s nurse educator is actually older than the typical nurse; the average nurse educator is 54 years old, and this average age is increasing yearly. (U.S. General Accounting Office, July 2001). Based on these numbers 75 % of current nursing faculty will retire leaving the profession with even fewer nurses educators by 2019 (NLN Faculty Survey, 2002).

This situation has caused many qualified nursing students whose numbers would do much to decrease the nursing shortage, to be turned away from nursing as a profession. The AACN’s report entitled 2002-2006 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing clearly cites this loss of new nurses when it reports, nursing schools turned away…qualified applicants across the U.S. due to insufficient number of faculty, clinical sites, classroom space, clinical preceptors, and budget constraints. More than a third (38.8%) of schools who responded to the survey pointed to faculty shortages as a reason for not accepting all qualified applicants into entry-level baccalaureate programs. (AACN, 2006)

Figure 4 graphically presents a five year picture of the amount of qualified students turned away from admission to baccalaureate nursing programs across the U.S. due nursing faculty shortages. A survey of faculty shortages from AACN member schools by Fang & Htut
(2008) adds depth to the picture of this nursing faculty shortage. In this study, authors found that 62.8% of the nursing schools surveyed had actual faculty vacancies; another 17.8% did not have actual faculty position vacancies per se however they did report they still needed additional faculty positions to meet the needs of their programs. Only 19.4% reported adequate faculty to actually meet the needs of their nursing program. According to this survey, the national nurse faculty vacancy rate has grown to 10.4%.

Nurse educators are essential to educate the nurses of tomorrow. In order to have present and future nurse faculty, nurses today must consider advancing their education to day to assume this role. The minimum level necessary for the role of nurse educator is a Master’s degree. However fewer and fewer nurses are returning to school. According to Reinhart, et al. (as cited in The Robert Wood Johnson 2007 Annual Report) “nearly two-thirds of nursing graduates today receive their [primary education] education at community colleges. And less than 20% [of associate degree graduates] pursue the advanced degrees required to pursue academic careers (para 5).
This deficiency of nurse educators is further compounded by a shortage of doctoral-prepared nursing faculty. Few nurses pursue doctoral degrees. Although a shortage in doctoral-prepared nursing faculty will affect the profession of nursing in multiple ways (Hinshaw, 2001), this problem will affect the recruitment of new nurses in one very distinct way. Since nurse educator credentialing requires a minimum of a master’s degree in nursing, and doctorally prepared nursing faculty are needed to educate future master’s level nurse faculty, this severely limited supply of doctorally-prepared nurses will negatively affect the education of future nurse educators. Without question, this lack of doctoral-prepared nurses will erode the base of nursing further affecting the shortage of nurse faculty, making this aspect of the nursing shortage dire.

This problem is a complex. Since most doctorally prepared nurses enter academia this itself tends to contribute even further to the problem. A recent Robert Wood Johnson Foundation Annual Survey (2007) sheds much light on the relationship of the evolution of the doctoral degree in nursing, the nursing faculty role and the lack of doctoral degrees in nursing when they report:

Most jobs that require excess effort or require workers to endure challenging circumstances pay workers to compensate for these shortcomings. However, nurse faculty do not receive adequate compensation for the challenging circumstances of their work. The expense involved in becoming a professor of nursing is also prohibitive. Unlike many social science graduate students who receive fellowships and other funding sources to support their studies, most nurses must pay tuition and forgo income during their education—counting on post-graduate employment to address their debt. Because nurses who pursue careers as nurse faculty know they will earn less than clinical nurses and administrators upon graduating, most take classes part-time while continuing to earn
an income in clinical practice. This lengthens the amount of time it takes (a median of 15 years) for nurses to obtain doctoral degrees. The average age of nurses who complete a doctoral degree is 46 years, compared with 33 years for those in other disciplines” (para. 5). In addition, few doctorate-level nurses choose academic careers, citing low salary, desire to retain patient contact and practice ties, lack of prestige for the nursing faculty role, and overwhelming expectations of nurse faculty. Many nurse faculty members face unusually heavy workloads and burn out after a few years.”

Even those nurses who eventually complete doctoral degrees many do not want to become nurse educators. Nursing education does not seem to be desireable professions. According to Reinhart, et al. (as cited in The Robert Wood Johnson 2007 Annual Report) “…few doctoral level nurses choose academic careers. They cite low salary, desire to retain patient contact and practice ties, lack of prestige of the nursing faculty role, and overwhelming expectations of nurse faculty as disadvantages” to an academic career. They go on to say that “many faculty members face unusually heavy workloads and burn out after a few years (par 6). Obviously today the cost benefit ratio of becoming a nurse faculty member is challenging to say the least. If these situations areas are not resolved they seem likely to continue to impact the nursing shortage negatively.

Now to compound this problem of a lack of nursing faculty even further, the average age of a nurse faculty at retirement is 62.5 years old. Today the average age of doctorally-prepared nursing faculty is 53.5 years. Significant numbers of present doctorally prepared nursing faculty will be retiring within the next ten years (Berlin & Sechrist, 2002) further increasing this shortage of nurse faculty.
Nurse Retention

Recruitment of nurses will serve only as a band aid to the problem of the nursing shortage if efforts to retain the limited number of existing nurses in the workforce are not addressed. Workforce retention in nursing is a crucial issue. To understand this issue more thoroughly an understanding of the work setting and the environment of nurses and nursing is necessary.

Nursing retention has been the focus of many studies in recent years. With the advent of the nursing shortage and the loss of a large number of the nursing workforce, factors that contribute to nurse retention are viewed as the basis for building a career in nursing. Factors causing nurse turnover are logically viewed as stumbling blocks to a career in nursing. Looked at as a key mechanism to enhance retention, nursing satisfaction has been documented as a major corollary of nursing retention, so much so that when one reads the variables which affect nursing retention, nursing satisfaction is almost synonymous with the concept of nurse retention. Obviously, satisfied nurses tend to stay in nursing, and dissatisfied nurses, many times, leave.

The nursing shortage, though pervasive, is not seen equally in all areas of health care practice; hospital nursing is impacted most severely (Tierney, 2006). Hospitals have been the major work setting for nurses for much of their history. In 2000, almost 59% of all nurses worked in hospitals (Heinrich, 2001), however this is changing. According to the National Advisory Council on Nurse Education and Practice (1996), it is estimated that by 2020, the need for hospital nurses will climb to 36%. Federal projections indicate that nurses are finding employment not only in the hospital but also, as health care continues to shift beyond the walls of the hospital, to more community-based primary care and other outpatient sites. This shift in workplace has caused the demand for registered nurses in hospitals to increase dramatically. For hospital nurses, this shift in nurses’ roles will cause a further shortage of hospital nurses.
Nurses are not satisfied with their work, and hospitals nurses are the least satisfied of all. In a study entitled, The Nurse Shortage: Perspectives from Current Direct Care Nurses and Former Direct Care Nurses by Peter D. Hart Research Associates (2001) 32 % of general medical/surgical RNs, who constitute the bulk of hospital RNs, indicated that they were dissatisfied with their current job (Heinrich, 2001, p. 11). Likewise, a General Social Survey conducted by the National Opinion Research Center, during 1988–1998 found that nurses working in nursing homes and hospitals were among the least satisfied, with one of every three nurses in these settings reporting dissatisfaction (McGee, 2006).

Health care in general is also in crisis (Lamm, 2003). According to Lamm (2003), fee for service medicine, an unlimited resource approach to spending practices in health care, defensive medicine and a paradigm of focusing on health care as opposed to health per se, have placed the present, and the future, health care system in the U.S. in a tailspin (p. 89). Personnel and nursing shortages loom daily in hospitals making the “nurses ‘work almost intolerable” (Heinrich, 2001, p. 8). Sochalski (2002) after her analysis of data from the 1992, 1996 and 2000 National Sample Survey of Registered Nurses found that 11% of the nurses surveyed were not working in nursing 11-12 years following graduation. The author emphasized that retention efforts must be tantamount to any plan which attempts to address the nursing shortage long-term.

Clearly nurses are leaving nursing in record numbers. This exodus is compounding the problems of health care and increasing the nursing shortage. Reducing nurse turnover rates is one of the most effective strategies for fighting the nursing shortage among hospital nurses (Sochalski, 2002). As experienced nurses leave the profession of nursing, the nursing workforce threatens to become a cadre of inexperienced nurses. As well as enhancing patient care and
safety, nurse retention ensures the presence of a “loyal and seasoned staff” (Lacey, 2003, p. 5) contributing to quality health care.

The literature abounds with research studies that describe the factors attributed to nurses being dissatisfied at work. Inherent in this work is the assumption that negation of these factors will cause nurses to stay in nursing. Staying in nursing, not leaving the profession, seems to be equated with satisfaction. While important, it is only one piece of the puzzle. To completely understand the dynamics at play in this complex issue of nursing retention and nursing satisfaction, we must start with the basics.

**Nursing Dissatisfaction and Nursing Retention**

Globally, the nursing are dissatisfied with nursing. This fact is brought to life in an international study conducted by Aiken, et al. in 2001. As noted by the authors, internationally the rates of job satisfaction in nursing are staggering. In the U. S., 40% of nurses are identified as being satisfied, in Scotland 38%, in England 36%, in Canada 33%, and in Germany 17%. Since this data is not complete without its antecedent dropout rates, Aikens et al. found that not only did one fifth of the nurses in the U.S. plan to leave their jobs in 12 months but one third of those in England and Scotland did also. Between 27% and 54% of the nurses in all the countries surveyed who were under the age of thirty planned to leave their job within the next 12 months. These issues, though significant to each country, are especially devastating to the global community of nursing as not one country can support the other, as all are being faced with the same crisis.

When one reviews the international literature it is replete with studies sharing common themes related to nurse turnover and nurses’ dissatisfaction (Begat, Ellfsen & Severinsson, 2005; Cortese, 2007; Dunn, Wilson, & Esterman, 2005; Khowaja, Merchant, & Hiran, 2005; Makinen,
Kivimak, Elovainio, Virtanen, & Bond, 2003; Mrayyan, 2005; Tabek & Koprak, 2007). So similar are the outcomes of the research in many of the countries, especially the United States, Canada, the United Kingdom, and Australia, that most authors cite this international data as a general pool of information from which to validate the cause and cures to this issue of dissatisfaction and nurse turnover. However, when reviewing this data one is cautioned to remember that the social context of the different labor markets make it possible that different issues have greater significance in different countries, especially issues of work climate, pay, advancement and control of schedule (Aiken et al., 2001). Therefore, the interpretation of these studies must be tempered by these potential variables when used to support the issues of nurse retention.

Nurse dissatisfaction compounds the problems of nurse retention. Aiken, Clarke, and Sloane (2002) found that nurse dissatisfaction was directly correlated with nurse turnover. In their landmark study on nursing and patient outcomes they demonstrate a direct relationship between nurse satisfaction and nurse staffing numbers. For each additional patient over four assigned to a nurse they discovered that job dissatisfaction increased by 15% and the rate of nurses burnout increased by 23%. Of the 43% of the nurses in the study, burn out caused them to be four times more likely to leave the profession of nursing. (Aiken, Clarke & Sloane, 2002; Aiken, et al., 2001). And, in a domino effect, job stress has a negative impact on nurses’ retention.

The effects of this stress are highlighted further in a 2003 survey of 31,000 employed New York State Registered Nurses. Of the nurses surveyed, two thirds reported high levels of job stress on a daily basis. This job stress was listed as the top reason for leaving their job, with 3 out of 10 nurses surveyed indicating an intention to leave their job. In this study the greatest
job stress, the lowest global satisfaction and some of the highest rates of job turnover were reported by hospital nurses giving direct patient care (New York State 2002 Survey of Registered Professional Nurses, 2003).

The approach to identifying stressors and other reasons that lead nurses to burnout, to plan to leave, or to actually leave nursing as a career have been the number one objective of research studies for a number of years, but more so lately. Utilizing the findings from the literature, and the stressors identified which correlate with nurse turnover, I now review selected studies with the intent of providing a picture of the negative factors which tend to halt nurses’ career overtime and cause them to be dissatisfied resulting in their exodus from their positions in or their profession of nursing. Many studies have documented the magnitude and causes of nurse turnover. Issues of nurses satisfaction (Lynn & Redman, 2005), work-life balance (O’Brien-Pallas, Duffield, & Hayes, 2006), complexities of health care (Crow and Hartman, 2005), work environment issues (Hayhurst, Saylor & Stuenkel, 2005), staffing concerns (Numerof, Abrams, & Ott, 2004) and nursing oppression with horizontal violence (McKenna, Smith, Poole, & Coverdale, 2003) mount the listing of causes impacting nurse turnover.

Although many variables have been identified a large number are consistently contained within the overarching concept of the work environment. A healthy work environment is defined as a “work setting in which policies, procedures and systems are designated so that employees are able to meet organizational objectives and achieve personal satisfaction in their work” (Shirley, 2006, p.257). As the definition indicates, poor work environments are not caused by a few limited variables but multiple interrelated factors at play within individual environments in varying degrees which tend to erode the workforce of nurses. Identification of these variables does provide a base which individual institutions can use to evaluate their own
environment. Much of the research has identified the factors, which, when absent, can negate nursing career dissatisfaction. Wages and benefits (Brewer, Kovner, Greene, & Cheng, 2008; Hegney, Plank, & Parker, 2006), contrary to the thinking of many, does factor into the equation but by no means rises to the top of the list as a cause to nurse dissatisfaction. In reality it is a lack of the issues which not only affect the nurses’ ability to do their work but to be valued as a member of the healthcare team which seem to fill the roster of causes. First and foremost an inability to provide what the nurse perceives as quality nursing care (Hall & Doran, 2007) has a dire effect on the satisfaction most nurses feel about their career. In addition, patient complexity (Hall & Doran, 2007) has been shown to have an inverse relationship to nursing satisfaction. Communication and collaboration are also factors which affect the workforce environment of many nurses (Ulrich, Lavendero, Hart, Woods, Leggett, & Taylor, 2006). Nursing dissatisfaction is also impacted by autonomy, the ability to independently make clinical decisions (Duffield, Atiken, O’Brien-Pallas, & Wise, 2004; Duffield, Pallas & Atiken, 2004), effort-reward imbalance (Stordeur, D’Hoore & the NEXT-Study Group, 2007) and decreased resources impeding the work of nurses (Kemerouti, Bakker, Nachreiner, & Schaufell, 2000; Nedd, 2006). Other key factors which affect nurses are valuing of their contributions (Bakker, Killmer, Siegrist, & Scharefeli, 2004; Summer & Townsend-Rocchiccioli, 2003; Ulrich et al., 2006; While & Blackman, 1998) and showing respect (Ulrich, et al., 2006). Without a physically and mentally safe environment (Ulrich, et al., 2006) nurses are unable to feel satisfied about their work. Role conflict (Piko, 2006; Stordeur, D’Hoore & the NEXT-Study Group, 2007), absence of social supports (AbuAlRub, 2004; Nedd, 2006) and the lack of support for professional development (Hegney, et al., 2006; Nedd, 2006; Ulrich, et al., 2006) seem to add to the factors which when absent lead to career dissatisfaction in nursing. And lastly, nurses who worked in an
environment which they perceived as ethical were more likely to feel satisfied with their career in nursing (Hart, 2005).

Another major issue related to nurses work environment which causes nurse dissatisfaction on all levels appears to be the role of nurse managers. The literature both directly and indirectly indicates that nurse managers and nurse executives are in positions to make a difference in the work environment (Piko, 2006). Studies have shown that the lack of nurses’ empowerment (Kane-Urrabazo, 2006) by managers has caused a decreased effectiveness in nurses and hampered their ability to grow professionally, while an absence of response by supervisors has increased nurses stress (Oloffsson, Bengstsson, & Brink, 2003) and caused greater levels of dissatisfaction. A major leadership issue identified was conflicting expectations and obvious dissonance between nurses and nurse managers/executives (Forsyth & McKenzie, 2006; O’Brien-Pallas, Duffield & Hayes, 2006). This issue is very significant as it threatens to erode attempts at enhancing career satisfaction in nursing. Nurse managers, if unable to comprehend what nurses’ value, may actually be working at odds with nurses, further diminishing their satisfaction with nursing. Since nurse executives, and to a lesser degree, nurse managers, control the resources which ultimately contribute to making work environments healthy, they are a major lynch pin in the career satisfaction of many nurses.

*Career Satisfaction and Nursing Retention*

Though important, the variables affecting nursing dissatisfaction are only part of the equation for a successful career in nursing. A focus on the issues which cause nurses to leave nursing and assuming that the negation of these factors will cause nurses to stay in nursing seems a logical conclusion. But to continue to use this same approach to support strategies aimed at enhancing nursing satisfaction may actually be no more than a leap of faith. This “if not, then”
approach to a satisfying career in nursing may fall short of its goal. To broaden the focus, and encompass all aspects of retention in nursing, I propose adding research which highlights the experiences of satisfied nurses to this equation. By viewing the actual reasons satisfied nurses have stayed in nursing and what makes nursing a satisfying career for them, will add yet another dimension to resolution of the nursing shortage problem.

Although not a surprise to me as a nurse, research has demonstrated that nurses do find much satisfaction when actively providing nursing care. Nurses’ work can serve as a stimulus to nursing satisfaction. Sochalski (2002) found that nurses who spent at least half of their workday in direct patient care had higher levels of satisfaction than did those who spent less time with patients. Taking this caring concept to the next level, making a difference seems one of the most significant factors impacting nurses’ career satisfaction, as the following research indicates.

Perry (2005), using an interpretive research approach with international nurses from a variety of areas in nursing, found that nurses who were able to make strong connections with patients and provide quality care were not only satisfied with their careers but their satisfaction increased when they perceived that the nursing care they delivered made a difference in someone’s life. In a similar study, Perry (2006) collecting data from the Internet in narrative form to determine the relationship between exemplary oncology nursing practice and professional fulfillment, found that nurses who believed they provided excellent care and those who shared humor as well as values enabling them to be connected with their patients were usually very satisfied with their career. However, when these oncology nurses believed that their care helped people to live, enable hope and/or find meaning in their lives, this further increased their level of satisfaction.
In a study by Brennan (1997) of 50 nurses who were over 50 years old, the author found commitment to nursing as a profession was only surpassed as a key factor in their careers by their belief that they provided the best nursing care possible at all times. Likewise, Chiara (1993) using the career-life stories of fifty-three female nurses of various ages, ethnic identities, career histories in nursing, and educational backgrounds, found that nurses valued most the ability to make a difference in people’s lives.

From the myriad of research studies and conceptual literature articles encircling the nursing shortage and present day nursing and health care, it is obvious that a positive nursing career leads to increased nursing satisfaction which in turn causes retention of nurses and ultimately results in improved patient outcomes (Aiken, et al., 2003; Beurhaus, 2000). Strengthening the nurses’ role at the bedside may be enhanced by methodologies which enlighten nurses to the strategies satisfied nurses have used to maximize their career in nursing. These modalities can serve as both a valuable retention strategy and an approach to career building.

*Strategies to Enhance Nursing Retention*

An initial understanding of the multiple reasons which cause nurses turnover is essential to fully connect with adequate solutions to the problem of the nursing shortage. Clearly, there is much validation for the need to improve nurses’ retention. The concept of nursing satisfaction cannot merely be defined by the preceding variables. Since there will be a diversity of variables identified present in any one situation, all must be considered within the context of their interrelationship (McVicar, 2003) when seeking a solution to the nursing shortage. Many authors agree with this and point to this diversity of career variables (Atencio, et al., 2003;
Hegney, et al., 2006) when they caution, “one size does not fit all” when planning retention strategies for nurses.

Atenico, et al. (2003) believe that developing strategies to retain existing nurses in nursing is essential to both decrease costs and improve patient care. A number of studies have addressed methods to improve the retention of nurses. Aimed at the causation of nurses’ dissatisfaction, these studies address each factor causing workforce stress and dissatisfaction individually. Workforce issues (Atencio, Cohen, & Gorenberg, 2003), salary issues (Goodin, 2003), and managerial issues (Kane & Urrabanzo, 2006; McVicar, 2003) have been addressed generally, but many more variables exist.

Considering the magnitude of nursing dissatisfaction career variables, addressing each and resolving it will take much time. Few studies have considered strategies to enhance nursing satisfaction in independent of these career dissatisfaction variables. Strategies which foster and develop nursing satisfaction within the context of these nursing dissatisfaction variables seem logical and important to nurse retention.

This issue is supported by the work of Hong Lu, While and Barball (2005). They believe that the lack of an understanding of personal nursing retention strategies is affecting the profession of nursing. The authors advocate for a general causal model aimed at nursing satisfaction. They believe,

lack of a comprehensive model of job satisfaction in nursing is a major shortcoming (Conclusion section, para 3). [The authors also believe] the absence of this robust causal model incorporating organizational, professional and personal variables is undermining the development of interventions to improve nurses’ retention (Abstract, para 1).
Health Care Outcomes and the Nursing Shortage

Although seemingly a logical outcome of the shortage of nurses in our county, and globally for that matter, it is imperative that the consequence of this shortage be clearly delineated. Understanding consequences will provide a rationale for, as well as serve as a powerful impetus to support, research and strategies aimed at resolution of this crisis.

Considering the magnitude of the shortage of nurses, it seems logical that the impact of this shortage of actual nurses will be felt most by each and every person receiving health care whether individually or in aggregate in our country. Conceptually the supply and demand model implies this; however, it is only recently that empirical data has provided scientific, empirical validation of the relationship of nursing numbers and quality in health care. Although not yet extensive, the following research does add support to the fact that in hospital nursing, nurse staffing numbers, which is directly related to the numbers of nurses available to provide nursing care, has a direct relationship on the quality of care patients receive.

Buerhaus, Needleman, and their colleagues (1997) examined nurse staffing and patient outcomes in hospitals using data from more than five million patient discharges spanning 799 hospitals in 11 states. Analysis of this data revealed a consistent relationship between nurse staffing and five negative outcomes in medical patients: urinary tract infection, pneumonia, shock, upper gastrointestinal bleeding, and length-of-stay. A higher number of registered nurses were associated with a 3 to 12% reduction in the rate of these adverse outcomes.

Also, Aiken, et al. (2002) examined nurse staffing in a study of 10,000 nurses and 230,000 patients from 168 hospitals in Pennsylvania over a one year period, 1998-1999. This study set out to determine the association between the patient-to-nurse ratio and patient mortality, failure-to-rescue (deaths following complications) among surgical patients, and factors related to
nurse retention. Using cross-sectional analyses of linked data, the study found that for each additional patient over four assigned to a nurse, failure to rescue rates increased by 7%, and a 30 day patient mortality rate increased by 7%. Unbelievably, nurses who care for eight patients as opposed to those who care for four patients saw a 31% higher chance of their patients dying within 30 days of admission (Aiken, et al., 2002; Aiken, et al., 2003).

Still further support of the correlation of nurse staffing to patient outcomes is derived from the research of Stanton and Rutherford (2004). Submitted as a report to the Agency for Healthcare Research and Quality, this study outlined the effects of hospital nurse staffing on patient care. This report found that the high nurse to patient staffing levels caused both adverse outcome rates for patients and lower job satisfaction for nurses.

Mark, Harless, and Berman (2007) completed further research on nurse staffing related to the occurrence of complications in pediatric patients. They used data from 1996-2001 to review and analyze the discharges of 3.65 million children in 286 general and children’s hospitals in California. They found increasing the hours of RN staffing had no effect on patient mortality rates but it did have a significant impact on morbidity rates. The impact of RN staffing had its greatest effect at the lowest level of staffing. Their results are consistent with research supporting the direct relationship between RN staffing levels and negative patient outcomes.

This research on nurse staffing and patient outcomes provides empirical evidence that nursing has a significant impact on health care. Knowledge is power and this information provides validation for nurses’ retention and satisfaction efforts in health care.

The Economic Impact of Nursing Retention

Now add to this the fiscal consequences of this shortage of nurses. In our present capitalistic society, viewing nurse retention and nurse recruitment through this capitalistic lens
tends to add credence to the issue, as the bottom-line is an important concept which drives our economy. It is general knowledge that the cost of health care is almost beyond reach today by the average person. Cost containment is essential if the future of health is to be a reality (Lamm, 2003). Without question, the nursing shortage and nurse retention severely impact the bottom line of health care organizations. Dollars are lost in record numbers trying to replace nurses and orient new ones. This point is clearly explained and documented in a study by Atencio, et al. (2003) which explores the costs of nurse retention. A compelling argument is presented when they note the following:

The costs of the nursing shortage are high. The most obvious cost is in actual dollars. The rate of nurse turnover in 2000 was 21.3%, with turnover costs up to two times a nurse's salary. The national average salary of a medical-surgical nurse is $46,832. Therefore the cost of replacing just one nurse would be $92,442. To replace a specialty area nurse, the cost can increase to $145,000. If a hospital with 100 nurses experienced turnover at the rate of the national average, expenditures could amount to as much as $1,969,000 yearly, for the turnover of medical-surgical nurses alone (The HSM Group as cited in Atencio, et al., 2003. p. 263).

Careers in Nursing

Career is defined as a calling, a vocation, a life history (WordNet Search, 2008), basically speaking, our work. Along with sleeping and recreation, people spend a very large part of their lives working. Using five, eight hour days per week as a point of reference, at minimum, careers consume 27% of the average week; they can likewise span a variety of time frames, from a few weeks, to a large portion of the productive years of one’s life, to even an entire lifetime. Many people internalize their career roles and some actually use their career as a characteristic of their
personal identity. It is not uncommon to hear people introduce themselves to others within the context of their career in the following ways, “Hi, I’m Jane, I’m a homemaker,” nor is it unusual to introduce people to others and identify them by their career, “This is my friend John, he is a teacher” or “This is my nurse friend Pat.” And hasn’t almost everyone, sometime in their life, started a conversation by asking, “What do you do?” or “What is your work?” For many people a career is actually believed to be “. . . the highest form of self-expression” (Kenny, 1999, p.44). There is something very purposeful about a career which inherently promises to supply the participant with diverse rewards, sometimes monetary, sometimes emotional, sometimes physical and sometimes intellectual, but all commonly focused on what the participant (worker) values. Whether one works in the home, in the schools, or in health care, one’s career plays a significant role in one’s life. Nursing is a career, a very significant career; its members constitute the largest group of health care providers in the United States. Nurses are needed for quality health care globally. Understanding the dynamics of a nursing career is of paramount importance to maximizing a career in nursing.

The characteristics of careers in nursing have commanded limited attention in the literature until recently. When the recent nursing shortage reared its ugly head, nursing retention as a characteristic of nursing careers took precedence within the focus of nursing research. In an age of nursing shortages, unfortunately, nursing retention seems to have been identified as the major defining characteristic of a present day career in nursing. Within this section the characteristics of nursing careers as identified in the research, albeit scarce, the research on nursing retention as it relates to nursing careers and finally, using a broader view of nursing careers, the research which explores the development of the positive aspects of a career in nursing are explored.
Characteristics of Nursing Careers

Planning a career, many times in a very methodical way with planned goals, is a characteristic of many different kinds of careers. For the most part however it seems people choosing nursing as a career have not followed this approach. Much of the literature on nursing careers is focused on the career stages of nurses with linearity being highlighted as an important concept. A review of the literature produced minimal studies focused on career planning in relation to nursing, however some interesting findings did emerge from the literature available.

Brennan (1997) does offer some basic insight into the planning aspect of nursing careers in her study of 50 nurses who were over 50 years of age. Her results found that the nursing career of her participants was largely unplanned, many times intertwining within the context of the nurse’s life. Though not labeled as either a positive or negative trait, she found that a nursing career provided a flexibility which allowed the nurses to move in and out of nursing, meeting their own needs which were, many times, dictated by and focused on their family. Though their careers were sporadic, Brennan found that the nurses remained true to their profession and valued it as a meaningful aspect in their lives.

A number of other researchers also have focused on career stages within nursing careers. Based almost exclusively on time in career, chronological age, and task mastery, these career stages do share some common characteristics which can serve to enhance present day views relative to this aspect of a general career in nursing.

Belovich (1997), in her study of 400 Canadian nurses, found movement of one’s career from start to finish was based on skill mastery, job involvement and time in career. Based on progressive and sequential time within a career, starting with the trial stage, moving to
establishment, maintenance and ending with the disengagement stage, each stage was identified by skill acquisition and inferred a degree of job involvement.

Likewise, Meehan (1995) used the career stages of transition, exploration, establishment, maintenance, and disengagement to identify the individual career needs across the course of a career in nursing and their relationship to organizational needs. These career stages were based again on time in career and reflected a very linear orientation of hierarchical, sequential and quantitatively different characteristics. The premise that one stage must be accomplished prior to movement to the next was evident in the results.

Further support for career stages based on time in job, skill development and attitudes, was demonstrated when McNeese-Smith (2000) identified the job stages of 412 registered nurses. Skills needed for each stage as well as attitudes prevalent in each were identified. Since nurses in the identified stage of disengagement had negative organizational commitment, the author recommended fostering growth in positive stages avoiding disengagement. Since the time for these stages is more flexible than the previous authors, there is latitude to move recursively back to a more positive time.

Offering a somewhat enhanced view of career stage research the study of 928 Massachusetts nurses conducted by Shindul-Rothschild (1995) expanded the relevance of career stages. Based on time in their career and the chronological age of the nurse, nurses were placed in planned career categories. Nurses younger than 30 years old and in nursing less than 10 years in their career were placed in the early stage, those in mid-career were in nursing between 11 and 22 years and were 30 to 50 years of age and lastly, the late stage encompassed nurses who were over 54 years and who had been in nursing over 23 years. A surprising result occurred and one which I believe refutes the need to separate nurses based on time, task and age into career stages.
Although the career stages were significantly different, a number of variables tended to cluster in each stage. Overwhelmingly, control over nursing practice was identified as the most prevalent factor across two career stages.

Somewhat similar in career staging but supporting the results of Shindul-Rothschild (1995) is the study by Lavoie - Tremblay, O’Brien-Pallas, Viens, Brabant, and Gelines (2006). The nurses in this study, though not identified as such, were divided into two stages, one group over 50 years old and the other under 50 years old. After examining the work environment of 1200 nurses to identify the variables impacting retention, the authors were able to identify a list of common incentives for both groups. These traits seemed to transcend age and time in careers.

The preceding career stage models, as highlighted in the research of Belovich (1995), Meehan (1995), and to a lesser extent, Shindul-Rothschild (1995) are basically sequential, linear and hierarchical. They assume nurses in their careers start as novices, move forward at a predetermined time frame and then decline. I contend that basing needs on ages and time in career may be a shortsighted approach to the current picture of nursing careers and nursing retention. Presently the culture of nursing, influenced by seemingly unending technological advances, generation X nurses and chronologically older novice nurses, does not fit this linear, sequential model. The new demographics of nursing begs the question of the role longevity plays on nursing career accomplishments and/or satisfaction. This point is supported by the work of Lavoie - Tremblay, et al. (2006) and Shindul-Rothschild (1995). Their findings indicate that age and time in career does not necessary cause different views of nursing relative to retention. In an age where changes in health care and health care careers are occurring at such a rapid pace, understanding better what constitutes career stages in the current workforce world of nursing could enhance retention better.
**Narrative Learning and Nurses Stories**

Nursing stories are rooted in the very fiber of individual nursing practice and careers. They have the potential to impact the nursing shortage by telling a story which is not only rich with knowledge of the work of nurses but may also be used as a learning modality to affect change within nursing.

*Nurses Stories*

Throughout much of nursing’s history the work of nurses has been misunderstood. This has caused an image problem in nursing and an inaccurate branding of the nursing profession by non-nurses. Nursing’s identity, linked closely to their role in the hierarchy of health care, has caused public perception to be blinded to the actual work and contributions of nursing. The devalued nature of nurse work has caused the contribution of nursing to be poorly understood and both professionally and publically undervalued. Within my career in nursing, I can actually remember a time when nurses themselves had difficulty defining their own role and work independent of the practice of medicine.

For too long nursing’s individuality has been subsumed by the hegemonic structures of society and health care (Muff, 1984; Reverby, 1987; Roberts, 1987, 2000). Seemingly oppressed by their positionality in health care and their gender in society, for too long nurses as women have allowed dominant power structures to define the work of nurses and the role of nursing within health care (Muff, 1984; Reverby, 1987). As Flannery (2000) emphasizes, “in general, women’s thoughts, women’s writings and women’s research, specifically about women’s lives and learning have been absent, ignored and misrepresented” (as cited in Flannery & Hayes, 2000, p. 6). The story of nurses has likewise shared the fate that Flannery talks about. Until recently, nursing stories have not been a significant part of the literature of nursing.
Stories are a very effective mechanism nurses can use to share the work of nursing. Plagued by a poor identity and stereotypical branding, stories can enable nurses and nursing to make explicit that which they do implicitly. Nursing stories offer the profession a means to share with the public the work of nurses and the issues impacting nursing. They enable nurses to share with others, not only their work but their contributions to health care.

Throughout nursing history, there has been a paucity of nursing stories publically told. A number of factors may have influenced this, however key among them is the oppressive historical influences at play throughout the history of nursing. These influences are played out in the behaviors of nurses as they are recruited to share their stories of nursing. Fear seems to be a significant behavior of many nurses. When Heron (1998) set out to collect the stories of nurses to include in her book, she found that many times nurses were afraid to share their stories, afraid of retaliatory action. Gordon and Buresh (2000) support this fear and believe that historical, gender and cultural influences have socialized nurses to fear speaking of and exposing problems, thus contributing to their fear of storytelling. When Davis and Schaefer (1995) attempted to collect the stories of nurses they found that many had been waiting and hoping their work might not need clarification and that everyone understood what nurses do. Unfortunately the public over time did not know nurses’ work and these fears and attitudes of nurses may have contributed to the mystique of nursing’s role within health care and the public misperception of the work of nurses.

Table 1 shows a selected, but fairly comprehensive, collection of the stories of nurses. Put in sequence by time, one can see that non-fiction stories of nurses and their work have been published since 1982, over 26 years ago, and these stories continue to be published in even greater numbers today. The collection of nurses’ stories in Table 1 represents various styles of expression to include the autobiographical narratives of Heron (1987 and 1995) and Shalof
(2004); the broad collections of the stories of nurses experiences from Brown (1992), Gino (1982), Hudacek (2000 & 2004), Kane (1998), Kraegel & Kachoyanos (1989), and Smeltzer & Vlasses (2003); the poetry and prose of nurses’ experiences from Bryner (2004) and Davis and Schaefer (1995); the stories focused on defining nursing subcultures by Benson (2001), Davis (2001) and Vincent (2002); and the use of nurses stories as a methodology to substantiate nursing issues and plans of action by Cardillo (2001), Gordon & Buresh (2000), and Satterly (2004). Unique by virtue of their focus and the genuine differences in each nurse’s experiences, these stories do share a commonness of purpose which enhances their character and relevance.

Table 1. A Chronological Review of Books which Contain Stories of Nursing

<table>
<thead>
<tr>
<th>Year</th>
<th>Book Title</th>
<th>Author(s)</th>
<th>Narrator</th>
<th>Synopsis of Stories</th>
</tr>
</thead>
<tbody>
<tr>
<td>1982</td>
<td>The Nurses Story</td>
<td>Gino, C.</td>
<td>Author</td>
<td>This first of its kind one women testament shared the realities of nursing with the world. Its focus was to share nursing, in its most honest sense, with others and make the work of nursing public.</td>
</tr>
<tr>
<td>1989</td>
<td>Just a Nurse</td>
<td>Kraegel, J. &amp; Kachoyanos, M.</td>
<td>Nurses from diverse geographical areas and various roles</td>
<td>Expanding beyond the story of one nurse, a collection of stories from many practicing nurses showed the relevance of the work of nurses and attempted to change the stereotypes of nursing.</td>
</tr>
<tr>
<td>1987</td>
<td>Intensive Care: The Story of a Nurse</td>
<td>Heron, E.</td>
<td>Author</td>
<td>Both books contain the story of the life of one nurse. The stories encompass her career and illustrate the positive and negative experiences of nurses’ work for all to view and experience. Her story of her own work sheds light on the many problems of health care while providing an opportunity to share nurses’ work. Her sense of nursing, her willingness to stand for her own convictions, and her compassion make these valid stories of nursing.</td>
</tr>
<tr>
<td>1995</td>
<td>Critical Condition: The Story of a Nurse Continues</td>
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<tr>
<td>1995</td>
<td>Between the Heartbeats: Poetry and Prose by Nurses</td>
<td>Davis, C. and Schaefer, J.</td>
<td>Nurses</td>
<td>In 1995 the tide shifted and the stories of nurses emerged in a new and very creative form. Nursing stories where collected as prose or poetry from nurses and published in Between The Heartbeats:</td>
</tr>
<tr>
<td>1992</td>
<td>Nurses: The Human Touch</td>
<td>Brown, M.</td>
<td>20 practicing nurses, from 40 state, practicing 1 – 35 years</td>
<td>At a time when technology appeared on the scene, hospitals reorganized to address a looming health care crisis as the amount of elderly increased (Brown, 1992); a nursing shortage was present and nurses needed to be recruited. This book gave a fresh view to nursing as a career and documented the role nurses played in the lives of so many.</td>
</tr>
<tr>
<td>Year</td>
<td>Book Title</td>
<td>Author(s)</td>
<td>Narrator</td>
<td>Synopsis of Stories</td>
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<tr>
<td>1998</td>
<td>Tending Lives: Nurses on the Medical Front</td>
<td>Heron, E.</td>
<td>50 nurses</td>
<td>Poetry and Prose by Nurses. Set out to give voice to nurses, these works of art depicted to many the emotions of nursing and allowed the reader to now see yet another aspect of nurses and another dimension to nursing.</td>
</tr>
<tr>
<td>1998</td>
<td>Touched by a Nurse: Special Moments that Transform Lives</td>
<td>Kane, J.</td>
<td>Nurses</td>
<td>Heron again wrote a book of nurses’ stories, but this time a compilation of many stories derived from interviews with nurses. Mixed with positive images of nurses, and many times, the stark and even shocking reality of nursing, this book is a true account of nurses’ lives.</td>
</tr>
<tr>
<td>1999</td>
<td>We Band of Angels</td>
<td>Norman, E. M.</td>
<td>Nurses</td>
<td>Set out to illustrate the power of the intensive healing connections of nurses, and influenced by the need to positively affect nursing at a time of continual health care revolution, this book set out to change others lives through the stories of nurses (Kane, 1998).</td>
</tr>
<tr>
<td>2000</td>
<td>From Silence to Voice: What Nurses Know and Must Communicate to the Public</td>
<td>Gordon, S. and Buresh, B.</td>
<td>Nurses</td>
<td>Using interviews, government documents, letters, and journals, the story of nurses on the Baatan, during World War II, is told. This book not only highlights the women’s lives but historically tells a story of World War II that had been missing (Norman, 1999).</td>
</tr>
<tr>
<td>2000</td>
<td>Making a Difference: Stories From the Point of Care</td>
<td>Hudacek, S.</td>
<td>Nurses-global</td>
<td>Using nurse interviews, this book enables nurses to develop a strong voice for themselves, their patients and nursing (Gordon &amp; Buresh, 2000).</td>
</tr>
<tr>
<td>2001</td>
<td>Four Women Patients and their Female Caregiver</td>
<td>Davis, C.</td>
<td>Author</td>
<td>In this book the author gives voice to nurses and highlights the work and heroic contributions of nurses. It is a book which makes one proud to be a nurse.</td>
</tr>
<tr>
<td>2001</td>
<td>Your First Year as Nurses: Making the Transition from Total Novice to Successful Professional</td>
<td>Cardillo, D.</td>
<td>Experienced Nurses.</td>
<td>Written by a nurse practitioner who is involved in women’s health, her stories chronicle the changes in women and their lives over time.</td>
</tr>
<tr>
<td>2001</td>
<td>As We See Ourselves: Jewish Women in Nursing</td>
<td>Benson, E. R.</td>
<td>Jewish nurses</td>
<td>Nurses stories of practice are weaved within this book as a means of supporting advice for new nurses on organization, becoming a team member, and nursing’s challenges. These stories do much to not only enhance the context of the book’s advice but increase the validity of the content presented to the reader.</td>
</tr>
<tr>
<td>2002</td>
<td>Baby Catcher: Chronicles of a Nurse</td>
<td>Vincent, P.</td>
<td>Nurse Midwife</td>
<td>With 100 stories from Jewish nurses, the history and contribution of Jewish women to the nursing profession is told.</td>
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<tr>
<td>2002</td>
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<td></td>
<td>A specialized and more focused book of nurse’s stories entered the literary scene in 2002 when a</td>
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<tr>
<td>Year</td>
<td>Book Title</td>
<td>Author(s)</td>
<td>Narrator</td>
<td>Synopsis of Stories</td>
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<tr>
<td></td>
<td>Modern Midwife</td>
<td></td>
<td></td>
<td>collection of stories told through the eyes of a nurse midwife not only shared the dynamics of this career but served also as a political statement about technical hospital births (Vincent, 2002).</td>
</tr>
<tr>
<td>2003</td>
<td>Ordinary People: Extraordinary Lives</td>
<td>Smeltzer, H &amp; Vlasses, F. R.</td>
<td>Nurses-global</td>
<td>Stories about nurses who have accomplished feats around the globe in all areas of nursing show what nurses do and who they are.</td>
</tr>
<tr>
<td>2003</td>
<td>Intensive Care</td>
<td>Davis, C. &amp; Schaefer, J.</td>
<td>Nurses–global</td>
<td>As, “There has been a small revolution in nursing writing” since the authors wrote their first text (Schaefer &amp; Davis, 2003, p. xiii), these poems and prose add a rich emotion and encompass the writing of nurses globally. Their intent is to share with others the heart of nursing.</td>
</tr>
<tr>
<td>2004</td>
<td>Making a Difference: Stories from the Point of Care II</td>
<td>Hudacek, S.</td>
<td>Nurses globally</td>
<td>The author clearly states, “The intent of this book is to give nurses a voice and a means by which to document (or journal) their work or caring practices, and allow all of us to reflect on their stories.</td>
</tr>
<tr>
<td>2004</td>
<td>Tenderly Lift Me: Nurses Honored, Celebrated and Remembered.</td>
<td>Bryner, J.</td>
<td>Stores about nurses and poetry written by the author</td>
<td>A self proclaimed apprentice- poet and nurse, the author shares her poetry as she introduces the work of selected nurses past and present. As well as describing each of the nurses and telling their basic story, she added to the richness of each story by bringing their individual contribution to life through poetry.</td>
</tr>
<tr>
<td>2004</td>
<td>A Nurse's Story: Life, Death and In-Between in an Intensive Care</td>
<td>Shalof, T.</td>
<td>Author</td>
<td>Although this is the story of the 20 years, one nurse spent in Intensive Care, the story of so many others are interwoven throughout this story to highlight not only patient experiences but peer issues, social issues and more.</td>
</tr>
<tr>
<td>2004</td>
<td>Where Have All the Nurses Gone</td>
<td>Satterly, F.</td>
<td>Nurses</td>
<td>This book so eloquently discusses the events that have shaped nursing and, to add to the richness of the text, the author intersperses applicable stories of nurses.</td>
</tr>
<tr>
<td>2005</td>
<td>Nursing Against the Odds</td>
<td>Gordon, S.</td>
<td>Nurses</td>
<td>Gordon, not a nurse but an award winning journalist, shares the stories of nurses and others to highlight and support her very poignant analysis of the issues of nursing. Her very complete critique of the many issues that have affected nursing and health care provides a look into the impact they ultimately have on patient care.</td>
</tr>
<tr>
<td>2007</td>
<td>The Making of a Nurse</td>
<td>Shalof, T.</td>
<td>Nurse</td>
<td>Again the author autobiographically represents her career in nursing. The reader is afforded a view of nursing which is both timely and realistic.</td>
</tr>
</tbody>
</table>
The inherent uniqueness of each nursing story in Table 1 is a powerful means of communication for nursing and a way of validating the true image of nurses’ work. The stories are real life experiences and as such depict the essence of each person’s experience. Much of the work of nurses, the “soft technology” of nursing (Salvage, 2004), the caring and interpersonal aspects so key to nursing practice are intangible and hard to describe, albeit a form of tacit knowing. The stories of nurses told and published, clearly give form to the caring art of nursing and allow others to now understand more fully what a nurse does, and what individual nurses do when they nurse.

Nursing stories are a valuable mechanism for clarifying the inaccurate branding which has occurred in nursing. And nurses’ stories enable nurses to ground their own professional and personal identity. These stories can serve to foster career growth in nursing as nurses are able to learn (as nurses and women) through the nursing career experiences of others, strategies which may foster their own careers in nursing and their own professional growth. Used as a form of mentoring, these stories can provide new and seasoned nurses information and possible strategies which can be used to support their career in nursing as a positive experience (Cangelosi, 2005). As nurses begin to understand and value nurses’ contributions through stories, it is hoped this will highlight the relevance of stories as a valuable learning tool thus empowering nurses as professionals to continue to share the stories of nursing within their professional boundaries, and beyond. As a research methodology in this study, storytelling, through narrative inquiry and analysis, has the potential to impart valuable insight about the diverse strategies nurses have used personally and professionally to enhance professional satisfaction and retention in nursing.

Likewise, stories in aggregate provide an avenue for nursing as a profession to be understood more clearly and thus, they will impact the image of nurses and nursing. Inherent in
each story is an ability to generate social relevance for nursing and to make implicit issues facing nurses and nursing. Although some authors such as Gordon & Buresh (2000) and Satterly (2004) set out intentionally to highlight the issues impacting nursing and health care in great detail while providing a clear direction for change, almost all of the books in Table 1 overtly or covertly, expose a social agenda. Nurses do have something to say and the venue of stories has allowed them an avenue for their stories to be shared and their voice to be heard. From poems to prose to short stories to nurses’ comments and advice, these stories give voice to nurses and highlight the realities of the nursing profession.

Satterly (2004) believes that by sharing the truth of the nursing experience, “nurses have the power to do more than any other group to ensure that there are enough nurses to meet the needs of American health care” (p. 144). These stories have the power to generate new knowledge of nursing as a profession. Stories provide data about nursing generated first-hand from nurses, not a third party, therefore validating the accuracy of the information shared. Nursing must assure that their professional issues are collectively reflected accurately; nursing stories have the potential to coalesce the diversity of nursing experiences, bringing clarity to the profession of nursing as well as the issues impacting it.

In their purest sense, nurses’ stories can also serve as an important source of nursing history. By documenting nurses’ experiential experiences as viewed through nurses’ stories, a lens focused on nurses, nursing and events in time is generated. By reading nurses’ stories over time, trends, changes and issues can be viewed and used as a source of nursing insight and data leading to a plan for change. By telling these stories, nursing history can be documented not only from one account, but from actual diverse personal accounts. This history will be grounded in diverse, rich, and individual interpretations and events.
When reviewing the stories in Table 1 one can see that there is a growing body of nursing stories which add to the knowing of nursing. Stories and narratives are only as good as those who use them. Nursing needs to move beyond the doing and the work to make sure its voice is not just loud, but that it is in fact, heard. I see the continuous publication of nursing stories as an avenue to foster this accurate and authentic voice of nurses.

**Narrative Learning**

Stories are an adult educational modality which professionals, including nurses, can use to enhance the learning of their adult members. Since nurses are, by virtue of their level of development, adult learners, they acquire knowledge best through modalities which facilitate adult learning. Cranton (2006), although she questions the true relevance of each of the following characteristics to adults only, does concede that (the following are characteristics of) adult learning “…practical and relevant, people collaborate to construct learning, it is voluntary, and to some extent at least, it must be self-directed” (p. 5). Stories of exceptional nurses told to an audience of nurses fits nicely into these identified characteristics of adult learning and, as such, these stories may serve to enhance the education of the adult nurse who read the research narratives of the exceptional nurses in my study.

Stories are ubiquitous and everywhere. We live in a storied world. Narrative learning, a means of acquiring learning through stories is a familiar and common way of learning in everyone’s life. Even though stories are familiar and comfortable, a number of authors believe the most relevant function of stories in our lives is their basic ability to make meaning of our lives (Bateson, 1994; Bruner, 2002). Meaning making is essential to our personal growth and development (Bateson, 1994).
Narratives are a powerful modality for learning. Clark (2010) indicates that stories not only enhance our learning but are, in reality, “essential for our learning” (p. 5). Numerous other authors support the use of narratives and adult learning. Rossiter (2002) emphasizes this relationship when she relates, “the most effective way to reach learners with educational messages is in and through narrative constructions” (p. 2). Since “stories engage all parts of the brain” and according to Barrett (2005) “learning is best when it [learning] engages all parts of the brain (p. 3), not only do stories engage individuals but physiologically they are an effective learning modality.

Stories are rooted in adult education on many levels. Stories are the interpretation of our experiences in life; and experiences help us to learn. Clark (2010, p.5) shares an exceptionally relevant and detailed explanation of the relationship between adult learning and narratives (interpretation of experiences) when she explains,

The link between learning and experience lies at the core of adult education…going back to Lindeman (1961), who, drawing on Dewey, argues that learning is located in the life world of the learner. Moving forward to Knowles (1980) and his principles of androgogy, a key of which sees experience as a major resource for adult learning. And moving further in our own day to the extensive work on experiential learning, particularly in the areas of constructivism, situated learning and a critical cultural perspective on learning (elaborated and critiqued by Fenwick, 2004).

Storied nursing experiences of exceptional nurses can be both relevant and effective when used with adult nurses.

Since stories are common and a natural way of sharing and communicating with others they carry with them a potential for a connection with the reader (Riessman, 1993). Since the audience for the exceptional nurse narratives in this study will be nurses, they should be able to
easily position themselves within these narratives. As Clark (2010, p. 6) relates, “when we learn from narratives by recognizing the narratives in which we are positioned, this type of learning is critical and emancipatory.” This positionality is intended to both change the views of the reader and hopefully empower them to change their practice. This learning and change is intended to positively impact the nursing shortage by enhancing nursing retention.

Through the research design of narrative inquiry and storytelling methodology used in this study it is anticipated that the image of nursing will be positively impacted. Positive and relevant comments from the exceptional members of nursing can do much to improve the image of nursing and effect change in individual nurses narratives thus ultimately addressing the nursing shortage in positive ways.

*Does Resiliency Play a Role in Nurse Retention?*

Health care today is a very stressful work environment (Lamm, 2003). Despite this stress, some nurses seemingly do not let these stressors of health care negatively affect their work but rise above it all and make nursing a positive career. Tusaie and Dyer (2004) believe that those who cope successfully and can function above the norm in the work environment in spite of adversity have valuable knowledge to share (p. 4). These are nurses who are effective and who do make a difference. Nurses such as these, who believe they are effective and who somehow do not imagine their own failure may actually add to their own empowerment (Simoni, Larrabee, Birkhimer, Mott, & Gladden, 2007). Their story is one that may offer nurses, new and present, insight into yet another aspect of hospital nursing; their stories will make explicit characteristics that have enhanced their own career development in nursing. Their story seems to be one we do need to hear.
Resiliency as a Concept

Resilience is a concept which permeates all aspects of our lives. The term "resilience" has been defined by Fraser, Richman, and Galinsky (1999) as “unpredicted or markedly successful adaptations to negative life events, trauma, stress, and other forms of risk” (p. 136). Inherent in the concept of resiliency is the ability to overcome adversity, to bounce back and somehow, to grow from adversity. Although considered by most research as a dynamic concept, the actual definition of resiliency eludes consensus; some researchers consider resilience to be a process (Rutter, 1985), while others consider it a trait influenced by personal resources (Rabkin, Remien, Katoff & Williams, 1993).

Regardless of definition, the universally accepted stimulus needed to initiate resilience is adversity. Adversity is defined as the state of hardship or suffering associated with trauma, distress or a tragic event (Luthar, Cicchetti, & Becker, 2000; Rutter, 1999). The extent to which individuals exhibit resilient behaviors is related to the type and extent of the stressor(s) they have experienced (Rutter, 1999).

In our culture presently, there appears to be a large scale focus on all aspects of resiliency. It is almost an everyday word in the media, and thus it permeates our lives. When major events occur, such as the 911 disaster and the Katrina devastation, it is the stories of the “resilient” people who are generally highlighted by the media. When people are faced with personal loss and pain, it is the stories of those who not only survived this loss but are “better for it” that are likely to be told by the media. Even this year, when the underdog for the Super Bowl, the New York Giants, was asked what one word best described their team, they quickly responded, “resilient.” This term immediately told all they were up against an adversary and will “bounce back.” No question about it, even without the underpinnings of empirical research,
resilience as a concept exudes a positive approach to life, events and situations. People who are resilient are somehow viewed as winners to be admired, maybe even emulated.

Resiliency is not a new concept and has been in the literature well over 30 years (Rutter, 1999). Transcending disciplines, presently social work, psychology, education and the health care industry have embraced resiliency. A review of the literature in each discipline clearly points to the fact that psychology is the starting place for much of the resiliency work. Psychology’s defining of resilience has provided the other disciplines with a frame of reference to apply this information to their practice. Though the use of resiliency concepts is discipline specific, commonality of their work as “service professions” dictates that much of the research on resiliency is focused on using the concept to impact service (care) to others. In recent years, a few disciplines, such as education, sociology and nursing, have started to move outside of this service frame of reference and have explored the concept of resilience as it affects their own practitioners. After a cursory review of the other disciplines, resiliency in nursing will be explored as it informs my research in a meaningful way.

Application of Resiliency

Psychology clearly has command of the literature on resiliency. The concept of resilience and recovery (Bonanno, 2004), analysis of the concept of resilience (Dyer & McGinness, 1996), identification of the impact of negative emotional experiences and resilience (Tedeschi & Calhoun, 2004; Tugade & Fredrickson, 2004), and specific exploration of resiliency in age groups, especially adolescents (Gilligan, 1999; Laursen & Birmingham, 2003) are typical of some of the areas that have been studied in psychology. Since the genesis of resiliency occurred in psychology, a brief understanding of this development seems relevant.
Richardson (2002), in her article, The Metatheory of Resilience and Resiliency, provides an excellent depiction of the overall evolution of resiliency in psychology. Likening this research evolution to the generation of three waves with each wave providing the basis and support for the next wave of research, linearity predominates the evolution of the concept of resiliency. Resiliency qualities (Rutter, 1999; Werner, 1995) followed by an understanding of the resiliency process led the way to current research of resiliency as a postmodern and multidisciplinary concept which causes individual growth through disruption and adversity. Initially disruptive and reintegrative, resiliency was viewed as a means to maintain homeostasis. As research evolved, resiliency began to be understood more completely as a product of growth from disruption influenced by factors of time variability and linearity. Most recently, using quantum physics and the mind-body connections, sources of resiliency, energy and methods to maximize resiliency are the focus of research. Coming full circle this research provides other disciplines with research and data to begin their own exploration of resiliency.

Although not as comprehensively as psychology, sociology has also embraced the concept of resiliency. As a practice discipline, resiliency is applied and explored with clients and families in areas such as child development (Olsson, Bond, Vella-Broderick, & Sawyer, 2003), crisis intervention services (Anderson, 2001) and ecological factors (Waller, 2001). The majority of this discipline-specific research focuses on developing resilience-based treatment models. Since most of the literature contains conceptual and qualitative research studies, as yet, there is no operational theory for enhancing resilience in sociology (National Association of Social Workers, 2008).

In the discipline of education, resiliency has long been viewed in relation to the work of teachers and the education of children. The literature provides road maps for enhancing student
resiliency as a means to educational success (Boswoth & Earthman, 2002). In recent years education has expanded its research to include professional resiliency and as such, has begun to examine resiliency as a trait of educators (Ahrens, 2001; Bobeck, 2002; Werner, 1995).

The concept and application of resiliency in nursing is evolving. To date, authors have initiated a dialogue which is introducing resiliency to the practice of nursing as well as the workforce of nursing. A review of the literature has identified some of the themes which have emerged. Developing interventions for practice (Tugade & Fredrickson, 2004), theory building in nursing (Kulig, 2000), and the resiliency process (Jocelon, 1997) have been documented. Literature is also emerging which is beginning to address resiliency as a factor in nurse retention (Edward & Hercelinksyj, 2007; Hodges, Keeley, & Grier, 2005; Jackson, Firtko, & Edinborough, 2007; Simoni, Larrabee, Birkhimer, Mott, & Gladden, 2004).

**Personal and Career Resiliency**

Literature and research focused on personal resilience related to career or professional resiliency is sparse, however, four articles emerged which provide data to inform this research. While all four address resiliency as a positive strategy to enhance professional success, only one of these articles actually identifies the traits of resiliency.

In December of 2005, Hodges, Keeley and Grier explored personal resilience, practice longevity, and Parse’s Theory for Baccalaureate Education. The authors, believing that resilience is essential for practice in a chaotic world, designed a curriculum for nursing students which focused on developing resiliency. Parse’s nursing practice theory of Human Becoming of Thought was applied to nursing education. Inherent in her concepts, the authors found support for the active learning strategies of reflective learning and collaboration. Focus on the learning experience and its relevance to the student was believed to foster individual resiliency. Nursing
has long needed a model of education which moves beyond the behavioristic approach prevalent in nursing since the very start of the profession. Although clearly further research is needed to validate the relationship of educational outcomes, resiliency development and this model of education, considering the chaotic health care environment, this approach to nursing education shows promise in providing new nurses with the tools necessary to thrive in nursing.

Simoni, et al. (2004) conducted a predictive, non-experimental study to describe the influence of three interpretive styles of stress resiliency on psychological empowerment. Spreitzer’s questionnaire for psychological empowerment and Thomas and Tymon’s Stress Resiliency Profile for interpretive styles were used as measures. The three interpretive styles used in this study were deficiency focusing, necessitating and skill recognition. The participants were 35.4 years old on average, Caucasian, and female; 42% worked less than 5 years, 23% worked less than 10 years, 35% worked more than 10 years, and 61% were employed in the same nursing position for less than 10 years. All were registered nurses with 50.5 % holding a baccalaureate degree, 41% an associate degree and 12% a diploma.

The analysis of the data revealed a significant correlation between psychological empowerment and both skill recognition and deficiency focusing but not necessitation. It supports the premise that nurses who believe they are effective and who do not imagine their own failure add to their own empowerment. The authors emphasize that stress and job satisfaction in nursing can be caused or remedied by a nurse’s individual interpretive style. Based on this research, the authors conjecture that by altering interpretive style, empowerment and job satisfaction can also be altered.

Personal resiliency has also been explored in education. Ahrens (2001) conducted a phenomenological study to interpret the lived career experiences of four secondary teachers who
were identified by key informants as educators who were resilient. Resilient teachers defined in
the study were those who continued to grow professionally and displayed enthusiasm for their
career. Each participant was interviewed three times and asked to diagram a career trajectory
depicting their individual careers.

This study identified many factors which impacted the teachers’ career and their
enthusiasm for teaching. Autonomy, collegiality, leadership, resilience traits, spirituality,
support systems, workload, and leadership emerged from the data. The factors identified seemed
to have a significant effect on their career trajectory.

In 2007, Jackson, Firtko and Edinborough published an in-depth literature review to
explore the concept of personal resilience as a strategy for responding to nursing workplace
adversity and to identify strategies to enhance personal resilience in nurses. The literature in
CINAHL, EBSCO, Medline, and Pubmed databases was searched from 1996 to 2006 using the
keywords ‘resilience,’ ‘resilience in nursing,’ and ‘workplace adversity’ together with ‘nursing.’
All relevant research related to personal resiliency in nurses was reviewed and the author, using
mostly clinical practice literature, developed a number of strategies for developing personal
resilience in nurses. This approach was based on the author’s beliefs that…

it is not only possible but favorable to build resilience as a strategy for assisting nurses to
survive and thrive. Nurses’ occupational settings will always contain elements of
stressful, traumatic or difficult situations, and episodes of hardship. Therefore,
combating these adverse effects through minimizing vulnerability and promoting
resilience has the potential to impact positively on nurses’ daily experiences (p.7).
Their complete literature search revealed that, to date, there are no studies which determine
actual data on resiliency traits and interventions for nurses in the workplace. Therefore the
strategies proposed to build nurse resiliency in this article were generalized, a sort of educational leap of faith, as all evolved from a review of interdisciplinary and practice focused studies on resiliency. The authors realizing this approach as a limitation to enhancing actual nursing resiliency suggest, “Consequently, a qualitative study of nurses who have successfully remained in nursing could be undertaken to identify to what they attribute their personal resilience” (Jackson, et al., 2007, p. 12). This research agenda which the authors are advocating, would provide knowledge of the impact of resilience in the workplace of nurses, thus add to the body of knowledge on nurse resiliency and nurse retention while augmenting known strategies of resiliency building in the literature.

While the research relative to career and professional resiliency seems rather limited, the emergence of this literature indicates an area fertile for further exploration. In nursing, considering the past and present hostile and chaotic health care and nursing environments, the concept of adversity seems ever present. Research that focused on ways to cope effectively with this adversity demonstrates promise for the future practice of nursing. Because my research focuses on the career stories of exemplary nurses, many resiliency traits did surface.
CHAPTER 3. METHODOLOGY

This chapter discusses in detail the methodology utilized in the data collection and analysis phases of this research study. Initially a look at the history of narrative analysis development and acceptance as a research modality within the profession of nursing grounds this methodology within the context of the research purpose of this study. A detailed focus on the analysis phase explicates the dynamic process of narrative analysis and storytelling and reveals demographic variables as well as the characteristics and traits of exceptional nurses.

Purpose of the Study

The purpose of this study was to explore the stories of the exceptional hospital nurses who work directly with patients in acute care facilities for at least 15 years. Through narrative inquiry and storytelling, this study highlighted the long term careers of exemplary hospital nurses focusing on their individual career trajectories. Through narratives, the stories of exemplary nurses who have actively worked in nursing for at least 15 years were recorded. This research was informed by the literature related to the current nursing shortage, nursing retention, nursing dissatisfaction, nursing satisfaction, nursing stories, and the concept of resiliency. The terms exceptional, exemplary and exemplar related to individual nurses’ careers were used to indicate nurses who continued to grow professionally throughout their tenure in nursing, while displaying recognizable satisfaction and enthusiasm for their career (Ahrens, 2001). Practicing registered nurses directly caring for patients, not nurse leaders, were participants as the narrators of their own personal stories. These registered nurses shared their unique reasons for staying in the profession of nursing for 15 or more years; they also provided a picture of how, despite the many documented negative aspects present within health care and the profession of nursing, they were able to not only survive but to thrive in nursing. These personal stories of nurses who remained
in nursing and continued to grow professionally served to frame a story of the practice of not just tenured nurses, but nurses who, given the chance, would do it all over again and choose the same career path.

The primary research question that was addressed is, “What are the characteristics of the careers (career stories) of 15 year exemplary, exceptional hospital registered nurses who work directly with patients in acute care facilities which have enhanced their retention in nursing and enabled them to provide exceptional nursing care?” This question is further delineated by the following questions:

1. What are the reasons exemplary hospital registered nurses stay in nursing?
2. How do exceptional registered nurses perceive their career tenure in nursing and what stories will they tell to describe their individual careers?
3. What are the characteristics of the practice of exemplary 15 year tenured registered nurses?
4. Does resiliency play a role in the careers of exemplary hospital registered nurses?

Research Paradigm and Rationale

When a researcher is faced with the task of understanding the meaning of phenomenon, it is qualitative research that tends to be the methodology of choice. As one of the two commonly accepted approaches to research methodology used today, qualitative research seeks to understand human behavior and the reasons that govern it. Qualitative research seeks to answer the why and how of decision making, as compared to the what, where, and when of quantitative research (Bogdan & Biklen, 2003).

Though accepted today as one of the two major methodologies for researching phenomenon, historically this was not always the case. The following highlights its development.
Qualitative research methods began at the margins of acceptable science. Until the 1970’s, qualitative research was marginalized as a discipline of anthropology or sociology, and terms such as ethnography, fieldwork, participant observation and the Chicago School (sociology) were used instead of qualitative research. It was not until the 1970s and 1980s that qualitative research as a methodology of research was expanded to other disciplines, and became a significant type of research in the fields of women's studies, disability studies, education studies, social work studies, information studies, management studies, nursing service studies, human service studies and others (Qualitative Research, 2006).

Owing to the fact that qualitative research both assumes multiple realities and ontologically is subjective, qualitative research design provides the researcher with the ability to not only delve into “meaning making” but also understand how this meaning flows from the personal experiences of the participants (Polit & Beck, 2004). Because qualitative research design focuses holistically on the human experience as well as the meaning ascribed to it by the individual living the experience, this approach affords an understanding beyond measured units of evidence traditional to quantitative research and therefore includes the complexity of the human experience as it is occurring in everyday life (LoBiondo-Wood & Haber, 2006).

Over time qualitative research has developed into a global paradigm which encompasses a number of specific methodologies. Phenomenology, historical research, ethnography and narrative inquiry (analysis) are specific methodologies within this common qualitative research paradigm; each focusing on specific data to be captured. Because the intent of this research was to capture the stories of nurses specifically, narrative inquiry (analysis) was used as the research
methodology of choice. This chapter describes narrative analysis methodology in detail as well as connecting it to the purpose of this research study.

Narrative Inquiry

Narrative inquiry is a qualitative research methodology which centers on the stories of its participants and uses as the object of investigation story and storytelling as a process of gathering the research information. Although these stories can be expressed in multiple delivery formats (oral, written, or performed), story is always the basic characteristic of this design (Riessman, 1993, p. 1, 17). In narrative, the embodiments of stories are the storytellers (Clandinin & Connelly, 2000). This research approach affords the researcher or the reader, a holistic view of a firsthand account of a specialized aspect of one’s life while providing many times a public voice, to those seldom listened to (Bogdan & Biklen, 2003; Polit & Beck, 2004).

Historical Development of Narrative Inquiry

Narrative inquiry is inherently interdisciplinary (Riessman, 1993, p. 1), claiming no disciplinary home as it is used today by multiple disciplines as a research design; however, this was not always the case. Born out of the social sciences of sociology, narrative inquiry matured and gained relevance as it expanded from the anthropologists, to the feminist movement, to the sociolinguistics and outward to the wider audiences interested in multidisciplinary research and practice research, such as nursing (Chase, 2005). To look back on the true history of narrative inquiry is to look at the history of storytelling and clearly, this history transcends the generations and is impossible to formally trace. However, it is important to take a cursory trip through the history of narrative inquiry in the U. S. as it adds relevance and support for its current use within the research agenda in our country.
Initially, the birth of narrative inquiry found its roots in the discipline of sociology at the famed Chicago School. Out of this school between the years of 1918 and 1927, Thomas and Zaniecki wrote their legendary book, The Polish Peasant. In this landmark work, Thomas and Zaniecki systematically viewed case studies of polish immigrants in an attempt to “tell a story.” Using interviews and letters as primary data sources, this work told a firsthand story of the struggles and life of this immigrant group. This was the first time life history was used as a research methodology (Bogdan & Biklen, 2003; Chase, 2005).

In the 1920’s, anthropologists became interested in this life-history methodology and recorded the life histories of soon-to-be extinct American Indians as well as a man from Winnebago Wisconsin who had experienced financial difficulties. The anthropological view relative to story-telling at this time centered on the belief that these life histories would provide data to more clearly understand cultural facts (Langness & Frank, 1981). Using this approach, “a number of studies emerged to explicate cultural characteristics of chosen groups. Lewis even developed a “culture of poverty” from his story of members of one Mexican family; and Margaret Mead, the revolutionary anthropologist, recorded individual narratives” (Chase, 2005, p. 654). With these studies as a prototype, many other social scientists conducted anthropological and sociological life histories to add to the knowledge of culture.

In the 1940’s and 1950’s, running parallel to narrative inquiry was a fast moving resurgence in popularity of the positivist research movement. Surveys and statistically relevant methods of data collection and analysis served as the mainstay of this quantitative positivist research design. This caused a change in the acceptance of life histories as a research design and narrative inquiry lost favor. Life histories as a form of relevant research waned in favor of the once again popular quantitative approach (Chase, 2005, p. 653).
However, this decline proved only temporary and, as the women’s movement and feminist research reared its head in the 1960’s, narrative inquiry once again gained popularity. The Personal Narratives Group (1989) used women’s personal narratives to counteract the andocentric assumptions of social sciences. This led to a dirge of narrative research. Life histories served to give voice to women and to other marginalized groups and to challenge current views of society, culture and history (Chase, 2005, pp. 654-655). Not only did narrative return, but it returned with a wider applicability and a more focused intent. As well as describing experiences, narrative inquiry, through its stories, gave voice to those who to this time had none; it offered a much needed vehicle which could be used to challenge the hegemonic structures of society.

As it once again grew in prominence as a research design, it became more thoroughly examined as a vehicle to generate data. The sociolinguistics and their interest in and approach to narrative inquiry provided yet another look at the stories people told. Their focus on the intricacies of language supported a rationale that narrative inquiry was not merely a story but actually, it was a “cognitive representation of reality” (Labov & Waletsky, 1997, p. 64). This focus of narrative included the communication as well as the story, and “….the idea that how individuals narrate experiences is as important to the meanings [of the stories as what] they communicate” (Chase, 2005, p. 656) emerged. This discovery opened up a new interpretation of narrative research.

Although many thinkers, psychologists and educators such as Dewey, Freud, and Polkinghorne, have influenced the field of narrative inquiry, probably topping the list for so many is John Dewey. Even though he entered the arena of narrative after it had already been used in various disciplines, his insistence on the need to examine experience as the key to
education seemed to set the stage for much more formal narrative discourse. According to Clandinin and Connelly (2000), Dewey’s belief that experience is personal as well as social and his insistence that both need to be examined “provided strong support for the study of experience, the basis of all of narrative inquiry” (p. 2).

Methodology

Narratives are usually first person accounts of experiences told in story format with a beginning, middle, and end (Merriam & Associates, 2002). Storytelling is akin to human existence and quite natural. People generally tell stories to relate instances in their lives to others. Connelly and Clandinin (1990) emphasize this aspect of stories when they note, "humans are storytelling organisms who, individually and collectively, lead storied lives. Thus, the study of narrative is the study of the ways humans experience the world" (p. 2). People's lives consist of stories. It is the aim of narrative inquiry (analysis) to discover some relatively unexplored or unknown phenomenon and to reexamine them narratively through stories (Josselson, Lieblich & McAdams, 2003).

In narrative inquiry all narratives are significant. Narratives are not screened for importance. One of the primary focuses of narrative research is to give voice to marginalized people and to name silenced ones (Personal Narratives Group, 1989). Narratives have the ability to “reflect themes of the society and the culture in which the narrator lives, as well as highlighting the narrators own meaning making” (Ouellette, 2003, p. 8). Narratives can be very important to social change as they can “create public space (where)...marginalized people’s narratives can be heard...” (Auerbach as cited in Chase, 2005, p. 669). The women’s movement seems to be but one example of the power of narratives on voice, social awareness and change (Chase, 2005).
On a practical note, people learn from stories. Stories not only inform but they teach through their narratives. Chase (2005) relates that “audiences whose members identify with the narrators story might be moved by the researchers’ interpretation to understand their [own] stories in new ways and to imagine how they could tell their stories differently” (p. 668). Depending on the story, its focus and its experiences, others are afforded a look at experiences through the eyes of the researcher and the voice of the narrator. Narratives have the potential to help others deal with their own stories of life more effectively and to possibly change the behavior of others as needed. These characteristics, as well as the ability to provide “voice,” are significant aspects of narrative research.

Although believed primary, oral storytelling is not the sole means of capturing data for narrative analysis. Narrative inquiry consists of many methodologies such as field notes, interviews, journals, letters, autobiographies, and orally told stories. Narrative inquiry is “grounded in inductive, descriptive data captured through the stories of the participant perspectives” (Josselson, et al., 2003, p. 261). This data, collected in hermeneutic ways and innovative fashions, is the empirical material used by the researcher to construct the story. Since narrative inquiry is grounded in data and based on inductive analysis, knowledge emerges from the “bottom-up” (Bogdan & Biklen, 2003, p.6).

Narrative inquiry is very much in contrast to problem-focused research. While problem focused research carries with it questions that are clearly defined and have an expectation of solutions; narrative inquiry “embodies a sense of search, a ‘re-search,’ a searching again…a continual reformulation” (Clandinin & Connelly, 2000, p.125). Narrative inquiry is looked at as a “voyage of discovery” (Josselson, et al., 2003, p. 260). Unlike the linearity of quantitatively focused hypothesis-testing research, “narrative research requires…recursive exploration until a
As opposed to quantitative research, narrative inquiry can produce intuitive and tacit knowing. Many times, in other forms of research, this form of knowledge is not accepted as relevant. In quantitative research, this information is generally marginalized from interpretation because it is non-observable. This is characteristic of positivist influence in scientific research and does serve as a major difference between the two main research methodologies (Connelly & Clandinin, 1990; Riessman, 1993).

Narrative inquiry is a methodology with defining characteristics which provide guidance to the researcher as well as information to the reader. Chase (2005) offers five analytic lenses that outline the “distinctiveness of narrative inquiry” (p. 656):

1. Narrative is ‘a way of understanding one's own and others' actions, of organizing events and objects into a meaningful whole, and of connecting and seeing the consequences of actions and events over time.’

2. Narrative is verbal action. A narrator ‘…. explains, entertains, informs, defends, complains, and confirms or challenges the status quo, while shaping, constructing and performing the self, the experience, and the reality. This gives the narrator voice so it is possible to move from facts to the actual shaping of reality.’

3. Narratives are ‘both enabled and constrained by a range of social resources and circumstances.’ This orientation provides the context for understanding similarities and differences between narratives.

4. Narratives are ‘socially situated interactive performances’ and serve as a ‘joint production of narrator and listener.’
5. Researchers are integral to the study and their ideas, meanings, voices and work is part of the study.

Support for Narrative Inquiry Within the Field of Nursing.

A review of the literature has revealed that narrative inquiry has not been as prevalent a research methodology in nursing as it has been in other disciplines. For many years narrative was not an accepted or valid format for generating and sharing the knowledge of nursing. This rigidity in research options occurred quite naturally for nursing, and may have flowed from its long history of oppression and low professional self-esteem. Seeking professional status by the positivist medical community, nursing took on the research agenda of science and medicine and until the 1980’s, predominantly quantitative research methods were viewed as the acceptable methodology for generating nursing knowledge (Nelson & McGillion, 2004), as most believed this “legitimized the professional power of nursing” (Allen, 2004, p. 174-175). Qualitative nursing research was long viewed as inferior, and the thought of using phenomenology, let alone narrative stories, tended to unnerve even the most liberal of all nursing researchers.

Today the picture of nursing research is changing. In recent years, narrative has become a valid research strategy and its use as a means of generating nursing knowledge has increased (Perry, 2005; Rashotte, 2005; Sandelowski, 1991). In the 1980’s nursing ‘embarked on a self-conscious and well articulated attempt to make visible the multidimensional contribution of nursing to patient care’ (Nelson & McGillion, 2004, p. 637). Since nursing as a profession, is the embodiment of both an art and a science, quantitative research and the positivist research methods did not lend themselves to a thorough understanding of both the science and the art of nursing. Nursing is clearly a practice discipline, and, as such, knowing how nurses function is essential to an understanding of nursing. Ruth-Sahd (2004) discusses the fact that nursing
knowledge for novice and professional nurses should include not only rationality from the positivist viewpoint but also “other ways of knowing.” Quantitative research did not allow nursing research to reveal these other ways of knowing, the art of nursing, the grayness, the tacit knowledge and intuition which is so much a part of holistic nursing care.

Adding to this positive support for the use of narrative inquiry in nursing, is the fact that narrative research has the distinct ability of presenting to the researcher, as well as the reader, tacit knowledge (Meerabeau, 1992). Tacit knowledge is paramount to nursing. As a concept, tacit knowledge somehow seems to defy a clear empirical definition (Polanyi, 1967). Some say it is “professional judgment”, some say it is “intuition”, and yet others believe it is the “indescribable action and interaction which one learns over time by functioning in a given situation” (Benner, 1984). Tanner, Banner, and Chelsa (1993) believe tacit knowledge is the “embodied know-how that allows for instantaneous recognition of patterned and intuitive responses that characterize expert knowledge” (p. 274). Viewed by Meerabeau (1992) to be “a methodological headache which is reflected in actual practice” (p. 108), tacit knowledge is considered by most to be ineffable and many times known only by the experts of a profession (Benner, 1984; Meerabeau, 1992; Polanyi, 1967).

Participants

A purposive sample of six RNs who worked in acute care hospital facilities in Northeastern Pennsylvania was selected to participate in the study. Only nurses who practiced as hospital nurses providing direct patient care for a minimum of 15 years were included, and five of the participants met this criteria. At the start of the study however one of the participants had worked in nursing for over 14 years when the initial data was collected but met the time criteria during the second phase of data collection; because of this, she was included in the participant
pool. There were no restrictions on selection of participants as it related to gender, age, ethnic background or health status. There were no restrictions related to educational preparation and nurses graduating from any and all professional nursing programs were asked to participate. All may have worked during their career in nursing either within or outside of Northeastern Pennsylvania, however all must have worked as a hospital staff nurse providing direct patient care during their career. This study was limited to the story of the nurses at the grassroots areas of nursing. All nurse administrators, nurse educators and non-direct care clinical supervisors were excluded.

I used key informants to determine which nurses to include in the study. Five of the key informants I used were nursing educators and one was an educator of a related health field. Each key informant was provided with a letter describing the research study and describing the criteria of an exemplary bedside nurse to include as a guide for the nomination process (Appendix A). Basic criteria was provided to be used in the nomination process was: registered nurse; tenure of 15 years or more; provides direct patient care; works in an acute care health care facility; displays outstanding, praiseworthy nursing care deserving of imitation; serves as a model for other nurses-someone others would want to emulate; displays enthusiasm for the career of nursing; displays continued growth in nursing as evidenced by completion of advanced education and/or expert nursing care; may or may not serve on hospital committees, mentor other nurses, and/or serve as a preceptor for nursing students and new nurses. While all needed to meet the criteria of RN, 15 year tenure in hospital nursing and displays outstanding, praiseworthy nursing care deserving of imitation, the remainder of the above criteria was not required for inclusion in the study. All key informants were asked to add any other criteria they used to nominate their exceptional nurse but none offered any new suggestions. Prior to submitting the
name of each exemplary nurse to me as the researcher, each key informant was asked to inform
t heir exemplary nurse nominee of the research study, ask for their verbal permission to
participate and inform each that I would be contacting them to discuss the study further.

Data Collection Techniques

A critical aspect of all research and essential to its success is not only the methodology used in conducting the research but also the approach used for data collection. Usually dictated by the research approach used, it is essential that the researcher clearly delineate this process prior to starting the research project. In order to assure the most successful approach to this study on narrative inquiry, as the researcher, I delineated those aspects of the research process which must be considered before I began.

Owing to its position within the qualitative research design, it appears logical that interview methodology is the most advantageous approach to be used for data collection. Narrative inquiry mandates that the interview sessions not be unilateral, but dynamic and interactive with the researcher taking part in all aspects of the session. The more dynamic and interactive, the more likely the researcher will obtain the data necessary to construct a meaningful story of the participant (Clandinin & Connelly, 2000). In order to not confuse the intentional interactive nature of the narrative sessions with the techniques attributed by most in interview sessions, I choose to not refer to these session as interviews but rather narrative sessions.

The details of these narrative sessions provided a structure to ground the physical aspect of data collection. There were two narrative sessions planned, each conducted at a time and place determined convenient by the participant. All participants were volunteers and the right of each to participate was strictly respected. There were no rewards or compensation for
participation. Approval for the interview was obtained from the appropriate Pennsylvania State University Institutional Review Board for Protection of Human Participants in Research Endeavors. Informed consent using the form approved by Pennsylvania State University Institutional Review Board for Protection of Human Participants in Research Endeavors was obtained from each participant involved in the study (Appendix C).

After the participants in this study were identified by the key informants in the nursing field, each participant was personally contacted by telephone and the study was clearly explained. Upon agreement, a time and place for the first narrative session was agreed upon. Two wanted to meet at their home, one at the home of the key informant, two at their place of employment and one at a public library. Prior to the first narrative session, all were mailed a research packet that included: a) a Letter of Introduction and an Informed Consent Form (Appendix B and C), b) a Demographic Questionnaire (Appendix D) and c) the written interview questions (Appendix E). The participants were asked to complete the Demographic Questionnaire, review the Informed Consent Form and review the interview questions prior to the first narrative session and to bring both the Informed Consent Form and the Demographic Questionnaire to the first narrative session. Each was provided with my contact information and instructed to contact me with any questions related to the research, their role and/or the Informed Consent Form.

During the first narrative session, every effort was made to allow the narrator and the researcher to develop an initial relationship through dialogue and non-verbal communication. The researcher shared her role in the study and the participant was encouraged to share any questions and feelings with the researcher. At this session the participants reviewed the Informed Consent Form once more with the researcher prior to signing.
During this narrative session the participants were asked to share their story with the researcher. All information and discussion was gathered using a digital audio recording. All audio equipment was set up, introduced to each participant and tested prior to the start of the narrative inquiry session.

The time frame for each narrative session was approximately 1 to 2.5 hours. The participants were encouraged to break from the session at will, however, after 60 minutes the researcher did provide the participant an opportunity to break for 5 minutes. Water was provided to each participant during the entire session. As the researcher I knew that many times when participants share their initial story there may be gaps in the information provided. Therefore, at the end of the first session, plans were tentatively made to complete a second narrative session within a year following the first session.

Prior to the second narrative session the participants were provided an analysis of the first session in the form of a written copy of their story. They were asked to review the story and to contact the researcher to schedule a second session. It took between six to twelve months to meet with the participants after they received their stories. Few called the researcher and the researcher actually had to contact each a number of times before a second session could be scheduled. The participants were sent two letters during this time reminding them to review their stories and to contact the researcher with any questions. This time frame was initially a concern to the researcher but in reality was a positive aspect as it afforded the participants adequate time to review their narrative story compiled from the first session.

The second session was conducted on the telephone with four of the participants and in person with two of the participants. This format was chosen to facilitate convenience and to accommodate the lifestyle of the participants. The researcher transcribed their conversation
during and immediately following the session. Suggestions for clarification and accuracy were discussed and this discussion was hand recorded by the researcher. The participants were given ample opportunity to add additional data to their narrative. Three recounted and shared significant life events which had impacted their careers. This information was added to their stories. This enhanced the completeness of the data collected and the accuracy of the research.

I was surprised at the significant difficulty I had arranging a meeting with these exceptional nurses. These nurses not only led very busy lives but were almost embarrassed and reluctant to meet with me, but eventually, after persistence, we met. Five of the six nurses were surprised that they had been nominated; they related to me that they considered their nursing care almost par for the course. Only one nurse was not surprised; she was very focused on making things better in nursing by facilitating change in her institution, therefore on a subconscious level she believed she was doing more than an average nurse and she was proud of it. Let me be clear, she did not believe she was better, just more committed and willing to take the time and energy to effect change than her peers. After I discussed with each of the nurses the intent of the study, they overwhelmingly were humbled and appeared very proud that they had been chosen.

*The Narrative Sessions*

Each narrative session was framed by open-ended questions with a feedback loop carefully crafted from the nurses’ narrative discussions and supported by a set of questions which I used in all the narratives sessions as a method to enhance internal consistency. The nurses in this study were concerned that the information they had to offer related to their nursing care was not unique and/or interesting, let alone would take the one or two hour time frame we had scheduled to meet. However, in reality, the first session lasted well between one and two hours and the exceptional nurses did seem very pleased by their participation in these narratives. As
the narrative sessions progressed I could see each participant’s anxiety ease enabling them to openly share their views. I found their stories to be empathetic, honest, articulate and driven by their values related to nursing and life in general. Considering I was a stranger to all but two of them, I was surprised and very pleased by their willingness to share such very important and very personal issues with me.

Narrative inquiry does not carry with it questions that are clearly defined and have an expectation of solutions as is seen in quantitative research but rather, narratives transcend even typical qualitative interviews as they are not merely answers to questions but an account of what happened in the past (Riessman, 2001, p. 3). Narrative inquiry embodies more a sense of search, a “re-search,” a searching again…a continual reformulation (Clandinin & Connelly, 2000, p. 125). This reflects the emerging concepts of Lincoln and Guba (1985) and the emic evolution of the research design. Because the narrative session is more than a standard qualitative interview, equality of participant and researcher is needed for the true story to emerge (Clandinin & Connelly, 2000). This dynamic and discovery focused interview approach framed the participant sessions during the narrative research. Participants focused interaction, the use of open-ended questions (Riessman, 1993) and the use of multiple narrative sessions (Streubert-Speziale & Carpenter, 2003) are congruent with this format and were used. The intent was to move each session from an etic viewpoint which reflects more the perspective or values of the researcher, an outsider stance, to an emic perspective, or insider standpoint, which represents the viewpoint of the members of a culture or group being studied or observed (Pike, 1990 as cited in Bettinger, 2008).

During the initial narrative session, each participant was first asked the open-ended research questions as a basis for the discussion. This type of questioning has been emphasized
“as more likely than others to encourage narrativization” (Riessman, 1993, p. 54). When the session started, the etic perspective dominated the session guided by the research questions. As the discourse unfolded during the sessions, the shift moved to an emic (story) perspective and based on responses, additional discussion ensued, questions were added and the direction of the sessions was consistently open to change (Lett, 1996). This fluidity was not only anticipated but desired, so that the data obtained during the narrative sessions would be both individual and experiential to the participant.

As the researcher I knew my role was to move the session forward to the emic perspective and to maximize the emergent nature of the narrative session. As the researcher I did understand that the more controlled and obtrusive the narrative session, the greater the likelihood that I would end up studying the undesired effects of my own method rather than the holistic experiences of the narrator (participant); clearly this was not my intent, or for that matter, should not be the intent of any qualitative, narrative research (Douglas, 1976). To reiterate, the goal of the narrative inquiry session was not to control but rather to open the dialogue in order to allow the participants to feel comfortable telling their stories. The interview was natural in order to facilitate “what people think” (Bogdan & Biklen, 2003, p. 35). Caution was instituted to ensure that the session did not stray to what I, as the researcher, desired to find.

As the researcher I was aware that the interview must focus on the research purpose while always being cognizant of the expanding and contracting boundaries of the data collection process. I was aware these boundaries should be “interactively permeable” and that as the researcher I must continually be evaluating the flow in and out of these boundaries in order to facilitate the process of personal disclosure, discourse and give voice to the participant (Clandinin & Connelly, 2000, p. 115).
Efforts by me, as the researcher, were made to limit potential bias during the narrative sessions by identifying my perceptions, the researcher, related to nursing as a career. This process enabled me to have a clear realization of the potential effects of personal preconceived ideas and values on the narrative session, the narrative data collection and analysis phases of the study. As the researcher I did work within the dynamics of the narrative session; I knew for the narrative research to be effective, the researcher “cannot stay silent or present a kind of perfect idealized, inquiry, moralizing self” (Clandinin & Connelly, 2000, p. 62). As the researcher I knew it was virtually impossible to disembodied one’s self from the experience; being part of the experience was essential (Clandinin & Connelly, 2000). I was aware that the “tension of moving back and forth between full involvement and distance...is a co-constructed responsibility by the inquirer and the participant” and is always present (Clandinin & Connelly, 2000, p. 82). I consistently worked at bringing my personal feelings to the surface during the research process as I understood that by bringing personal views and values to reality, the research process and data collection would be enhanced and bias would be minimized.

Owing to the fact that as the researcher I was a nurse and on many occasions shared common acquaintances and clinical similarities with the participants, the sessions moved quickly to a shared experience. This commonness enabled a co-collaboration as the stories evolved and the events unfolded. This absolutely served to foster the role of the researcher as the instrument of inquiry and absolutely facilitated the storytelling of the participants.

Although the researcher is the key instrument of research in this qualitative design and it is essential that the researcher be a dynamic part of the dialogue during the narrative sessions, as the researcher I worked to not allow personal views, events and experiences limit the spontaneity of the narrator (Bogdan & Biklen, 2003; Polit & Beck, 2004). I worked to tell the story of the
participants, to tell their story, not mine as the researcher, through their voices. During the process I came to understand how easily this can happen therefore I worked to make certain the story was not compromised because of my professional investment, as the researcher and a nurse, in the story being told.

As the researcher I understood the voice of the narrator would ultimately give the story its uniqueness, its meaning and its ultimate validity; therefore I ensured this voice was present. During the second session, I worked to have the realities and viewpoints of the participants uncovered during the initial interview serve as a stimulus to release new ideas and facts not initially voiced. The use of an emergent design with the story evolving from the data and data analysis dominated the second participant session (Lincoln & Guba, 1985).

Stories generally have what Clandinin and Connelly (2003) refer to as “three-dimensional space” (p.10). To this researcher, this space places the story on a holistic and global plane and introduces a dynamic complexity to not only the data collection process but also the data analysis process. Inherent in this three dimensional space is a number of aspects that add dimension to all stories. The continuum of time and the situatedness of place are important concepts to consider when working with narratives. Continually during the narrative, the story did move back and forth within these time lines and points of situatedness, and as the researcher, I was cognizant of this. Clarification and emphasis was needed during both the data collection process and the analysis process in order to make sure the story was accurate. Likewise, personal and/or social influences were considered. Each of these influences was impacted by both the inward factors as well as the outward factors of the environment or context (Clandinin & Connelly, 2000).

The use of open ended questions facilitated a broader participant focused dialogue; the researcher was cognizant of these influencing variables as the notes of the interview process
were transcribed and documented. Attention to these factors enabled the analysis of the narrative to move clearly and to richly relate the career trajectory storied experiences of these tenured exemplary nurses. Personally transcribing each narrative session enabled me, as the researcher, total immersion into each story and fostered a greater understanding of the storied intent of each participant.

The complex forces that shape the voices in narrative research (outside influences and the audience) are massive and give the data verbal shape (Harden, 2000). The researcher was aware that occasionally during the narrative sessions it is possible for the participants to take on the form of a performance (Nelson & McGillion, 2004). In this format, there is a tendency for the narrator to take themselves too seriously, and many times perform as a narrative subject. Feeling the pressure to be the hero of the narrative, the participant may edit personal thought to fit the research agenda. When this happens, the participants’ true story may not be relayed but rather a preset story to meet the needs of the research from the data collected. As the researcher I understood how significant these aspects are, how they can limit the relevance of the data and how they must be minimized through an approach which encourages a sharing of the self.

Knowing the possibility of this tendency to occur during the narrative session, as the researcher, I attempted to avoid it by carefully sharing the purpose of the research while being careful to not provide “verbal” shape to the stories (Nelson & McGillion, 2004). The fact that the researcher was also a nurse worked to facilitate a more open ended dialogue and a more authentic voice to each story.

Although each told their individual narrative and their stories were unique relative to their own professional lives, it was uncanny how the majority of the nurses shared many common concepts and professional values related to nursing. Unique and different words with
similar meanings seemed to characterize the narratives of the exceptional nurses in this study. I was totally surprised as the researcher when this happened. By narrative three, I somehow knew what each would say next, especially when the narrative questions were used to guide the session. When this happened I attempted even harder during each session and subsequent session to allow each exceptional nurse to take the lead in initiating the discussion. I had hoped this would minimize bias. Yet, even with this strategy, they shared many of the same basic concepts, different stories with very similar plots, unique careers with similar approaches.

The researcher did not cause any risks or discomfort to the participants during the research process. It was made clear to all participants that if at any time during the course of the narrative recordings the participants did not wish to continue, the narrative session would be terminated and the participant would be free to terminate their participation in that narrative session and/or the study. Also during the narrative session, all participants were given the right to not answer any individual question posed. All participants answered all questions and all participants remained during the entire study.

Confidentiality

All narrative inquiry sessions, transcripts, data tapings, analysis notes and demographic information are stored in locked files in the researcher’s office at Misericordia University. Only the researcher, the participants and the dissertation advisor had access to the data during the research process. To provide anonymity, all data was coded and the data and coding are kept in separate places. Only the researcher has access to the coding. The narrative stories will be housed for a period of ten years. The demographic data will also be kept for ten years. Even though I knew a number of the nurse participants had shared information with peers concerning their participation in this study, when the peers of the exceptional nurses made
reference to their participation in my study I was careful not to confer their participation with anyone in order to maintain their confidentiality.

**Participant Demographic Data**

Descriptive data was sought for each participant through the use of a Demographic Questionnaire (Appendix D). There were six participants and each was asked to complete a Demographic Form to obtain general information about the career characteristics of each. The information focused on their gender, ethnicity, age, details of employment in nursing, their nursing educational preparation and the education they received after becoming an RN, their involvement in professional and community organizations and their involvement with the mentoring process. This information contained in Figure 5 was descriptive allowing the researcher to understand and view the stories of each of the nurse participants from yet another lens. I also asked a question related to being mandated to work as this is and has been a very stressful area for nursing in general in recent years but only one of the six was ever mandated to work and she was in agreement with it at the time. Therefore I did not see this as a significant demographic variable affecting the nurses in my study. As the researcher I found the information insightful but as a nurse I found no surprises and believe it was consistent with the literature related to the demographics of the profession of nursing.

In general all the participants of the research study (Figure 5) were Caucasian women between the ages of 47 and 60. Over 66% of the participants were between the ages of 47 and 51 and the average age of the group was 51.6. Without question this was a very homogeneous group, and one would question this homogeneity when evaluating the sample quality if it were not for the fact that nursing as a profession in the United States is homogeneous relative to the characteristics mirrored in this study. The National Sample Survey of Registered Nurses
(HRSA, 2004a) conducted by HRSA provides the most up to date demographic data on the current population of RNs with an active license to practice in one or more of the 50 states and the District of Columbia. The data in the report focused on the 2,909,357 RNs located in the United States. According to this study, the average age of the RN population in 2004 was 46.8 years of age. Men, though their numbers are increasing, still comprise only 5.8% of the total RN population. The number of nurses in the survey identifying their combined racial/ethnic background as one or more non-white groups, Hispanic, or Latino numbered only 10.7% in 2004. This data supports the fact that nearly 50% of the RN population is over 48 years of age, female and caucasian. Considering this data the nurse participants in this study could be considered to be within the mainstream of nurses in general within the United States.

Education of Nursing Participants

The education of the nurse participants was viewed from five different lenses: entry into nursing education, education prior to RN education, level of RN education, education following
RN licensure and continuing education. This information is contained in Figure 6.

Four of the nurses entered nursing school directly out of high school. Only two of the

Figure 6. Educational Characteristics of Nurse Participants

nurses entered nursing school as non-traditional adult learners after a number of years. One
worked in various other employment settings out of health care and within health care but as an
LPN. Two of the nurses were LPNs who, based on their performance, were encouraged by
colleagues and mentors to continue their education. Both did continue their nursing education at
a nursing program which offered an ADN entry level into the RN role. With the exception of
one, all were educated within 15 miles of their place of residence and their current place of
employment. Of the participants three are ADN (associate or two year) graduates, one is a BSN
graduate, and two are diploma graduates (hold no college degree). Since the majority of the
participants have been in nursing over 28 years their educational level is rather consistent with
the supported data and trends in nursing education found in the literature. Figure 7 concisely
depicts the educational levels of RNs since 1980. In 1980, the basic preparation for RNs was a
diploma and an associate degree education; as time advanced this trend witnessed a change with diploma education decreasing and associate degree increasing as the basic entry level for the RN (HRSA, 2004a). Therefore one can see that based on time in nursing, the credentials of the participants in this study are consistent with the educational preparation of an RN at the time the research participants attended nursing school.

Likewise considering the time and location when the nurse participants received their nursing education, diploma education was a very strong contender for nursing students in their inclusive geographic area, boasting seven diploma nursing programs in existence just within a 50 mile radius of their home. It was not until 1974 that this location saw the start of an associate degree nursing program and with it began the decline of diploma education in northeastern Pennsylvania. It is not unusual then that the RN participants in this study who are in nursing the longest, 38 to 40 years, are both diploma graduates, those in nursing for approximately 30 years are ADN graduates and the RN with the least amount of years of service is a BSN graduate.

Although all the nurses are committed to completing advanced education, of the six, only three have attended national conferences in the recent past and two, or 20%, have returned for
formal education to advance their credentialing in nursing: one graduated from a college and received a bachelor’s (BSN) in nursing and one enrolled in selected coursework leading to a degree in Health Care Administration but never completed the bachelor’s degree. Without question, they seem most committed to in-service educational programs provided by their employer during work hours. This approach to formal education is a trend which I am not surprised by and which is borne out in the nursing literature. According to AACN (2010) less than 9% of all nurses hold a master’s or doctorate degree and only 33.3 % hold a bachelors degree. In reality, less than 17% of all ADN graduates, a group which constitutes about 60% of all current RNs, return to school for advanced degrees (AACN, 2010).

Characteristics of Professional and Community Membership and Involvement

These demographics related to professional and community membership appear to reflect that there was a considerable amount of movement throughout the career of the nurses in this study however this data is misleading. Even though five of the exceptional nurses changed places of employment they are mainly still in the same place (See Figure 8). One left her original employer after 38 years of employment, two changed and returned to their original employer, one returned to the area after a family illness and is currently with the same employer for over 28 years, and two, after a brief hiatus, returned to their original place of employment. The nurses in my study were basically very content to stay in the same place of employment for the majority of their career.

The careers of these nurses ranged from 14 to 40 years with five of the six working in hospital nursing from 24 to 40 years. Although all but one are presently working full time, four have worked full time for their entire career; two others changed from full time to part time during their career to meet their life/family needs with both presently working a minimum of half
time (5 days per pay) in a hospital setting. All willingly work additional days as needed to financially supplement their lifestyle and meet the needs of their patients.

Two belong to community organizations, one a church related and one a politically related organization. Three of the nurses belong to specialty nursing organizations such as the Critical Care Nurses Association, The Society of Gastroenterology Nurses and Associates, and the Oncology Nurses Society however none belong to the national organization for professional nurses, the American Nurses Association and its state affiliate the Pennsylvania State Nurses Association. While this lack of membership in their professional organization is troublesome, it is by no means unexpected. In Pennsylvania alone, there are 205,000 Registered Nurses and only 2,000 belong to the American Nurses Association and the Pennsylvania Nurses Association (PSNA, 2010). It is unfortunate but the nurses in my study actually follow national and state trends in nursing by not joining their professional organization.
Mentoring

Mentoring was a trait consistent with all the participants in my study. Five of the six nurses were personally mentored and all of the nurses who participated in this study unanimously served as mentors. During their stories a number of the participants shared their views related to mentoring for other nurses enabling a greater understanding of their thoughts related to this aspect of their career.

Data Analysis

Data analysis is a systematic searching and organizing of the interview data that ultimately results in findings, and in this case, the story (Bogdan & Biklen, 2003). After each narrative session was completed and prior to transcription, the tape of the session was listened to in order to determine quality, accuracy and any need for follow-up (Carpenter & Streubert, 1995). I knew that data analysis and data interpretation began once I listened to the tape. (Bogdan & Biklen, 2003).

To offer a clearer direction to the analysis of narrative sessions, Riessman (1993) clearly delineates that the purpose of narrative analysis is “to see how respondents in interviews [narrative sessions] impose order on the flow of experiences to make sense of events and actions in their lives. The methodological approach examines the informant’s story and analyzes how it is put together, the linguistic and cultural resources it draws on and how it persuades a listener of authenticity. In short, why was the story told that way?”(p. 2). The tapes of each narrative session were transcribed verbatim. As the researcher I reviewed each taped session and added any speech inflections and intonations to the transcript in order to more fully reflect the context of the story narrative.

As the researcher, I understood that it is difficult to prove the accuracy of accounts or events in any story since narratives are personal accounts of experiences which vary depending
on the complex make-up of the individual and the events (Clandinin & Connelly, 2000). Narratives deal with the subjective expressions of a phenomenon, rather than its causes or correlates; they are in actuality, the personal reconstruction of past experiences. Therefore they carry with them “no negative results” (Josselson, et al., 2006, p. 266). What gets included or excluded is dependent on the participants’ human agency and imagination (Riessman, 1993, p. 2). As the researcher who interprets the narratives, I remembered that a personal narrative is not meant to be an exact record of the world; it is to be a personal interpretation of those events (Clandinin & Connelly, 2000; Merriam & Associates, 2002; Merriam & Brockett, 1997; Riessman 1993). In actuality, this is what was desired; a story framed by those who were involved, those who lived the story. This variation provided the distinct meaning to each of the exceptional nurse stories in this study.

Journal entries of each narrative session were written following the session and used as contextual input for the data analysis. Any questions or clarifications needed were completed during the narrative sessions and/or communication with the participant as necessary. Events such as non-verbal communication, environmental factors and events which may have an impact on the data collection, as well as the thoughts of the researcher relative to each session, were included in the journal. As transcriptions cannot include contextual or non-verbal variables these journal recordings (field notes) did complete the data collection process.

In the analysis process, all tapes, transcripts, and journals were used to construct the individual stories. Again, efforts were made to limit potential research bias by identifying the researcher’s personal perceptions related to nursing as a career. With the realization of the effect of these preconceived ideas and values on the interview and analysis phases of the study, the
research process was enhanced and bias minimized. Personal views, events and experiences which might limit the spontaneity and authenticity of the narrative were also minimized.

As the researcher I understood that when writing the research story from input derived from the narrative sessions it would be complex and require a skill that does not come natural to most. One must balance the tensions of the three dimensional space discussed in the data collection section while keeping true to the participant experiences captured in the narratives, always being mindful of the tension presented by the audience. The story should not be stationary but should have a quality of unfolding just as lives are lived (Clandinin & Connelly, 2000, p. 166). Because the story is not localized but rather encompasses both the present and the past, as the researcher I did expect the story to be choppy with comments, flashbacks, commentaries and asides, not linear in structure (Clandinin & Connelly, 2000). And this is exactly how it was.

This approach to analysis of the data has with it the potential to generate much ambiguity and uncertainly as most researchers are more familiar with the use of the formalistic and reductionistic approach to analyzing and reporting data (Clandinin & Connelly, 2000). As the researcher I was initially plagued by this ambiguity and on one occasion actually thematically analyzed one of the stories to enhance clarity. At this point, with the guidance of my advisor and the literature on narrative inquiry and analysis, I considered the advice of Clandinin and Connelly (2000), and as the researcher I “experimented with the form of the story by trying it out on my advisor, rewriting as needed while always keeping voice, signature, and audience uppermost, until the story had a sense of wholeness and could stand alone” (p. 167). I used this approach and finally arrived at a format which I believe would best tell the story of each exceptional nurse. The following four segments for each participant’s story was included: a
synopsis which described their career story in a concise manner and worked to draw the audience into their world; a vignette which focused on each participant’s voice and being as a person and a nurse; a snapshot which described the basic facts of each nurses life and career; and a story which actually drew from their own words the essence of their career as a nurse. I found this approach told an appealing, authentic and detailed story of the nurse participants careers and when reviewed by the participants they agreed it depicted accurately their authentic self.

Using the context of the three dimensional space by Clandinin and Connelly (2000), in Figure 9 I graphically display my concept of the totality of the narrative analysis process which I worked within to write the stories. By identifying each variable of this multidimensional approach in divided segments of the research process and the story construction, it enabled me as the researcher to more clearly see the multiple variables which must be considered during each segment. By using a visual representation of the entire narrative process in totality, as the researcher, I was better able to understand my role relative to the temperedness and influencing factors that are so important to both the data collection and the data analysis. Keeping all these factors present in the process contributed to the total authenticity of the story.

When constructing the analysis of the narratives it was very interesting to list the commonalities; however, since the difference in characteristics was minimal at times, the general story of these exceptional nurses seems to transcend each individual narrative. This common characteristic of the narratives added to the analysis of the narrative sessions. Although this study was completed on only six nurses, the fact that these six nurses shared so many similar career characteristics contributes to the relevance of the study, and is not only noteworthy but supportive of future research directions.
Trustworthiness and Credibility

To ensure credibility of the data, the analysis was returned to the participants after the first session to verify the accuracy of both the events and the time sequence (Streubert & Carpenter 1995, p. 46). The researcher returned the stories once giving the participants ample
time to review, edit and add additional data to the story. Four of the participants requested the second interview be a telephone interview for economy of time and availability. These telephone conversations were not taped but rather during and following the conversation the comments of each nurse were recorded by the researcher and reviewed by each nurse at the end of the conversation for accuracy. Two of the participants met with the researcher. This analysis was taped. Overwhelmingly the nurses validated that the stories as written depicted accurately their career and values as nurses. Three of the participants had few comments which changed the stories in any significant manner; two had significant personal issues and one had a significant professional change in her life. All of these events affected their professional lives in ways which even further validated the characteristics identified in the analysis of each story.

As the researcher one must always remember that stories may go beyond anonymity. When narrators share their story many times other persons are exposed and their behavior is in the story. This is not a problem if the narrator assumes anonymity, but if the narrator would like their name included, then connections to others who have not given permission may occur. As the researcher I was very careful how storied others were represented and attempts to maintain anonymity were paramount when writing the story (Clandinin & Connelly, 2000, p. 177). This was essential as two of the participants were involved in very charged and challenging personal issues and I did not want in any way to disclose information which would compromise any personal lives.

I considered a number of issues when analyzing the data. These issues provided a platform for use when working on the writing of the narrative. Because they can influence the story development they were always considered as the story was being constructed.
First, as the researcher I considered the persuasiveness of each story. Persuasiveness is defined as the “belief that the stories told in the research narrative sessions actually relay the information they were set out to do” (Riessman, 1993, p. 65). It is always a difficult and challenging aspect of narrative inquiry. This trait relies heavily on the ability of the researcher to tell the story of the participants, with a fine intertwining of their own views. Gergen (1985) reiterates that the success of persuasiveness depends on “the analyst’s (researcher) capacity to invite, compel, stimulate or delight the audience…not on criteria of the veracity” (as cited in Riessman, 1993, p. 66). This was a skill that was enhanced when all aspects of the data analysis process were in place as they did add to the richness of the story. The fact that I did use a beginning synopsis, a vignette, a snapshot and the actual interpretive statements of the narrators added greatly to enhancing the persuasiveness of the story.

Another factor impacting the writing of the story is the “Hollywood plot.” This can happen when the researcher’s analysis of the story always seems to turn out positive (Clandinin & Connelly, 2000, p.181). When one has a passion for a topic, such as I do for careers in nursing, the tendency for this effect to occur is increased. I was cognizant of this when writing the stories and I was also very aware that this is a limitation of mine when writing about a topic I am personally invested in. In order to decrease the chance of researcher bias and influence on the story, an approach which makes assumptions and tacit knowledge conscious such as reflection was used. As no one is a “tabula rosa” and the intent is that the researcher collaborate in the research endeavor, researcher reflection helped to minimize inappropriate researcher influence when telling the story. Also by keeping a detailed journal outlining each narrative session as well as my thoughts as the researcher, I hoped to minimize this “Hollywood plot.”
Trustworthiness and coherence, closely aligned to persuasiveness, is also the task of the researcher during the analysis. As the researcher I was careful to make certain the story was accurately interpreted (Streubert & Carpenter, 1995). Riessman (1993) looks at this from the perspective of multiple aspects of the story fitting together and interrelating. To me this resonates within the construct of “ownership or relational responsibility” by Clandinin and Connelly (2000, p. 76). The story must always be imbedded in the data. It must reflect the intent of the participant while ethical practices must guide the analysis. This concept does incorporate voice with the co-opting of voice by the researcher, a critical and many times overlooked limitation I continually took into account.

To prevent this as the researcher I did incorporate a number of methods of triangulation into the analysis to assure that the “real story” is what was told. As the researcher, I decided not to use member checks as a methodology to enhance validity and trustworthiness. My rationale for this coincides with the thoughts and reasoning of Riessman (1993) when she writes:

whether the validity of an investigator's interpretations can be affirmed by member checks is questionable. Human stories are not static, meanings of experiences shift as consciousness changes. They may not even agree with our interpretations. In the final analysis the work is ours (researchers). We have to take responsibility for its truths (p. 6-7).

This reasoning to me supports the use of validation from the narrator as the primary methodology to enhance the validity of the story. In the end, the storyteller is the only person who knows the accuracy of not only the story but the intended meaning it displays. By returning the story to the participants on at least one occasion, the chance of coherence and trustworthiness
were increased. Likewise by including actual accounts of the participants through the use of quotes when documenting the stories, trustworthiness was greatly enhanced.

In order to minimize general research bias, Streubert and Carpenter (1995) suggest that the relevant literature be reviewed after the data is analyzed. This is congruent with the fact that narrative is not intended to validate theories but to free the spirit and to understand the “unknown” personal experience (Clandinin & Connelly, 2000). Given the academic format of this current research, it was not possible to delay the literature review. This was a significant piece of the research proposal which was required to be completed prior to successful research defense. Therefore having completed a literature review, as the researcher, I was even more careful to not impose professional bias within the analysis process. Merely understanding this alerted me, as the researcher, to the reality of this potential bias, thereby minimizing its effect.

As the narrative is completed, the researcher returns to the literature to validate the applicable connections of the research results and relevant literature in each area. Although these are stories of personal experiences and as such are without question relevant, returning to the literature does not, as with quantitative research, increase the generalizability of the findings. Qualitative research does not carry with it the assumption that its findings can be generalized to others. Many view this trait of generalizability as the pragmatic use (fittingness) of the study and see its absence as somewhat of a limitation to narrative research. Others, akin to the qualitative research design, do not see this as a limitation but rather suggest that the meaning and use of the findings lie with the potential user, and reader of the research, not with the researcher (Lincoln & Guba, 1985; Sandelowski, 1986; Streubert-Spreziale & Carpenter, 2003). As Lincoln and Guba (1985) relate in Streubert and Carpenter’s (1995) text:

It is…not the naturalist’s task to provide an index of transferability, but it is his
or her responsibility to provide the database (stories) that makes transferability judgment possible on the part of potential appliers (p. 316).

However, I believe returning to the literature did offer increased validity to the findings and suggested support for potential areas of future research by linking the present stories to completed areas of research.
CHAPTER 4. THE NURSES NARRATIVES

In chapter four the stories of each exceptional nurse are presented. Rooted in the actual transcripts of the narrative sessions, these stories reflect the basic career of each nurse. As the researcher I chose to present each story individually, in totality with additional detail added to each. This approach was chosen for a number of key reasons.

Initially, studies in nursing which focus on the career stories of exceptional nurses have been minimal. Therefore, as the researcher, in an attempt to disclose what might be new knowledge in nursing, I determined that telling the entire story of each participant would provide the richest and most complete data possible on the careers of the exceptional nurses. Paramount to the research conclusions in this study is the uniqueness of each exceptional nurse participant in the study. Without a detailed and inclusive approach to storytelling, the chance of overlooking key aspects of the participant exceptional nurses’ careers could possibly occur; therefore, as the researcher, I wanted to assure that this potential exclusion of data did not occur. This was best accomplished by individually presenting the entire story of each nurse participant.

Second, tantamount to any narrative study is the voice of the participants. When interpreting the narrative sessions and many times owing to the “Hollywood plot“ (Clandinin & Connelly, 2000, p.181), the voice of the participants can easily be overridden by the research objectives and the desire to uncover what is expected as opposed to what is actually reality (Streubert & Carpenter, 1995; Clandinin & Connelly, 2000, p. 76; Riessman 1993). In an attempt to strengthen the individual voices of each exceptional nurse, and to minimize researcher bias, I have chosen to present the entire story of each nurse using their own words to validate the narrative voice for each story.

Third, the stories are presented in totality using my analysis as the researcher for the storytelling framework. The dialogue for each part of the story flowed from the analysis and the
narratives of the individual sessions; I placed the verbatim narratives of each participant nurse directly after each piece of the story. This approach of interjecting the words of the participants served to keep the stories trustworthy and to enhance cohesiveness and persuasiveness. This approach added to the uniqueness of each story, strengthened the storytelling nature of each presentation and enhanced the trustworthiness of the total story narrative.

And lastly, to enhance trustworthiness, each story was presented back to the participants for comment, additions and deletions. This approach enabled the researcher to enhance the story based on the input of each of the participants. As is cited in the research, this was the ultimate test of cohesiveness and trustworthiness as the only person who is qualified to critique the story for not only accuracy but intent is the person who is telling the story (Riessman (1993). As the researcher I must admit I was initially anxious to hear what each would say about their story as it was written following analysis of the narrative sessions; however, the intent was individual accuracy in presentation and voice; therefore I was open to any and all suggestions.

When the stories were presented back to the nurses, without question, unanimously all the nurse participants were genuinely pleased by their story and all agreed it was an authentic representation of who they were as a nurse. One actually asked to use her “given” name, not a pseudonym, with her story and another requested permission to share her story with her administrator to be used as input for an award in nursing excellence she was being nominated for.

**Format for Each Story**

Considering the advice of Gergen (1985) that the success of persuasiveness depends on “the analyst’s (researcher) capacity to invite, compel, stimulate or delight the audience….not on criteria of the veracity” (as cited in Riessman, 1993, p. 66), I set out to stimulate, compel and
delight the audience as a means of accomplishing persuasiveness. To do this each nurse participant story is presented in four unique formats. It is these formats which not only tell the individual stories but which also draw the audience (reader) into the life of each nurse and their individual career.

Preceding the actual story is a general synopsis of the career and life of each nurse. This summation starts, rather than ends, the narrative story of each exceptional nurse for a number of intentional reasons. First this synopsis is intended to introduce the audience (the reader) to the individualness of each exceptional nurse. While doing this it gives a 360 degree view of their career and their life based on a general global analysis of their story. Contrary to the traditional intent of summarization, the key point of this synopsis is not to sum up but rather to introduce and interest the reader to the exceptionalness and individuality of each nurse hoping to stimulate in them a desire to read more.

Following the synopsis, each story is then preceded by a vignette. The intent of each vignette is to present an act or event extracted from an analysis of each of the nurses’ stories which provides a glimpse into a key element of each nurse’s career and/or life. As the researcher my objective of including this was to take the reader quickly into the life of each nurse while, using analysis and writing, allowing the reader a glimpse of an actual event in the life and/or career of each nurse. As if watching a story in real time, this approach was intended to bring the reader into not only the actual story but the actual life of each exceptional nurse while at the same time, stimulating their interest in the career and life of each nurse. It is understandable that each reader will extract what resonates with them most from each story however it is also likely that when one feels involved in the life of the storyteller, the story will most likely have an increased meaning for the reader. This was the intent of the vignette.
A brief snapshot of the demographic picture of significant aspects of each nurse’s career and life is presented. Variables such as education, career and involvement in professional and community activities are presented to familiarize the audience with the exceptional nurse and to ground them in key aspects of her life.

*Nurse Linda: Determination and Values Dominate a Passionate Career in Nursing*

**Synopsis**

Linda is a unique person. As if being a good nurse was not enough for her, Linda set out on a path to help others. Whether this could be attributed to her humanitarianism which originally drew her to nursing, or her desire to make right that which she perceived as wrong, it was something that dotted the canvas of her nursing career with colors, while vibrant and admirable, did not always improve the total quality of the picture of her career in nursing. And as happens many times in life, her efforts did not always end as she desired or planned. To say at times this disappointed her would be an understatement. If it were not for her passion for nursing, her pragmatic approach to life and her continual optimism, she would have, on more than one occasion, considered another life’s vocation. Her story is one of determination, caring, compassion, and optimism filled with realistic aspects of a tenured career in nursing. It ends as it starts, filled with new challenges, horizons and the determination to overcome obstacles on her way to fulfilling her life’s career mission.

**Vignette**

An expression of disbelief seemed to appear on her father’s face as he patiently, and with a calmness in his voice, a calmness which comes only from years of experience as not just a father, but a father of six active children, requested of his 11 year old daughter, “Linda, please honey, sit down and let’s talk about this.”
He so knew this child, for she was special. The middle daughter of six siblings born to an Irish Catholic family, her strong will and her sense of determination which he knew would someday serve her well in life, was a trait he found very difficult to rationally deal with in an 11 year old. “Jane” he called to his wife who was preparing dinner in the kitchen, ‘Come in here and listen to what Linda has asked now!’

Jane, putting the bowl of batter down and hoping this delay would not make the cake she was preparing go flat, knew from her husband’s voice that this was more important, much more important than any cake she was making, even if it was a birthday cake. She sat beside her young daughter eagerly waiting to hear what Linda had requested now. With a quick turn, as only someone with an assurance that they had something not only important but significant to say, Linda blurted out to her mother, ‘I want to be a nun. I’ve decided that you should send me to the Mother House in Annapolis now. Then after I become a nun, I will be a nurse.’

Ever since that time one sunny June day following Sunday Mass, when Linda’s father took the children to the local Catholic hospital, a mysterious place one only went to if they were “sick,” to greet their new baby sister shortly after her birth, Linda was fascinated by the whole experience, the nuns, the nurses and the hospital, in that order, or so she thought.

Communicating with each other without verbally saying anything by conveying non-verbal signals of importance to each other, as only parents can do at such important moments of parenting, Linda’s mother and father looked at each other. The corner of each one’s eyes contacting the other at the same lighting speed point in time. And, as if the light waves carried their words, they developed a plan of attack without every speaking a word to each other. Without their daughter having the slightest awareness of what was transpiring at this place in the universe, both in unison looked back to their daughter and smiled. While they both knew
being a nun was not only a noble calling for anyone, but an absolutely noble calling for an Irish Catholic woman, they both seemed to share the same thought, *She is too young…too young to make such a life-altering decision.*

A silence filled the room. Although it was only a few seconds since Linda spoke, it seemed like at least an hour to the three members of this conversation. Linda looked at her parents and thought it strange that they both had a similar, *No,* she thought, almost *identical,* look on their faces? *How could this be, they both seemed to be thinking the same thing… yet they never once talked to each other?*

It was her father, much to her mother’s relief, who finally spoke. “Linda,” he said with a bit of a lump in his throat, “it is a wonderful thing that you have chosen to be a nun and we support your decision 100% but we ask one thing of you…,” he took a deep breath and continued, “will you wait a few years before you go away to Annapolis? I will send you to a Catholic girl’s school for high school and, if, when you are finished, you still feel the same as you do today, we will take you to Annapolis and make sure you get all settled in.”

Linda was somewhat disappointed by her father’s words but somehow she also felt comfortable with what he had to say. He had not said “no” to her, so how could she be mad? Yet, he had not said yes to her, so how could she be glad? Without question, she was perplexed. Linda sat motionless for a minute, something this child rarely did as she prided herself on perpetual movement in order to experience all life had to offer; and finally, it all made sense to her. “You are asking me to just wait a short time to go to Annapolis, right? You did not say I could not go?” she asked. Her father and mother both nodded. She looked from one to other, smiled and said, “Okay, but I’m telling you now, I won’t change my mind. I am
telling you, I won’t change my mind.” Her father and mother exchanged glances and all three went back to life as usual as they waited for the passage of time.

Well, as time passes and life happens, the thoughts, wishes and desires which are tantamount at one point in our lives, many times wane with the passage of time and the living of life. And so it was with Linda. As she approached her 14th birthday, the desire to become a nun seemed to occupy less and less of Linda’s thoughts. But her thoughts of being a nurse still remained strong. Linda now talked less and less of being a nun and more and more of becoming a nurse. *This, thought her parents, this is a profession we can help her to achieve.*

*A Snapshot of Linda*

Linda is a Registered Nurse (RN) who has worked as a bedside nurse for 38 years. She started her career in nursing as a Licensed Practical Nurse (LPN) and received her RN education at a local community college. She has worked at three hospitals since her graduation; 6 weeks at one out of the area early in her career, 30 years at a second and now 1 year at a third, both located locally. Linda has worked in the operating room, the gastroenterology diagnostic area and the Emergency Room. Linda has belonged to her professional specialty nursing organization for most of her career demonstrating active participation and actually holding substantial national offices in the organization. She is a member of a local democratic party and has been actively involved in local politics. She did advance her education throughout her career by attending many national conferences and although she did not graduate, did acquire credits in Health Care Administration at a local college after she received her RN license but did not graduate.

*Linda’s Story*

As a very young girl Linda was exposed to various experiences which not only impacted her as a person but which would serve to set her on a path which would ultimately lead to her life’s work, nursing.

Coming from a large family of Irish Catholic decent, Linda spent much of earlier years with her family and the influences of her religion continually swirled around her. Initially as a young child Linda was impressed, as many young people are, by the mystique of unknown entities. For Linda it was the hospital setting and the intrigue offered by her religious beliefs
which seemed to impact her most. She shares a birthing experience as the “birth of her own life’s work:”

From a very young age, as far back as I can remember, I always wanted to be a nurse.

And you know what stands out in my mind? I have five brothers and sisters, and at that time when women had babies, the children were not allowed in the hospital, they could not go to the bedside. And I remember my sister being born on the first Holy Communion of my brother. And my aunt took her [mother] down to St. Cecelia Hospital. We were in church and before the end of the mass the sixth child was born. And the priest said, ‘Congratulations, there is a baby girl.’ And so after the mass we all paraded down to St. Cecelia Hospital and we were able to stand at a window and wave. And I think that all kind of intrigued me. You know when you went, because we never really went to a hospital like they do today. You only went when you had a cut or a broken bone…and I think that’s a big part of it…

The direction for her life seemed to have been sparked by these Catholic hospital experiences yet the exact road for Linda to take in her life had not yet been determined.

Cemented in the experiences she was to have with women in the Catholic church, Linda seemed to know she wanted to help others but was not yet sure of what exact path to take. Her initial thoughts focused her on a different route.

You know like I said from an early age…I went to an all girl’s high school. And prior to that, I had a nun in the fourth grade, who was also a nurse; she was strict to a fault; I’ll never forget her. And she was a big nun, but very compassionate with the children. And…I thought this is wonderful. And I thought. I have to be honest…well in eighth
grade, I said to my father and mother, ‘I want to go to Annapolis to be a nun. I thought I could go down there. They took girls after eighth grade and then they go into nursing.’ Annapolis was the Mother house for the Sisters of Christian Charity. Girls went there to prepare to be a nun. This environment so impressed Linda that she initially thought it was the route for her. She explains her views of Annapolis when she says, Every time we went down to Annapolis they [the young girls] were always so happy and holy. I said to my mother and father, ‘I really want to go there.’ So Linda, at the young age of eighth grade, had determined that this was the focus of her life. Yet her father, wise in years and experience as a parent, was reluctant to let her take this path. He heard his young daughter’s request yet was able to dig deep into this simple request and recognize that it might just be the comradre of the girls and their happiness that seemed to truly attract Linda. Reluctant to negate her feelings or intentions, just wanting to delay them until age and experience allowed her time to be sure this was the direction for her and in a way that only a wise and caring parent can do, he supported Linda in her choice. He slowed her movement toward that choice by offering her an option which would truly help to meet her unexpressed need for companionship while allowing her time to internally consider other life options. He encouraged her to go to an all girl’s high school.

And my father said, ‘Well, I can tell you this. I don't want you to do that out of eighth grade, but if you feel the same way after high school, we will make those arrangements.

But I will send you to St. Martha’s Academy right now. It's an all girl’s school.’

As not only planned but as hoped, this experience allowed Linda the time to truly look over her options for life and consider other avenues more clearly. It was at St. Martha’s that Linda decided being a nurse, not a nun, was the direction she wanted to move in.
So that's where I went. And the year after I was there, I had definitely decided, that the vocation of being a nun was not in my cards. And so from then on I really just pursued nursing as a career.

And being a nurse seemed to resonate with Linda. It seemed to have the skill set she knew she personally had to be able to care for people.

But you know there's something in me that always feels I want to be there for the underdog. I want to help people. I love to make people laugh. I love to be there to help someone.

The Rocky Road to a Career in Nursing

This was the profession that would give her the ability to use her caring as best it could be used. Yet the road chosen was not to be an easy one for Linda.

You know, things were difficult. And as I said, I didn't do well in chemistry in 10th grade. And so I had to repeat it as a junior. The nuns said to my mother during an interview, ‘I think she has some wonderful skills, I think she'll make a good little mother someday, but not a nurse.’ I remember my mother saying, [this] and I was crying. You know, you just try to do better.

Caring for people is a noble trait but before she could care for people she needed to complete nursing school. She only considered one option; she wanted to go to school at the local Catholic hospital where she was first intrigued by nursing. Not only had it been all she knew but subconsciously it had been the impetus for her career choice. No question, the die had been cast. Yet doing this was to prove to be Linda’s first greatest challenge in life.

I just wanted to go to St. Cecelia since I was a kid. And you know, probably because our whole family, when anything happened, [went there] and we were all born there. We
went to that hospital. Other than having sutures or something then we would go to the small hospital down the street, my father would take us there. And then you know in high school… I worked in the diet kitchen at St. Cecelia Hospital.

And at that time, I think the criteria to get into like St. Cecelia Hospital…was very difficult. And I applied to St. Cecelia and I wasn't accepted. And I remember crying and I was so upset and my father said, ‘You go to be a practical nurse first, and that'll help you get into a school.’

Linda, accepting once again the wise counsel of her father, set out to accept this roadblock as nothing more than a detour on her road to a career in nursing. Though not the only professional and personal challenge Linda would face in her life, this was a major hurdle to conquer at such a young age. Linda put her dreams of being an RN on hold and applied for and attended the Practical Nursing School. And in retrospect, as is so many times the result of adversity, this seemingly devastating situation did not destroy Linda but rather served to cement in Linda an attitude of positiveness, fortitude and resilience. She not only succeeded in this school but was able to see the very positive nature of this education and its role in making her the nurse she so wanted to be. She explains this so eloquently when she says,

And so in 1971 I graduated [from the practical nursing school]. It was only a one year program. At that time, the instructors were so intense….you know they would take you to every [hospital] floor. You know you didn't have a specific patient; they wanted you to get every aspect of being a nurse, a good bedside nurse [with] good organizational skills. They were the ones who said, ‘You take a bath blanket, you take a pillow case, you take all of that, so that when you give a bed bath you don't ever leave the room. And make sure the patients are covered.’ Those kinds of skills that I think are so lost.
Fully armed with the skills necessary to be a practical nurse, Linda embarked on her nursing career. Like so many others at the time, when she received her first nursing position, she requested the nursing specialty area to work in which she enjoyed as a student. But, as was so often the case then, she was assigned an area to work in based on the needs of the administration.

In 1971 I went to work and I wanted to work in the OB (Obstetrics) Department because I loved it. And they put me in the OR (Operating Room).

Linda seemed to have developed in life an attitude of making lemonade from lemons. Her determination, fortitude, resiliency and “love” of nursing which was cemented during her nursing education at the practical nursing school, all combined to provide her with a very positive first experience in nursing. Linda rarely looked at experiences through a negative lens but rather saw, in what others would consider to be insurmountable situations, nothing more than a slightly frightening and clearly challenging situation. This attitude was to serve Linda well as the basis for many future rewarding years of nursing care. Not only did Linda apply herself in nursing but she excelled. She tells it so well in the following excerpt.

Laughing, and you'll never ever…I had no experience at all. So I went into the OR. I think [I had a] little fear of the unexpected. You really didn't know what was ahead. But then there was that challenge to do well.

I think the OR was more of a technical nurse. You are there to assist the physician and anticipating needs was huge. And when you got to work with the physicians … they were really tough. And if you got through a whole surgery, where they'd say you did a good job, you just had such a sense of accomplishment. I remember working with Dr. Smith. He would not even say your name. He would carry on. He would yell and scream and you would sit there. And I remember the first day he ever said my name.
Then you felt like you really had [respect]. [I remember] we were doing an ortho (orthopedic) case and he turned around and he said, ‘Linda hand me the ….’ I really enjoyed that …

And Linda continued to excel but it was not long before she knew her career goal had only been partially met; this did limit her ability to provide the type of nursing care she knew her patients needed. She had set out to be an RN, to advocate and care for others, and quickly she realized she needed to pursue further education in nursing to realize these aspirations.

But there was a point as an LPN, where you knew you had certain limitations. And I remember one day. I was working with a girl named Linda, and we were working with Dr. Jones. It was a hysterectomy. I was getting everything ready because I had worked in that room so often. And I brought out a bottle of Xylocaine to get it ready for the procedure. And she [the supervisor] walked in and she said to me, ‘Did you touch that bottle?’ She said to me, ‘If you want to do things like that then you become an RN. But as an LPN, you don't touch drugs like that.’

And so I did. That was the incentive I needed to return to school.

Having been rejected from St. Cecelia Hospital, a hospital with roots so connected to her family and a religion that she not only valued but lived, many would have now set out to get accepted into this nursing program, if not just to prove to themselves that they could be admitted and graduate. Yet Linda was focused on goals, future goals; these were much more important to her than overcoming past disappointments. Confident from her success in the OR, she looked around for the best program for her to not only become an RN but more importantly, to nurse her patients in the way she knew would be best.
I had worked in the OR for probably about three years. At that time, the diploma nursing programs were starting to come to an end. So I thought they had talked about this program at NACC. There was actually a group. Maybe there were about 20 of us who were actually LPNs who had decided to all go to NACC. We were in the first nursing class. And like I said, the experience I had as an LPN certainly helped me tremendously.

As is so often the case of nurses returning to school, Linda worked full time and attended school full-time. Strong organizational skills so valuable in the profession of nursing, a strong work ethic and determination combined to enable Linda to successfully complete the program. A career, which almost did not happen because of a failure in a chemistry course, seemed to be on its way to fulfillment and success.

So I went down to NACC. I actually worked in the OR at night while I was going to school. I went to school during the day. You know at that time, when you come from a family of six, and people are struggling, we did what we had to do. I paid my own way. But it was just such a wonderful experience. I remember having a study group where we all got together to study for exams. It was just a good, good feeling. And when I came out I stayed in the OR…it was a good thing.

Linda’s career was moving in a direction she so wanted for such a long time. She felt challenged, confident and able to provide the nursing care she had hoped to practice years before. Yet something was not right. Opportunities were abounding in nursing at hospitals which were large, teaching institutions, as opposed to the community hospital she worked at, and Linda thought, ‘Maybe it is time for me to continue to challenge myself while I am young.’ And
so Linda once more accepted a challenge and moved on to accomplish it. And everyone was happy for Linda at this time in her professional life.

I decided I was going to really broaden my horizons. I went down to the University of North Carolina Hospital in Carolina. To the OR. I was actually living in the nurses’ residence because I had not found an apartment.

[And when I left] they had a big party for me from the hospital. They bought me all these things.

And the University of North Carolina experience was a great one.

I do remember, you know, I would work in the OR there. And, [in] our local area, we would say a fracture or a broken bone. But down there [at the University of North Carolina] when they referred to anything like that they'd say, the distal humorous. You know what I mean. It was all very professional. That sticks out in my mind. You had to have on your clipboard an 18 gauge needle for when you go down the legs and assessed feeling…I remember there were 33 beds in the recovery room at that time and the nurse, she was a young girl, but I remember her saying, ‘Come on, McAndrew. You've got to kick it up a notch.’ And you are trying to do everything so right. And you know it just took so much concentration. Just that was a great experience to me.

Yet as life would have it, prior to starting at the University of North Carolina Hospital, Linda met the love of her life, someone she loved even more than her career. Not expecting this, certainly not planning it in any way, this meeting between Linda and her husband would change the course of her nursing career. Despite everyone’s encouragement, Linda would not stay in North Carolina and after six short weeks, she returned to her former hospital and her fiancé. Her remorse for not finishing the nursing degree offered in North Carolina is still with Linda.
However, as her career in nursing unfolds, this event, though forever changing the course of her formal nursing education, would in actuality, do little to change the true course of her nursing competency and informal nursing education. As the story of these events unfolds, Linda tells the details.

And two weeks before I moved I met my husband Robert. You know there's something about the old saying, ‘When you meet the right one you know it.’

And so I moved down there and cried every day. I remember calling my father and saying, ‘I don't think I'm going to stay. I love Robert too much.’ [My father said], ‘You’re going to stay. You will have to stay at least a month.’ And the girls [at the University of North Carolina Hospital {UNC}] were young. When I remember they were probably…they were maybe [in their] 30s. And they kept saying, ‘No Linda. When you get an apartment you'll like it more.’ And you know when I look back on the experience...I feel that now when I look back, I didn't take advantage of a wonderful, wonderful thing. I mean other than coming back and I married the guy who I knew was the right one. But at that time, they actually bent over backwards to have nurses in the OR. You could go on for your degree…they paid for it all at UNC…

I will always regret that I did not take advantage of that or at least take advantage a little longer to finish a degree. But I really didn't give up; and that is one thing.

But even though others tried to sway her decision, Linda knew it was right for her. She was confident again and determined to make her destiny happen on her own terms, not on others. Linda did return and returning was made even more difficult by the short time period she had been away. With a sense of confidence and determination, she actually called her former employer in a focused attempt to redirect her career path; regardless of what repercussions it
entailed and how many people she had to deal with. She knew it was not going to be easy, going back to where you came from after such a send off is never easy, but even Linda did not expect what actually happened.

So anyway, I came back. And at that time, they only had one director of nursing at the hospital. And she took care of all the departments. And I remember calling the OR supervisor [and asked], ‘Please, please take me back. You know, I want to come back.’ And the OR supervisor said, ‘Well Ms. McAndrew,’ you know, that's the way they referred to everyone [at that time], ‘we'll see what we can do.’ So, I came back, and the director of nursing said to me, ‘[Report to work and] wear a white uniform and your white shoes and I will let you know that day [when you come] where you're going to be assigned.’ So I went up with my white uniform and white shoes and … she said, ‘You can go back to the OR.’

So I went back to the OR. I was so young and the OR supervisor had been in the (Military) Service. She ran the OR like the Army. And I remember the first day I came back she called a meeting in the lounge, where everybody would always go for their break and meetings. She called everyone there and we sat there and she said, ‘So Ms. McAndrew, tell the staff what you thought. Was the grass greener on the other side? Tell them about your experiences.’

Once again Linda was able, at such a young age, to accept a very stressful and difficult situation and move not only beyond it, but above it. From that day forward, she put the past behind her and worked in the OR for a good number of years. And she enjoyed the experience and she became a contributing member of the team.
**Opportunity Happens When We Least Expect It**

Then, as if it was meant to be, another opportunity in nursing presented itself.

It was about nine years later and I had worked with Dr. Sam and Dr. Sticker who were kind of doing this new technology, bronchoscopy, where they used fiber-optic scope to go down into the lungs. So I did those procedures and I really enjoyed it. And then they said they were thinking about opening an endoscopy unit, where they would just do those procedures and would I be interested? And I said, ‘Yes, I would.’

Linda not only accepted it, but as would have been expected, excelled at it. As she seemed to do in the past, she was not afraid of but welcomed this new challenge as a means of growing professionally. As Linda’s story unfolds it is clear that education and the ability to provide state of the art care were tantamount to her as a professional nurse. Her professional motivation, personality and drive served to catapult her forward in a direction few had taken. Her career story reflects so much who she is as a professional and why she is able to stay so enthusiastic about nursing.

At that time there were two physicians, and you know, that was probably in 1988, where there was not a lot of formal education with regard to gastroenterology, and endoscopy, or all this new technology. And so no one was prepared.

I started to call around and that's when you start to network. And [I found out that] everyone that did it really did not have a lot of knowledge about it. And I called down to Munchkin Valley. And there was a girl there who had been starting [to do this) also and she] said, ‘You know there's a group. It's called the Society of G.I. nurses. They're trying to organize the Pennsylvania region. Maybe we should get started.’
So we went down to Allentown, myself and a few others, and we sat in a classroom at Munchkin Valley and we organized the region here in Pennsylvania. There are actually four regions out of Pennsylvania, Pittsburgh, Central Pennsylvania, Philadelphia South Jersey, and our area. And so we organized that and I became very involved in that society. To learn, because I loved it. I truly loved the new technology. We became prepared in anything new that was coming out. It was wonderful being able to help people. And coming from our background, I think it was so amazing to me that we could do things and not have the patient undergo surgery. New techniques through this technology. I became very involved. The first thing I did, I was a member of the public relations committee. The hospital did not pay for me to go to any of this so, I remember, that when you were part of a committee or volunteer, they [the society] paid for your way to go to the national conference.

Linda used every opportunity she had to advance herself. She understood that by working with this group she could advance not only patient care but her colleagues also. She used her abilities and worked to make her area of nursing the best that it could be. And along the way she developed friends which would last a lifetime.

I met some fabulous people [at the society] who are still good friends today. And I worked my way up that I was finally a national board member for the Society of G.I. nurses.

It was an experience I would recommend to anybody. The experience just to sit on that board, and talk about different diseases, different technology and what we're doing for the rest of the country, and how we were going to educate nurses, was just so wonderful. And then they came out with this certification exam. I took the exam…and then after
that I joined the board. I loved to write test questions. I would go every year and write test questions for the exam. Then I became involved in that board, the Certification Board, which is kind of like a little sister board of the national G.I. nurses. I eventually became president of the certification board for writing test questions.

Linda seemed to find a niche that made her not only want to stay in nursing but give her a sense of excitement about her professional being enabling her to excel and feel as if she was making a difference.

I think a lot of nursing right now is becoming specialized. Whether it's on the floor, but there's all those different niches that people can look to. I think sometimes people get bored with the day in and day out, just the routine. Where if you're involved in something and you're learning more. It just makes it more exciting.

Plus it gives you a lot of satisfaction because you become so proficient in that area.

And then as time went by Linda once again was afforded an opportunity to expand her professional thinking and grow professionally in nursing. This opportunity, much like the last, came by accident. She relates it in this way.

As time went on …there was a day when I was up in our department [GI lab] and I was finished at three o'clock and Donna, who was our department director at that time, said to me, ‘You know you can't sit here until 4:30 every day.’ I was working until 4:30. ‘You can come down to the ER and help down there.’ That was about 20 years ago. And I've been doing it ever since. I would work in GI lab during the day and work in the ER almost every night. And I loved it. It was something different.
The Meaning of Nursing is Clear

So she worked in both areas and when needed helped out other places in the hospital. Linda was always ready for a challenge and an opportunity to help others. When it came to nursing it was her interactions with the patients and the care that was provided that seemed to provide her with the professional rewards she needed. It was not good enough for Linda to just provide the care, she wanted others to also do what she viewed was right for the patient. Yet she valued her peers, as she hoped they valued her, and rather than confront them on issues related to patient care she worked to incorporate them into a new way of thinking and thus make change by gentle persuasion rather than confrontation. Approaching nursing care and patient needs with this demeanor seemed to provide benefits to three groups. First the patients, for they received what was valued as quality nursing care; second Linda, as she felt fulfilled by helping not only the patients but by mentoring others, and last the staff, as it helped them to see yet another avenue to quality patient care. Her approaches to nursing care seemed to focus on a win-win-win approach. Linda recounts three select times in her nursing career when this happened.

I think just to have someone there to turn a patient every two hours, to wet their face.

There was a night, our director said to me, they needed help up on the Med-Surg Unit, the fourth floor. And I said, ‘I have never worked there in my life.’ But I said, ‘Okay, I'll do it.’ And...I had a few patients. I had four of them, all had their gallbladder out [removed] and one of them had had the thyroid out. And I’m up on this floor and I haven't worked on this floor before. I am going through all the meds and the nurses told me to give them the four o'clock p.r.n.'s now so they [the patients] won’t bother me for the rest of the night.
So I go to see all the patients. I go down and you know the one lady had her gallbladder [removed] about five hours before. So what I did was I went down and got a wash cloth, towels and went into the bathroom, warmed the wash cloth and I took it over to her and made sure she had water. To that woman that was most wonderful thing, to have her face washed with a warm washcloth. And she said, ‘Oh, this feels so good.’ And when you think about when you're sick and how you feel just to have someone do that. So, I came back and I said that I was getting more wash cloths. And the one girl said to me, ‘What are you doing?’ I said they liked us. And she was like, ‘Now don’t start this because everyone will expect us to do this every night!’ So I let it go.

And the next night they were short, and they asked me to go back again and I said. ‘Yes.’ And I walked into the nurses’ station. And I went and I said, ‘You know what, let’s pretend we’re flight attendants on an airline and everyone is getting a warm washcloth.’ And you know I made it like a joke. And we did it. And the patients loved it. And the nurses understood how much little tiny things that you are doing was so important to a patient feeling better. You know. And I just felt that because we made a joke about it [it was better], I didn't go down and say that all were to do this, and it worked.

[And then once I worked on a unit]. Actually Kathy Schwartz and I started it [the unit]. It was only for a short time. They were holding a lot of patients who had to go to telemetry. So they opened this one section of a floor…it was like a holding area. And we decided we were going to make this the best floor in the hospital. And every patient had their water waiting and we had warm blankets. And we did all those things and it was just a lot of fun. And they closed it after a year...just those little different things.
When a patient is relaxed, you know. Or they come in hyperventilating and you can make them settle down. It's good to take away most of the stress that their feeling with the pain. I think there is a way that you can.

Once…I had a patient the other day in the ER that was the same way and the poor guy was lying there all day. Just that feeling like you're a little refreshed. Makes you feel so much better. I just think those little things are very important to people.

To Linda the patient always came first. Being able to do for the patients was paramount. And everyone, who mattered to her, seemed to know this and respect this and the called on Linda to help. This propelled her forward in nursing. Her feelings are depicted when she tells the story of caring for her patients with G-tubes.

[We had] patients with G-tubes. I always felt so bad. They [the doctor] would call and say, ‘You know her G-tube is not working.’ And some of them would say, “Bring them up in the ambulance.” And I always felt so bad so I would go to their house and check on the G- tube. [I would go] over lunch or after work or for someone in the neighborhood. Because I thought it was such an awful cost to bring them to the hospital. And I could look at the G-tube and I'd say, ‘Well it just needs to be flushed or whatever.’ And I think the physicians appreciated it. They would call me and say, ‘Linda, I have a patient with the G-tube problem.’ So that kind of working relationship just made it more fun. You know those things too, to be able to do that was just so good for me. And the patients were so appreciative. You know, there was just so much in that respect.

Linda sums up her true feeling related to nursing, and somehow through her statement one can feel her passion for this profession.
I think there's such a tremendous satisfaction when you can really help someone. You know, they're not always appreciative but you feel that you know in your heart that you've done a good thing. And I do. I love it. I just love it. I absolutely would never ever think about anything else.

*The Important Aspects of Being an Exceptional Nurse*

And Linda believes that competence is essential to be a good nurse.

Truly when I’ve had new people come in, you have to prove to them that you know what you're doing. We had the latest technology. I was able to answer every question. When the state came through, when JACHO accreditors came through regarding standards, regarding sterilization, regarding disinfection, we had all of those things. You know, they would only call one person down to have the interview with the accreditors, and that was me.

She mixes experience with confidence and strong interpersonal skills to make nursing work for her. Linda is focused on the big picture and always keeps her eye on the prize…her patients. It is her patients that are the true measure of whether her nursing approaches are successful or not.

Confidence is [important to have as a nurse]. Well you know I have had patients say this to me, ‘You seem like a no nonsense person.’ When you know what has to be done, you’re going to get the job done and you do it well. I think I can make people feel very relaxed…and a lot of it is from your own experience. In the GI lab I have to tell you, I actually had a procedure done on myself. I mean, I had to have it, but I had it without any anesthesia like they do with some patients. So when I would talk to people, I could
say, ‘You can get through this. I've had it done.’ I think that is so important and it really, really relaxes people.

When you feel confident and when they know it and what you're saying, they'll just trust you and relax. Actually, I thought at one time it would be interesting to do a study on how many people I could have complete an upper endoscopy without anesthesia but just through a relaxing conversation and educating them on what's going to happen and how it all would work. I think it would be wonderful to do that.

She combines all this with humor to make the care she delivers exceptional for her patients. And they appreciate it more than words can express.

And it does not go without being appreciated.

So I think that humor—a little bit of humor and making people laugh [is so important].

So everything isn’t so intense.

I think it’s the confidence, the education, the warmth of making people feel relaxed and smiling, and taking their minds off [what is happening that is so important]. Even people that have a tumor and they are having a bronchoscopy. You know, it’s the fear of not only the procedure but what they are going to be told afterwards. And the interaction with the patients is also so important. I've had so many new patients who will come to me later or they'll call me on the phone [and tell me how much it helped]. I had a lady that wrote to me that said I took care of her during 1994. And she told me, ‘I told all my friends when I saw your picture in the paper for public office, who you are and to vote for you.’ That to me, that was just wonderful.

With determination and knowledge and an eye on the patient, Linda seemed to know what was important in nursing. The focus of not only her caring but her advocacy was aimed at
her patients. She seemed selfless when it came to making sure her patients were not just cared for but cared for correctly.

And I actually wrote all the standards myself and I remember when we're going to get this one cleaning machine, a disinfecting machine, they put me through such hell. I had to sit before a committee with eight people. But you know once you were able to honestly prove to them that what you were saying was right [then they would consider it]. Now, it wasn't like I was getting a kickback from the company. I actually felt in my heart that this was the best thing for the unit, for the patients. And then there was a time when they came out with a lot of disposables. And you know, at the City, they wanted to resterilize one-time-use forceps. And I was having a fit about it. And I argued with different people about it. And I said, ‘There is no proof that they are going to be as good as they are with the one-time use. The patients are going to get the basics they need.’ I said, ‘If it was your mother would you want to use them [the equipment] on her?’ And I had to remind them about the Department of Health and so on. And then they said, ‘We are going to send you down to Florida and you can go down to that company and come back and prove to us that what you're saying is right.’ Well, I can tell you today that we only use disposables one time! I went down there and asked the president of the company, and I said, ‘I have a goal and you have a goal…and at the end of tomorrow we will sit and we will see if what you are saying to me is absolutely true.’ And he could not. So when I came out I said, ‘It doesn’t fly.’ And the hospital did agree and now we use them, the forceps, just one time.
To Linda a commitment to excellence transcends just doing what one is told. Believing care was not only right but the best for the patient was always her mantra.

But for administration to call you and say that you cannot argue for what you think is right! And I even told sales reps this too. I won't buy the product, unless I truly believe in it. I mean, they had a guy once who came to sell a product and I told him he had to prove to me about this biopsy product he brought. He brought pantyhose stockings and all these antics to show me it would not pull. You know I have to believe in what I'm doing. And I believe in nursing.

However, Linda’s positive attitude for nursing and love of her profession did not come without its challenges. There were many experiences in the ER which challenged the core of her practice. It was from these negative experiences that she possibly learned most how much she truly did enjoy this profession. Linda shares one of these experiences.

I had a patient who was, you know, they call him a frequent flyer in the ER. He was a bilateral amputee and he was riding his wheelchair downtown and he would go in front of a car so he would get hit and they would bring him to the hospital. That’s just the kind of guy he was. So I remember the one night, and I do have a thing about cleanliness for the patients…but you know when they come in by ambulance and they're all disheveled, and after we get the vital signs and see where we are, now let's get them cleaned up and then we’ll start from baseline.

So anyway, this guy comes in and he was a mess. And they would say, ‘Linda, she will get him cleaned up…” So we took him out to the shower and put him on a litter and truly hosed him down and he was truly a mess. So we brought him back and I remember I'd calmed him down and we got him all settled and I gave him food and I had warm
blankets on him to sit in the hall. And I remember going by him and I said, ‘John how are you doing?’ And he leaned over and he spit on the floor in front where I was standing. You think of those things and you think about those things and you think, what the heck am I doing this for? What the heck am I doing this for?

But good and bad alike, when one sums it all up, it was the thrill of “doing” for the patients that helped to make the profession relevant for her; to say nothing of giving her a “rush” along the way.

…these ERCPs. I was able to set them up because of knowing all these different people…and so two physicians and I went up to New York one day and we went down to Philadelphia [to learn how to do these new ERCP procedures]. And [after this] their skills have become so good. And it was just fun doing those for the patients. We didn't even have to talk because you knew just what you were going to do. But the great part was, if we had someone who had, like an infected stone in their bile duct, and they would come in and it was infected, [and they were] getting jaundiced at that point, we could do an ERCP and you could actually get the stone out of the duct! You could actually see the jaundice [in the patient] going away right after the procedure! To know that you could do this, I get such a rush about it.

And to her a sense of team and the support a team offers provides significant direction to the type of experience one has in nursing. Support and encouragement seems to flow from the support of others. Team cohesiveness works to not only focus the group but it somehow helps to develop a sense of pride that transcends individual accomplishments, while providing individuals with connections and relationships not possible alone. On many occasions Linda not only experienced this but encouraged and supported it.
And the team that we had, the girls that came in and I mentored. You feel so good when they do well. But I have to say that the team that we had there in the lab, the physicians and nurses worked so well together. And there was so much mutual respect. And it was such a wonderful, wonderful experience...you were like a family.

I think it [nursing] is a team effort. I do think that we've gotten away from a lot of it. There are some slackers [in nursing]. When you have that kind of team that has that drive that just wants to do the best. We always felt that we wanted the GI unit at the City to be the best in northeastern Pennsylvania. And I have to tell you I am very, very proud. We have the latest technology, more than they do in Clinton or any other area hospital. A lot of it came through a lot of networking. I was able to have resources that I could reach out to all over the country.

*Career Movement Continues Forward...Even without Support*

As Linda progressed in her career she advanced and advanced. No grass seemed to grow under her feet. She was focused on her career and her patients. She wanted to do everything she could to give the best nursing care possible. She also saw this as an avenue to keep her career exciting and to continue to learn. To her continual learning was truly the mainstay of quality when it came to nursing.

I became very involved in the GI Society. And the first thing I did, I was a member of the public relations committee. I remember, when you were part of a committee or a volunteer, they [the society] paid for your way to go to the national conference. I started there, and I met some fabulous people who are still good friends today. And you know I worked my way up that I was finally a board member for the Society of G.I. nurses...a national board member. It was an experience I would recommend to anybody. The
experience just to sit on that board and talk about different diseases, different technology and what they’re doing for the rest of the country and how we were going to educate nurses was just so wonderful. And then they came out with this certification exam… I took the exam and then after that I joined the certification board. I love to write test questions. I would go every year and write test questions for the exam and then I became involved in that board, the certification Board, which is kind of like a little sister board of the national board. And I eventually became president of the certification board for writing my test questions.

I think a lot of nursing right now is becoming specialized. Whether it's on the floor [the nursing unit], but there's all those different niches that people can look to. I think sometimes people get bored with the day in and day out; just the routine. Where if you're involved in something and you're learning more…it just makes it more exciting. Plus it gives you a lot of satisfaction because you become so proficient in that area. And so that's what I did.

Even though Linda worked diligently on making herself increasingly competent in nursing it seemed not everyone supported her. Her peers and the physicians on her team were always there to lend support, however a major stumbling block to her proficiency and excellence as a nurse seemed to be the hospital administration.

And I was on that GI board from when I first started. Actually I did three national courses, one in New Orleans and one in San Francisco. It was a great opportunity not just for me, but for the institution also. And when I became president of the national Certification Board, I thought it was a great accomplishment. I never, never, never even
got a letter to say congratulations. I mean the physicians I worked with and the girls I worked with [they always congratulated me] but no hospital administrator.

I had to put it in the paper myself. I thought it was a great accomplishment [for the hospital].

Not only was the administration not supportive but at times they seemed to go out of their way to make the experience negative.

Then I remember, one day, maybe it was four clock, it was 4:30 that I quit, and as the president of that national board there were a lot of questions you have to answer. And I was at work, and there was somebody that called me from somewhere out west and they had a question regarding certification. And I was on the phone. Two days later, I got called to human resources, because they said I was on the phone for over 20 minutes and they wanted to know if the phone call had anything to do with my job. And actually they wrote me up for this. Now, you know I said to somebody…when we talked about it, ‘Don’t you think they would've looked at that in a little different respect. Like how good it is that she's done what she's done.’ …Good heavens!

But that was the mentality there.

And once again administration was not gentle. They seemed quick to take the other side. But it never made Linda negative or affected her drive to be the best nurse and peer she could be.

It was a night in the ER, it was a Sunday night and a lady came in with her son. She was in the wheelchair. It was about 10 o'clock in August. She was a nurse and she said to me, ‘You know, I've been having this problem with my knee.’ And I said, ‘Well, how long has this been going on.’ She said, ‘Nine days.’ And I said to her, ‘But why would you have waited so long? Why did you wait until today [to come to the ER]?’ Well her son
called Human Resources and said that he did not like the intimation that she was not 
taking care herself. They called me in and wrote me up for that. And I think that's 
another part of the hospital, when things like that happen, they always take the other side. 
There’s not a lot of investigation. Do you know what I mean? 
And there was a guy that once complained and said that I used a curse in the ER on one 
side. There's all different sides. And I said, ‘I wasn't even assigned to that part of the 
ER.’ They actually suspended me for three days for that. And then they found out later 
that I was right. [I did not work on that side and did not do that].

*Her Sense of Caring Transcends Individuals*

It was an internal drive to do well, motivated by her patients, which made Linda grow 
professionally. She sees it in this way.

I think its accolades from the patients or when they would write to administration or 
somebody would call or send a card. Those things meant so much to me. [They made me 
want to do better].

And Linda still continued to help others, or at least she tried. Her goal was to make 
nursing a positive experience. She knew from personal experience the better one feels about 
what they are doing, the better care they can deliver. She believed the better nurses in City felt 
about themselves, the better care they would deliver. Without question, a noble venture. But once 
again, administration was not as interested as Linda in this type of approach to staff.

Pat Salin, she was the acting CEO of nursing at that time, and I said to her, you know, I 
just feel that their [the nurses] morale is so low. So low in nursing. We need a good 
motivational speaker. And I gave her a name. And I said, you know, what if she cost 
$3000, it would be worth it. I went to a seminar where she spoke at and when everybody
came out of there…you know, you felt so good about what you were doing to help people. And that feeling just goes out to everyone else, the care of the patients, and the bar is elevated. But you know, you need to feel good about what you're doing. And you need to have somebody tell you that what you're doing is good. I went to administration about the morale of the nurses and said, ‘You know, I think this is something that will help morale.’ But…they didn't think it was that important. I just don't think they had that true sense that I did. And unless they wanted me to get into a big study and come back with numbers and say how it would help. But you know this was a nurse who was really concerned about patient care and wanting to make them [the nurses] feel better on a small scale. And when you go to these big conferences and you learn all these things and you can bring it home and you say, ‘This is what I'm thinking [and I learned].’ They didn't want to hear it! I mean, they seemed like they did but they never came back and said. ‘How about we look into this now?’ You know, they really didn't care. I would have never gone that far to bring it up.

Although Linda understood that the hospital administration did not value her proactive professional development attitude, this perplexed her so many times.

They never, ever, paid for one conference.

You know, they don't want to hear any of that. It always kind of bothered me too that they would never look at anyone who, I felt, had resources that were beyond most. They would never use that. I do have resources that were beyond most…that they would use that instead of working against you. Do you know what I mean?
Pragmatism: An Essential Characteristic

But Linda had a sense of realism within her that enabled her to see that she was not the only person being impacted by administration. It was a cultural issue. It affected everyone. And this, as difficult as it was to accept, made it less personal and more able to tolerate.

But you know, I’ve got to tell you, when I started there, it was when they built the Parkade. And they wanted everybody to sign a pledge card to pay for that Parkade. And those that didn’t, which was probably half the hospital…they [the administration] called everyone down individually into the office. And you had to tell him why you couldn't pledge money. And they had your pay stub right in front of them. And guess what, we all had to pledge money to pay for that Parkade.

Hard as it was to understand their reasoning, Linda, like the other employees, accepted their view. However, rather than let it daunt her movement forward, Linda was resourceful and able to find other avenues to support her efforts.

When I worked in the GI lab and the doctors found out what I was doing they would support me to go to conferences.

And people at the hospital would say, ‘How can you go to their (GI) course every year?’ Well it's because the society paid. And if I was on the board of the GI nurses or a volunteer, they would pay for me to go to the conventions. You know, I mean, and that's how I got to do that.

But Linda was realistic enough to understand how such an attitude from administration would affect everyone. She felt nurses needed to be cared for themselves before they could care for others. But somehow her views ran counter to administration. She tells it like this.
I think another thing is that nurses need to know that people care about them. You know, as much as they care. Here is another example. You know, we could go on forever...but you know I remember at the City, when they did the renovations, they had these tables for the smokers. They had these picnic tables. And so if you are a smoker, you had to go out there, across the street and sit on a stool. There were no umbrellas, there was nothing. And you know, I went to somebody and I said, ‘It's not going to cost much.’ Like a little umbrella and the tables so they could sit out there and get the 10 minutes of relaxation that you need. You know so people know that they're being cared about. This was the whole hospital, not just the nurses.

[And another example is when they give] an award to employees. You know, about three months ago a security guard was nominated. He did something for an accident on the road when he was coming to work and he called 911. Well it is a stretch. That had nothing to do with work. When you think of nurses and what they were doing! I noticed for a long time, I bet six to eight of them, it was an office worker but no one who is having any interaction with patients...always.

And administration, it's not right for [you to have to talk with] HR [to speak] with people that aren't nurses. I mean look at how long the hospital had a nurse recruiter who is not a nurse. How can you look or identify certain skills in a person when you yourself have no background?

But I think people in health care need to know that someone's caring about them too. Or to know that people really appreciate what you're doing. To have that support there. You need more than just the patient's...[you need] human administration?
**Internal Locus of Control: A Key Characteristic**

Even though administration was not supportive of her efforts Linda still felt valued. It was an inner pride and an inner locus of control for her career which kept her connected, interested and enthusiastic about her profession. She did not need approval from administration; she got this from her patients, her peers, the physicians and her coworkers who mattered the most.

I felt valued. I felt that I was doing what I needed to do. And the other nice part was, like I said, ‘We had a great team.’ The physicians would come to me and say, ‘Linda, what do you think or how should we do this?’ Even to the day I left, and even now, which is very nice, some of them said to me, ‘Would you just come back and do these certain procedures with us? We would even pay you to do that?’

And there was always support from friends who are nurses. This seemed to matter very much in Linda’s professional life…

Like a lot of friends who are nurses to talk about it. They would say, ‘It’s not worth it to you Linda’ or sometimes they’d say, ‘You know Linda, you better cool down’ or, ‘Let it go.’ It would help bring things back to perspective for me. And to be able to have my husband, my friends, my colleagues that I worked with was important. I do think that was tremendous. If I had no one to talk to, and I think it's in any walk of life, if you have a stressful situation, it's good to talk it out and hear the opinions of others.

And it helped her to grow and to feel rewarded as she moved through her career.

And then, as I said, it was the ability I had to meet people, to learn more, and to expand. This, to me, was so rewarding. They were the huge positives. And like I said, the friendships that I developed. My son got married last year and four or five of my GI
friends from all over the country came to the wedding. That's how close we've stayed. It's kind of like a little sorority. So those things, I think are so, so rewarding.

Linda never felt a desire to leave nursing. Even after some very frustrating events she never blamed the frustration on nursing. She was always able to separate these events from her life’s work. She realistically considered them a part of a work environment. To Linda her nursing career, was connected to but different than the work environment.

No, no. The only time I was ever frustrated [was] with administration. I would think maybe I need to go to another facility, but she never ever did. I never had the feeling that I wanted to leave nursing.

Then after thirty-three years at one hospital Linda was faced with another major challenge professionally. And true to her nature, once again she was realistic and objective enough to know that life changes and most especially, inanimate institutions and their administrators change. Faced with economic issues, personnel changes and a national health care crisis, her work environment, which had been a part of her professional life for thirty-three years, was threatened. Linda could see the handwriting on the wall and she faced what was to be the next great challenge in her professional life.

And it seemed at the very end, they were focusing on people that had been there a long time. They did a little nitpicking, back-and-forth on different things. Not really sure why. Maybe the new company when they came in or all the overtime. They would call the HR for this, and they would say this or they would say that. And I thought, ‘Oh my God. What’s going on here?’

And I thought, I better get out of her before it gets nasty.
So a few of the doctors who worked at the City are also at State Hospital. And one of them had heard that I was interested in overtime. And he called me and he said, ‘We really could use some good …they’re looking to upgrade the staff here…some of them are leaving…some of them are very young.’ So anyway, I went up for the interview and Mindy, the girl who’s the director, said to me, ‘You know, Linda, we really could use someone like you.’ And you know, she made me feel there was such a need for me to be there.

And as hard as change is for anyone, let alone someone who has worked for 33 years at one place, Linda made a change in her place of employment and she could feel the differences right away and she learned that this change would take a period of adjustment.

Since I moved to State Hospital. [The atmosphere of family at her first place of employment] is something that I miss, miss a lot.

But Linda is such a realist. She began to look out of the box at this move and understood it was actually a positive thing in her life.

Do you know what I mean? You know when I came out and I thought, maybe this is meant to be? As hard as it was.

And as hard as it was, and it was hard, Linda quickly came to accept this in the same way she had learned to accept disappointment in life, as a new thing, as a “good “thing.

After so many years, it becomes a habit. And you know I had such a great comfort zone at the City and G.I. It was like my second home. So I really didn't have to think about it. So I went up there (to State Hospital). It was a lot. The first month I was like exhausted. And I said to my husband, ‘I worked 16 hours a day at the City, why is this affecting me so much?’ But you know it took so much concentration to be able to focus on what
you're doing. The new policies and how they were doing everything, it's mentally exhausting. But it's much better now.

Yes, I'm glad I made the move.

And once again seeing the positive from a bad situation, Linda was able to make lemonade from lemons.

It was the best thing for me to do, to move on before anything really ugly happened. You know I had that sense. And so I took the job and you know, I think now, it probably was…it was a gift from God. Because had I stayed at the City, I wouldn't have moved on in my life… and run for the office I'm running for.

Linda sees the differences in her new place of employment.

Like I said GI was always my huge focus and you know the ER was. Each hospital has a different personality. The nurses that are there are very different. They all are very cautious. You don't ever go to the bedside at State Hospital to give a medication without the chart in your hand. You make sure that it's the right patient and all. You know at the City, I have to tell you, and I did say this to the Director there [at the new hospital], ‘I came from a place where we had a lot of bad habits.’ And truthfully, it was allowed to go on. You're taught that in nursing school, but the staff was not focused on it. Even the physicians. I see it is very different (here at the new hospital). They spend a lot of time at the bedside.

But that is not all. She also is able to see these differences as once again a challenge. Viewed as a new learning experience once again Linda accepts this change as a new era for her career and new knowledge for her to learn. She is once again stimulated; her professional growth never missed a beat.
Very different. When I went up there the impression was, it wasn't very busy, but it is. It is very busy. They do have a lot of children, lots of children and a lot of elderly from nursing homes. And I think both of those [patient groups] take a lot of patience and a lot of time. You know to take care of an elderly with Alzheimer’s and a three-year-old. Both need a lot of explanation and a lot of patience. So you know what I mean, it is different. And so for me, in a way, since I never cared for children, it’s a new thing.

Linda’s nursing care skills remain constant and her rewards for doing the work she knows is her job and her career once again are shining through in this environment. Even more than her ability to change after so long in one place, Linda can see that it was really what she brought with her that is who she is as a nurse. Even though we subconsciously know this, it is truly a revelation when the reality that we make our career what it is becomes a reality in our life.

And already there are two families I’ve been interacting with and they sent letters to administration about the care. One was a young boy who did have some type of cardiac arrhythmia and we did end up taking him to St. Cecelia because he was going to have a cardiac catheterization. He was only 20 years old. And the mother was there and the husband came later. And she and I just sat there…and she and I just sat there and prayed together. The family was so nice to me, they wrote such a nice letter. They brought food to the ER…and those things just make you feel that what you're doing is well worth while too.

_Challenges Continue: Personal Affects Professional and Back Again_

Linda decided to run for public office. She saw her recent change to a new hospital as the impetus for this challenge in her life.
So my horizons have been expanded so much. And I am so grateful for that. …I never would've thought about doing anything like this. I never would have done that. Now, I only worked eight hours. There's very, very little overtime. When she [the person in the public office] resigned, I said to my husband, ‘I think, I think I could probably do this job. It would be exciting.’

Always thinking of others and understanding the value of nursing, Linda decided to run for public office not so much for herself but for others and the profession of nursing. She sees this new challenge as just an extension of her caring traits. She recounts it in this way.

I really do think nurses need to get out there and be noticed. Be in the forefront more. You know with all that is happening in our county. I said to my husband that I really think people look to a nurse as someone they can trust.

Nurses care every day for your patients and you care for the needs of the public. So this is something I do every day, but this would be in a different way.

You know what I mean, I'm serving the public.

And within a few months Linda once again has started to “fit in” to her new environment. And her skills as a nurse and professional have helped her to develop an essential social network. She has assimilated herself into the new team.

Even though I'm there (at the new hospital) for such a short time, there are people there that have volunteered to work in a poll for me. They watched the election and called me. It truly made me feel like I was part of that unit. Which was so nice.

And even if Linda does not win this public office she has planned other avenues to pursue.

I wrote to my senator and governor to be appointed to the nursing board for Pennsylvania. And that's something I really need to work at. My name is still in there.
So, I do. I'm so grateful for the opportunities I’ve had. It is just, just is, so exciting to do this.

Linda has always been motivated by the accomplishments of others. Her admiration and respect for their accomplishments is obvious. Though not enough to motivate her to return to formal education, it did and continues to instill in her the desire to constantly grow through her dedication to lifelong learning.

And like the only regret I have is that I didn't stay to finish my degree then…it would've been nice. And you know even along the way I've met so many girls in the ER and the GI nurses, who we started out together. They were from maybe a diploma program. And the one friend of mine who stayed near and dear lives in South Carolina. She worked for a GI physician, when he moved to Charleston he moved her with him and got her husband a job. She got her master's and then her doctorate and now she's one of the administrators of the hospital. And I mean, people like that. Just motivate [me]. You know what I mean.

Not enough that I've gone back. You know, I say I didn't have the time. But when I went back to Queen's College for the health care administration I was taking a few courses. And you know, I really even enjoyed being with the younger people in the evening classes. But then my son was playing football and it was difficult to get all the work done. And I never went back. That would be my only regret.

You know, I often thought about what it was like to go back for a degree or something. I don't know, formal education in the classroom probably would not be for me. But to be an instructor at the bedside would be something I would love to do that, because I do love being with the patients and with the physicians…
Yes, in fact, I have my certification and I want to keep that up. It's a personal satisfaction. As a certified nurse it tells a patient your level of performance. What you've done for yourself. If I'm certified I've certainly gone above and beyond the normal training. So you have someone who is specially trained caring for you in this area.

At present she has no plans to return to school. Linda feels she can do what she wants to do presently career-wise in nursing without formal education. However she continues to maintain her certification.

No, I think I can do what I'm going to do with what I have. [I can work] in both areas, with the skills that God gave me and what I know so far. I feel I have a few good people skills, and when you have a passion for what you do, you're going to do a good job.

Linda has a steadfast attitude related to overcoming problems and challenges in nursing. She believes it comes from her City life attitude. She sees nursing as just an extension of life and her ability to cope with professional challenges seems to transcend nursing and draws energy from her ability to cope with life in City. And she is strongly committed to her belief that if one does not love what they are doing; they must change to something else.

And when you say, the challenges [in nursing], there are challenges…in business, families, marriages. And for you to overcome those challenges, I think you have to be disciplined and I think you have to have some kind of focus and same kind of vision (as you do in nursing). But if you feel that maybe it's not for you, and it may not be for you, then change to something else.

You have to love what you are doing…and if you don’t then you need to move to something else…
When she looks back on her professional life, Linda sees her career in nursing as a major factor in her growth throughout life. She adamantly feels nursing has taught her to accept life on life’s terms. Whether it came from her religious beliefs or her career, Linda does have a sense of spirituality which tends to exude in her interactions.

Different things used to bother me a lot more. But as time goes on, and you have a family and grown children, you look at things that are happening and you think, ‘Oh my god.’ When you've been in nursing as long as I have and you look at something, you say, ‘This is not like life or death, whatever it is. We can overcome it.’ You can overcome it with that support. I have such a strong feeling about that. Even life-threatening situations. When you look at some things, and I mean things that happen in your everyday life, I think God gives you the strength to get through it. [More so] because you're putting things in perspective and because when we see what we see every day, you know, so many times I am just thankful every day for what I have. It really does help you to put things in perspective.

Linda believes that the challenges and controversy she has endured have come together to make her a stronger and better person.

You know, it's helped to better myself as a person, better my nursing skills, better me as a nurse. Yes. You know every little step. It elevates me to a different level. It raises the bar a little bit more.

Advice Filled with Wisdom

Although Linda never really got overly frustrated with nursing, she can understand how others can. Faced with the daily challenges, when one does not love what they are doing, she feels it is easy for frustration and negativity to set in. Her advice is simple to those who find
their career frustrating, be honest with yourself and look at what frustrates you and move on if needed. It is innate how Linda is able place a problem in the proper perspective, place blame for issues where they belong, and accept her own ability to map her own career destiny. Never afraid to move on when needed, it is her sense of when to move and how to do it that has helped her to be the exemplary nurse that she is. This more than anything has enabled her to maintain her enthusiasm for nursing. She shares it so clearly when she says:

Don’t give up so easily. I think for nurses that have been in [nursing] for as long as we have and are frustrated, I would need to know what the frustration is. ‘Is it the patients, is it something that has changed?’ When I first started in nursing, people were very appreciative. And the patients in City, I don't think are as appreciative as they used to be. And that's something you have to work with, or move on. You are there to do a job. I love a challenge and I accept it but if you really don’t love what you're doing in nursing, look into other areas of nursing. At one time it was that a woman could be a teacher, a secretary or a nurse and now in nursing there are so many areas, it is so diverse. Like I said nurses can do anything.

If you want to be in nursing, nurse. You have to have that drive to overcome a lot of those challenges with the nursing shortage. I just think that you really have to look for your niche and if you really love it…you’re going to stick with it.

Linda conjectures that young people who get frustrated with nursing may not want to go through the pecking order. She believes nursing has a pecking order which is not necessarily negative but which helps neophyte nurses to learn. Looked at in a positive manner, Linda believes this can serve as a type of orientation to the profession of nursing. And when young people do not understand this order, she believes this can lead to great professional frustration.
They don't want to go through the pecking order that we did. They want instant gratification. And I think that's what is going on in people, they want it right away. And that's not the way it is. It is very diverse in nursing. You just don't come and work this special shift. You don't just come on and have someone else do the dirty work for you. That's part of nursing and that's how you learn.

Linda believes nursing is truly a hands-on profession. She believes young people need to understand that they must give nursing time. Being good takes experience and experience takes time. Frustrations come when nurses expect to move in nursing on a career trajectory too fast.

All young people want instant gratification for everything. And they give up very easily. I think they give up too easily. How many young people meet, they're married in two years, and they just don't want to push a lot. I think a lot of it is, like I said, discipline. They don't want to sacrifice or compromise. Sacrifice, you know. I think some of them look at it like, ‘Is that really worth it for me. I'm not going to do that. I'll go to school and I'll go to anesthesia and I’ll make big money. I’ll go to be an instructor and I don't have to do any of this dirty work, you know.’ So you know, what are you really in it for?

Because I don't think you can really be a good instructor until you’re hands-on for awhile. So, like I said, me trying to talk someone [patient] through an endoscopy because I've been through it…the confidence, that is what they need. And I think the same goes with nursing, with teaching, with teaching nurses. You know you can't be good at it until you've done it yourself.

Linda, having worked most of her career in the ER, has what she believes is good advice for those new nurses who want to work in the ER directly after graduating.
I don’t know if it is a good thing for them [new graduates] to be on orientation or in the ER. I don’t feel it is the ideal place to be right after graduation. You know it is very complex. You have to do a lot of critical thinking. I don’t think they have those skills right away. Like I said, organizational skills, and where you can be sure that you know what you’re doing. You’re put into an ER, which is so cutting edge as far as life or death. [You need to know] what you’re doing, I just don't think that that's the place to be [right out of school].

And Linda is once again challenged in her life. When met for our second session, she had lost the election and her personal life had undergone a tremendous assault. For the first time in her life her career was in question. In order to cope with her life stressors she again turned to her career to provide her with the one constant she can count on.

I lost the election and my family has had many tough times. This is the most difficult time in my life. I do like my nursing but pediatric patients are not for me. I liked the general nursing more. I am looking for something which I need…I am thinking of changing my employment…not leave nursing…just get a job I feel more fulfilled at. I still like nursing so much.

And her optimism and her ability to deal with difficult situations are once again brought into play. One cannot help but believe she will be able to deal with these situations as she has in the past…emerging the victor once again.

_Brenda: A Career Rooted in Values_

_Synopsis_

Brenda is a nurse who is driven by her values. Entering nursing as a young girl directly out of high school, she has been afforded the ability to daily perform the type of nursing which
fulfills her best and allows her the ability to develop substantially fulfilling relationships with her patients…bedside hospital nursing. Brenda is not afraid to connect on any level with her patients and because of this, they laud her for her care. But, make no mistake, Brenda’s career in nursing has not always been easy. Although open minded on many issues, Brenda is committed to practicing her profession as she believes it should be practiced, regardless of others’ views and beliefs. Looking back over a career which expands thirty one years, Brenda is more than content with the direction and focus she has chosen, in fact, she is fulfilled by it.

Vignette

Brenda parked her car and approached the front door of the hospital. She could see clearly in front of her a line of nurses, nurses she had worked with, some more than others, but mostly nurses she welcomed partnering with during her nursing career. And now these nurses were not at the bedside or ministering to patients, they were carrying picket signs.

From this distance she could not recognize all of her mates, mates who she shared many a day with. As the complexity of health care and nursing has increased, increased by leaps and bounds since the days she started nursing, these were nurses she consulted with and who consulted with her daily in order to ensure they were delivering the best nursing care possible for their patients. And now these nurses were on the picket line. As Brenda approached she could sense the coolness in the air. She thought, Oh no, they are not going to turn against me?

It had not been an easy decision but it had been a decision which Brenda knew she had to make. She spent many sleepless nights thinking and rethinking the issues at hand, issues which her friends were now fighting for. Without question, she agreed with her peers, she too wanted changes, she too knew they were needed. But, she thought, not in this way. Even though taking a stance counter to her peers, peers whom she had shared so many of the same views with so many
times in the past, did not resonate with her. She could not support this nursing strike; a strike which she believed in her heart would impact the care of her patients in too many negative ways.

As Brenda approached the group, her eyes met a friend she had known for many of her years in nursing. She smiled and nodded but she could sense her greetings were not being accepted. The feedback she received during this communication was nothing less than anger and coolness. As if Brenda’s look carried with it a force which pushed her friend’s eyes away, her friend turned her head away without even acknowledging Brenda. Brenda now looked around the crowd for a friendly face, but she could find none. The crowd which was getting more and more active. This activity level was being fueled by the start of the nursing shift and the entry of nurses hired from all over the nation. Nurses hired to care for the patients of the striking nurses. 

*How could this be happening,* she thought, *I have worked with so many of these nurses before? Just because I have a different point of view than they do, they are no longer my friends? Her heart was heavy!*

Her decision had not been an easy one; it is never easy to run counter to any group, let alone a valued group of people you interact with and care for as much as your family. But Brenda was a person of strong beliefs and committed values. She had an internal locus of control, a locus of control which was appropriately influenced by others, but never determined by their views. She prided herself on making life decisions, only after careful thought and contemplation. These were decisions which resonated with her internal personal and professional beliefs. And so it was when she made the decision to cross the picket line…alone.

Brenda knew this could happen, her peers would reject her, but she had hoped it would not. Brenda was an objective person who approached life in a positive manner. She enjoyed the fact that others agreed with her decisions but she clearly was secure enough in her own person to
accept the fact that dichotomous views were not against her but rather different than her in thinking. And she was comfortable with this. She had hoped others shared this approach to life, unfortunately not all did. Therefore this time in her professional life would prove to be a defining moment in her career. A time when she would come to understand who her true friends were. A time when the core of her professional being would be challenged. It was by no means an easy time!

_A Snapshot of Brenda:_

Brenda is a 51 year old nurse who received her nursing education in a diploma school not far from her home. She has worked for 31 years, the breath of her career, at one facility. She has specialized in adult medical-surgical bedside nursing and has served as a mentor to many new nurses. She values continuing education and predominately participates in programs sponsored by her hospital.

_Brenda’s Story:_

Brenda tells the story of her start in nursing. Her story reflects that of many women of her age group. Brenda chose nursing because she had a loved one, who was a nurse and nursing was so right for her; so she willingly encouraged Brenda to become a nurse like herself. This persuaded Brenda to consider nursing as a career. But equally as influencing was that fact that at the time Brenda was choosing a career, few careers were open to women, save teaching and nursing. And Brenda chose nursing.

Well when I was a little girl my godmother was a nurse. So that's how I got started. I wanted to follow in her footsteps. You know, probably from early high school, I wanted to be a nurse. And at that time, you know for women, back in the early 70s, when I graduated from high school and was getting into nursing, there was really not a lot of ways to go as far as women. You could be a teacher or a nurse.

And as I was growing up I always found myself helping people and things like that. And
you know my godmother said, ‘Oh nursing is wonderful.’ At the time she was in it.
You know, that’s why I went into nursing eventually.
And following the common path for nursing education at the time, she attended nursing school in a local hospital school of nursing.
I am a diploma graduate. You know, for 2 1/2 years I went to Clinda Hospital. We went to Sami University for our core courses and things like that. We had a lot of hands-on-nursing at the General State Hospital, everything was there except for psych and things like that. But most of our clinical sites were at Clinda Hospital.

*In No Time She Knew Nursing Was the Right Profession for Her*

She rates her nursing education or training, as they called it at that time, as positive and almost superior to what student nurses today receive.

So most of our training, as it was called back then, was a lot of hands-on. A lot of responsibility. Unlike today, I think there are a lot of differences to when I trained in nursing years ago.

Even though her rationale for becoming a nurse was influenced by sources outside of her personal being, shortly after she started nursing school and began working with the elderly, she had an “ahah” moment and she knew personally it was the absolute right profession for her.

But as I went to nursing school I could just feel myself falling in love with the profession. I worked as a nurse's aide, while I was going to school…in a nursing home so I got some experience there. And so I sort of bonded [with them]. It was an elderly [home] for people who were there for long periods of time. So you sort of bonded with the older people. And they sort of looked forward to you coming every week because I worked every weekend there and my time off from school and everything.
So as I was doing that I became more and more involved with people and helping them.

Brenda started working in nursing shortly after graduation and she has worked at the same facility, with the same people, ever since.

And then when I graduated I started at the USCC as a graduate nurse. So, I've worked there for 31 years now. Always at the USCC...the same place...always on the medical-surgical floor. In fact the same floor. In fact, many times we just physically changed floors, literally, not changing my position in the hospital.

Even though she was offered many advanced positions throughout her thirty-one year career, she has elected to stay as a staff nurse at the bedside. And she is emphatic that being at the bedside gives her a rush, a rush which she does not feel when she works in other areas of health care and nursing.

I was throughout my thirty-one years offered a few times management positions, but always wanted to be at the bedside and close to the patient. I enjoyed taking care of the patient themselves and just being that type of nurse. Management was not for me. I filled in here and there and it just wasn't my cup of tea. I didn't like it. I mean not that I, not that I couldn't do it, but that's just not what I wanted out of nursing. I wanted the fulfillment of seeing people come in very ill and nursing them through the rough times...and sometimes you didn't have good results, people died. And just helping the family. That sort of was my rush on life. To go through all that. So I stayed at the bedside with medical-surgical nursing. Pragmatism Guides Her Professional Life

Without question, Brenda is grounded in reality. She clearly knows that nursing and health care are not without their challenges. Yet she has been able to rise about them. She uses her personal feelings at the end of each day as a barometer for her career choice.
Right now I work on a 39 bed unit, and mostly [our patients are] surgical patients. We do get the medicine [patients] there now and then, but mostly surgical. I still, though…even though there's good and bad as with everything, you know the way nursing is going and the different things at the hospital right now, but I still can look back at the end of the day and say, ‘That’s still what I wanted to do.’

*Important and Essential Traits to Good Nursing*

She is clear what the most important aspect of nursing care is for her. And these aspects of care seem to help Brenda transcend most of the issues she is confronted with on a daily basis in nursing.

That's still what I wanted to. And you know you have good times and bad times. There's a lot of negativity and things like that and dealing with different departments in the hospital that could become a pain. But when I look at focusing on taking care of the patient and their families overall, we’re all there for the same thing, to help the patient. And that's where I get my joy, being there with the patient.

Brenda sees the intangible traits she believes she developed in nursing school essential to being a successful and fulfilled nurse.

When I went to school with a diploma in nursing, I think back then, we had a lot of dedication to the profession. Oh, [back then] nursing did not pay a lot. I mean, I started out at $3.65 an hour. At that time there was not a lot of money. So it wasn't for the money. But I feel today some, not all, some of the nursing graduates, the younger people, there's not a lot of dedication …not a lot of devotion to the profession. It is just …there is a job there. Mothers maybe wanted them to go into nursing and there's not a lot of loyalty to the job.
Brenda is careful not to stereotype all new nurses and students, but there seems to be some trends which she has seen and which tend to upset her.

I mean, not everybody, but I think they are, I can see the change. Maybe because I'm older and maybe I was like that when I was young but it didn't seem so. People didn't complain about it like what you have now. You know the other kids come, and if they don't like it they go to something else right away. Then maybe that's the way to be. But we were brought up and you stick with it. And fortunately I liked what I was doing. So for me it wasn't like an albatross around my neck or anything like that. It was a joy.

Where now you don't see that in a lot of the younger kids.

As Brenda interacts with more and more new nurses, she sees the need for them to become more familiar with the culture of nursing. It is this lack of understanding that she feels may give them a false sense of worth and understanding about their role. Many seem to quickly change their career direction before they give themselves enough time to really understand what they are actually getting into.

They think they're going to get a managerial job, because a lot of the four-year programs, you know, they're going to come out and they think, *Oh I'm just doing this to get some experience and I can be a nurse manager.* They don't realize the chain of command and all that. [The chain] that they have to go through before they go on. Or they go to a different place and they say, ‘Oh, I don't like it here,’ and they say, ‘I'm leaving and I'm going to go somewhere else.’ After you've worked with them for six months. And all of a sudden, they decide, ‘this is not what I wanted to do.’ And they leave instead of giving it a chance.
Brenda shares that she may have felt the same way at times. But she cautions it is essential to keep your eye on the future and understand that changes do occur. One must move and change with it and when they approach it this way, nursing turns out to be a rewarding career.

I just like nursing in USCC…you know, when I first started, we got a cat scan back in 1978, and that was like a big thing…and now you're doing the laparoscopic surgeries. We have all the sophisticated equipment and post-ops getting out of bed and going home the same day. Back 20 years ago, they stayed in bed for 10 days. So you know, just the changes. I've gone with the flow and I've grown with the flow and the new technical things and the advances in nursing. Well just in medical care itself. So, I think I've done pretty well for myself by growing with the times. I'm not one of those people that got stuck back in the late 70s or early 80s, and refuse to move on with the trends.

Nursing Career Satisfaction

And related to her career choice Brenda is very happy. She has been able to balance her life not in spite of her career, but because of her career. She has found her career has afforded her the ability to not only work at what she feels is so right for her, but she is able to do so while decreasing her stress related to her personal obligations.

I am very happy with my career choice. It worked out between the career and all that. And I always worked full time. And I've always managed, with my husband and myself, to work things out. And I always manage to get to everything. It's a real rewarding feeling, and you know, it's [nursing] a real easy thing to help you manage your family and all that. Because of the hours and that? Yeah, because of the hours and all that.
Yeah and you know, at the time it helped us when we were in need of childcare with the kids and we were able to, well say, manage things. It was flexible. And she expands the advantages of being a nurse beyond herself and her situation.

The hospital was able to work with not only myself, but other people.

Brenda willingly shares the relationships she has developed at work. And it is not hard to detect the importance she places on her nursing relationships. Her views, related to compromising and working, are clearly emphasized as she talks about her work environment.

Because we were all the same age. We are all in same age group. There are four of us that we work with. And you know we're all growing old together. You know, we had our babies and graduations and now our babies are having babies. We have traveled down the road together.

Basically working with the same people originally. When I worked on the one floor, the floor was split. So half the people that were working worked on one side and the other half worked on the other side. And you know, even though we are on one floor, we are two separate areas. So then they put on a new tower, and we were moved to the new tower. So we all came together. And we had some clashes originally because they did their thing one way and we might have done our thing another. But over the years, the last 12 years, we've all come together and grown as a family. You know, you still get a few, you know, that will not change whatever you do and that's just their ways. But we're all there for the same thing. We’re an older, I shouldn't say older, but older group of nurses, and have our priorities straight...what we want to accomplish with our patients and patient care. We are all on the same page. So it makes it easier. It makes it nice.

You know...when you have 15 women working together, you have your problems, but,
and we have one man (laugh, laugh) but you know, it makes it nice and everyone gets along. We have our tests now and then but for the most part we all get along and work together.

Brenda shares how important she believes relationships at work are. She actually identifies her work group as a family since she interacts with them an equal amount of time many days as her own family.

Like I said, everyone gets along…and we do. We do well. We go to lunch. We go to the movies. Just for a little let down. To blow off steam and things like that. We have our own families, but we also have …we also see our family at work. Basically more than we see our family at home. You know and if there's a problem we are there for each other. Be it personal or professional problems everybody sort of just chipped in with everyone else and lends a hand. Everybody is open to suggestions or comments, or they're just there to listen to somebody if they have a problem or something.

And she knows that clearly it is not like that everywhere. She has experienced work places where this has not occurred and these experiences have only tended to reinforce her beliefs and increase her appreciation for what she has.

Some places you don't get that, you know. We got pulled [off the unit] not very often, but depending on what is going on at the hospital and when you go to other floors, you could see the tension. And that does not make it nice. No convenient work area or workspace. You know sometimes you feel a lot of tension. The day you go, you know from your gut, you know you're going to have a disastrous day. It just doesn't go smoothly. Whereas if you have a more cohesive group of people working together to get along that know each other's buttons too and what it is that sets them off because you've
worked together so long, just sort of knowing each other…it sort of makes it an easier workday. It makes things go a lot nicer.

When I asked her to share what it was about her practice and herself as a nurse that others admire and would describe as her exemplary nurse traits, Brenda offers the following attributes.

I'm very caring and very caring to my patients and their families. Very dependable and resourceful, not only to staff, but doctors will sort of seek me out to see what I think about this or that, even if it isn't my patient. You know, they'll come to me with a problem and say, ‘You know, what way do you think I should go?’

I feel respected, yes respected. You know, and I'm not saying I'm the only one. But after years of experience, I've always had a good rapport with people. Patient's families, doctors and other departments and things like that. So I think that's, I guess what people say about me.

**But There Are Challenges**

Brenda does feel respected and supported by her coworkers and many of the physicians. But administration can challenges her on many occasions.

(My peers are) very supportive…I would say, very supportive. Now there are some changes, sometimes I would say administration. Sometimes, they want you to do things that you may not like and you may have to cut a corner here and there…and it is really no way to do it because you know, it could be done better. But you know, it is time-consuming. Like for instance now we have a new thing where they're really getting on overtime. They don't want you to stay. But the people we have on our floor, there are only one or two people that abuse it. But they want you out by 3:30…no ifs, ands or buts.
Even if there is an emergency at the end of the day or throughout the day, they will give you that leeway, but for the most part they want you out by the end of the day.

And you know, you find yourself well, if I have a postop and I walk him in the morning and I had another patient, and I did this and I did that, and in the afternoon you want to take him for that second walk…or should I go do my chart so that I can get out on time?

This is a decision that is very hard. And that’s very frustrating to me. You’re used to doing things because you know what has to be done and are used to spending an extra five minutes teaching the patient and making sure they have all the equipment for home and things like that which you do, but which you are expected to do a little bit quicker. But maybe after he [the patient] left you might think, *Boy did I really do a good job?* Because I have this in the back of my mind. Because I have to get out. *Administration could be on my toes.*

And right now I see that as a negative. Whether they get us more help or something. That to me is like a little black mark because you know I am not used to slipshod work. And there may be some that will just do certain things because it will be easier to do it that way. And in nursing school they sort of would drop dead if they saw you doing something (laugh, laugh, and laugh). And you know, in that instance, some things… but never to harm the patient. That has a bad taste in my mouth right now.

So hopefully we will be able to come to a compromise between administration and the floor and sort of work things out. Hopefully, you know, hopefully come to an even keel. How to approach this problem. How to do things in all, a little bit, you know, not better, but so you don’t have to be slipshod, where you do things quickly. My thing is I like to spend time with patients, the families, and a lot of teaching. And now patient teaching is a
big thing and all that stuff. And you know, you find yourself sometimes that you can't do the job that you want to do because somebody is breathing down your back to get out of there. So that right now, I would say this is the negative thing that's going on right now. Brenda, while not happy about it, does understand the chain of command and how impotent the system can make some people feel.

Well, as far as our head nurse, and the assistant head nurse, you know, they're very supportive of the floor...but it may not be them. It comes from the higher-ups. And you don't really see much of the higher-ups. You know, it's like their director says, 'Do this,' and that's the way it's going to be. And you know a lot of times with our head nurse, she will say, 'Well, this is going on and blah, blah, blah,' And you know, the head nurse or the director of nursing doesn't want to hear it...doesn't want to hear the story. This is how [it is] and it's cut and dry. This is the way it can be and no ifs, ands or buts. And sometimes it's very frustrating. And you're working on the floor and we've always said, 'Let them [administration] come down and see what we're doing on the floor' because the paperwork is just phenomenal for JCAHO and the State Board of Health to accredit the hospital. It's just so many things that they want. And where do they think that these things will be done? So it's either the paperwork or the patient and what's more important? And they just don't see it.

Every week there's a new paper to fill out and JCAHO wants this and JCAHO wants that and you say, 'What about the patient. Where is the patient in all of this? ’ And where's your time and where are you going to have to devote your time. And it's getting to the point we are devoting most of our time, no more of our time, to paperwork, than actual patient care. But that's not the kind of nursing that I would ...I don't want to see
nursing go that way. And I like to do a lot of my own nursing because by doing a bath or walking the patient, you get to know them and you can assist them better. You know what they're like the day before, so that if there's a problem the next day you can say, ‘Look Doc at how she is. This is how she was yesterday and something’s going on.’ The physicians respect your opinion and you know, they trust you to take care of their patients and things like that. So I don't worry too much with all the paperwork that keeps piling up on us and all that stuff. So we'll see.

[In administration] there are not a lot of listeners. There are a lot of doers. This is just the way it is.

I don't want to be there any longer than I need to but if there's something that I need to do for the patient that can make me not get my chart done at the end of the day, well, and if I had to spend an extra 5 to 10 minutes…well, so be it…at least my patients were taken care of. And you know, now the big thing is over time, because you know they're there to make money, to save money, because they're a profit organization now. So it will be interesting.

And Brenda relates how her supervisor is supportive but many times unable to effect any meaningful change.

While there is support with our assistant head nurse and her nurse manager, she will say. ‘We will bring it up to the higher-ups. But it just sort of stops there. You know, she's very sympathetic toward our needs and things like that but there's only so much she can do because she is being told by others; a boss on her shoulders tells her to do this and that and this. Make your people do this…to act in that way… she is sort of torn.
When asked how she copes with administration and the changes she is quick to direct her energies to her peers.

I try not to bring my work home. I'm not a big talker about what's going on at work other than personal stuff. No actual work stuff. So you know, we have a small group of us that go out to lunch and things like that…or just get together at someone's house…and you know, we talk about our problems. At least we have a little release of frustrations. You know, get it out in the open. We will try to talk about things and say, ‘What could we do with this. Or maybe we should do this or that.’ And you know we’ll bring it back to our managers maybe and say, ‘Why can't we do it this way?’ And sometimes they're sympathetic to our concerns. You know, there are some changes on occasions. But a lot of times, the higher-ups may decide or the Director of Nursing or it could be her boss above her saying, ‘You know this is what you have to do.’ And we just don't know what's going up further. We never get the chance to talk to higher-ups. And if we do, it's like they take our concerns, and you know it's going to be their way anyway. So that's the frustrating part.

Brenda, grounded in reality, understands that sometimes things are out of your control.

So you just sort of go with the flow and try to do the best you can. You are just one person.

Patient Care and Personal Values Drive Her Practice

And she is able to deal with these frustrations by focusing on the input of those that matter to Brenda.

You know every week someone says to me, ‘Thank you for what you've done.’ Then I know that I've done my best. They appreciate it. And that's the reward in hand. And so
even though there may have been things done a little slipshod, I don't want to say slipshod…because it's not slipshod…a little bit quicker, maybe not as much time as I would like…you know, I still do the right thing. Giving the care …and people appreciate it.

Brenda will compromise but only to a point.

Knowing that you are not going to harm anybody or do something that is totally wrong. I wouldn’t sacrifice something like that. I would rather stay an hour later and be canceled than to say I did something wrong because I had to do it because I had to get out of there. I would not do that.

And right now a new policy came out. If they do have a code [Cardiac Arrest] in the afternoon and you didn't have a chance to get your other work [done], then there are stipulations that if you said to them, ‘I cannot get done and I need to have over time because my patient coded. Or I got a bunch of post-ops back at the end of the day so I have to spend time with them or someone went bad’…that's fine if you stay over time. But if you just have a typical day, and like I said, you did spend too much time teaching someone what to do, you spent too much time talking to someone, like a patient or family, and you said, ‘Oh, geez I have to do my charts, and it's like quarter after 3…or it's quarter and you have to finish your charts and you don't really have a good reason, then, that day, you're going to be counseled. This is just a new action for about three weeks now so nobody really has had a problem with it so far.

Brenda, though desperately concerned about the situation at hand, is able to balance the situation with levity.
But a lot of people who were staying until 4 o’clock are now getting out at 3:30. [laugh, laugh, laugh].

And she relates examples of when one must stay. And she is clear, her frustration has everything to do with the needs of the patients.

But at times we get an OR back at 3:15 and you can’t just put them in bed and say, ‘I am out of here.’ You know, a lot of things unfortunately happen between shifts.

You know you're going home and you're going down the hall and someone is on the floor. So what are you going to do? You've got to stop and help them, because the other people are still in report. There are not a lot of people on the floor between shifts and sometimes you just can't help it.

Brenda continues to share her concerns, almost as if she is trying to settle her views related to this situation in her own mind.

The head nurse on the unit will decide if it is a valid reason to stay over. And as long you go to her mid-day and say, ‘Look we are getting slammed here, admissions, post ops, we’re not getting done and I think we’re going to have over time.’ As long as you have a valid reason, as long as she can justify it, she may give in to us. But then her boss may say, ‘Well, what's with this over time? Why aren’t you doing anything? Why aren’t you on their backs? You get them out.’ So it's like a domino effect. And it's sad to see that unfortunately…if that's the way nursing is to go. But unfortunately I hope nursing is not going to go that way. So we'll see what's going to happen.

Brenda tells a story of the role administration plays in helping the nurses to advance their qualifications. While administration at one time offered support in the form of monetary help and time release for educational purposes, today they offer only online in-service education on
the unit. Although this educational format is convenient and absolutely relevant, it is narrow, very narrow in focus and one which the nurses must try to fit into an already busy schedule.

[Administration does help] us keep current on new things, they do help. We have a lot of in-services at the hospital. We have a lot of online things that we can do online, things like that. If the companies are coming out with a new product we have an in-service on the floor to tell us what's happening. We used to go to outside conferences. But not at the present time. I haven't been to almost anything outside because the hospital used to pay for you to go to an in-service outside the hospital. Things like that. But they stopped that a few years ago. And nobody wants to pay $100 or $200 to go out. If the hospital supported us a little bit better [it would be different]. They do provide in-service at the hospital and they did give us time to go to these in-services. And a lot of things are brought right to the floor. It makes things a little easier because it's a quick 10-15 minutes and it shows the new products that are coming out surgical-wise and things like that. They do help you to keep up with the new advances in nursing.

[In the past] they would give you the day off, but you would have to go yourself. And we used to get an education day that you wouldn't have to take your own time but now you have to take your own time. You've got to take a vacation day or a personal day. You don't get education days anymore. You used to get a conference day and they would pay for that but that has stopped. Just a money thing. They wanted to cut back on things. I mean, they may send other departments for things but nursing, no, they don't send anybody.
Yet Brenda does realize the importance of getting more than just in-service education on new equipment and procedures. And on occasion the physicians will help to bring them up to date.

And you know we’re surgical, mostly a surgical floor, so you’d think there would be things…new surgeries coming out. But everything is basically on-the-job training…on-the-job. The doctors will tell you if there is a new procedures coming out and they will spend a little time with us and tell us about complications from things and what to look for with new surgeries and things like that. So they are supportive.

Relationships are So Important

She tells about the relationship with the physicians and how it has evolved over the years. And without question, she sees this is a positive aspect of the health care changes.

If we have any questions the doctors today are more nurse friendly than they were years ago. You are more on an even level with them than you were 25 years ago. Not like years ago. And today, I could be their mother and I was telling them to be nice to me [laughing, laughing]. I have a daughter who is in medical school and I said to her, ‘One thing you've got to be friendly to the nurses. You've got to respect their opinion because they are going to be with your patient more than you are. And if you have a good rapport with the nurses and the nursing staff, sometimes that is half the battle. If you get on their bad side you are going to get a call at two o'clock in the morning, you know, to say, ‘So and so is constipated’ and [laugh, laugh, laugh] so you better be nice to them.’ You know and I mean, you still have some that will not give you the time of day but a lot of them …we work well together as a team. I think they respect your opinion as a nurse and have trust in you and things like that.
As well as her own relationships, Brenda is there to champion for the new nurses with the physicians. She remembers how knowing when to report a patient’s condition to a physician is not a god-given skill…in fact, it is actually something that develops with much experience and time.

A lot of the newer kids, we get complaints from them [the doctors]. You know a lot of our off shift nurses are younger nurses. So we get a lot of complaints from our docs. Not a lot, I shouldn't say…but complaints and they say, ‘They call me about this or they shouldn’t have called me about this or why didn't they call me about this?’ And we tell them, ‘give them a chance to grow… they are just young kids.’ And I said, a lot of them just don't know. We were all in the same boat. And you just have to progress with the times. And yes, sometimes they shouldn’t have called with something, something very obvious and they should have called on something that may be, that only a very experienced nurse would have picked up. Sometimes you have to tell them [the physicians], ‘Give them a chance.’

Brenda sees a team approach as essential to good patient care. She believes everyone is focused on the same goal, the patient, and because of this they need to work together. Respect is tantamount to team cohesiveness and functioning. And all members of the team need to have this respect demonstrated through their verbal and non-verbal actions.

And I think that having a rapport with the physicians makes it a lot easier also in the work environment. Yeah, because sometimes they treated you like dirt. And you know, we’re all here for the same thing and they [the doctors] don’t need to be that rude. And not that you need to have everyone for a friend…you're not going to like everybody and they're not going to like everybody. Sometimes you just don't click. But respect for everyone is
essential. I'll still get up and give a doctor my chair [if her has an order to do] because I'm from the old school. Versus you see the younger kids coming and they will just sit there. And they are all sitting there and the doctor is standing with the chart and you say 'Mary how about getting up and giving the doctor your seat?'

Brenda is driven by her own sense of personal right and wrong. She is not only willing to swim upstream when needed but she is willing to accept the consequences such a decision brings. She makes her decisions base on her own personal values rather than the values of others.

One thing…we had a nurses strike a few years back with our union. Our nurses are unionized. I am not a fan of unions, and when they went on strike, it defeated my whole purpose of nursing. So I did not join the union and I crossed the picket line. I did not strike. Because I thought, you know, there are things you want, and we all want certain things, and sometimes you just can't get them and you have to compromise. And at the time there was no compromising. And I’m just not a union person. Let's put it that way. And when I crossed the picket line, to this day, you know like eight years later, after the strike, I still have people that were my good friends at one time from other nursing departments and things like that that still won't talk to me because I didn't support the union and I crossed the picket line. And that doesn't bother me because my point was that I went into nursing to help patients and to be there with them through thick or thin and I could not see myself not being there for the patients. Even though I lost some friends throughout the whole thing, [I feel] if I lost them as a friend, then they were not my friends to begin with. And that's what I thought. When everybody came back to work,
you knew who your friends really were because your true friends, even though we were on opposite sides there for a few weeks, we still maintain our friendships.

Brenda sees respect for differences to be an essential aspect of the work environment. She does not believe everyone needs to agree on everything but she does believe they must be open enough to understand this and respect others points of difference.

[Everyone should have] respect for the differences in opinions. Now, I think back on what I did. I think I must really like what I'm doing to be able to cross the picket line and be there. And this is what nursing is all about. Being there for the patient. And that sort of thing.

Clearly Brenda is a nurse who is not afraid to become involved with her patients. In fact she sees this as a very positive aspect of her career.

I've had several close relationships with families of young patients throughout my career. I had two specific ones where there were two young people that had cancer. We took care of one's father who had cancer and we became very close with the father and the mother. And then the children and the kids at that time...we went down to the shore on vacation...they invited my family to go out to dinner with them. And all that sort of thing.

The father had died and then a couple months later, the daughter came in with a brain tumor. And that was sort of devastating at that time. But you know the family and they were comfortable with me because we bonded a few months before that time and had a good relationship for about two years, during the time the father had lasted. And here comes the daughter.
We got a call that said we are getting this young patient from the University of Monroe, transferring back home to our floor. We see this liter coming down the hall and it was the guy's daughter that I had taken care of and he had just died a few months ago. And she had a brain tumor and she was all blown up from steroids and everything and the mother just looked at me and I looked at her, and it was an unbelievable experience. And I was glad that I was there for them because they felt confident and comfortable. But you know I was there and they knew me. The daughter eventually passed away…and you know I was pregnant at the time and they bought me gifts for the baby. And we send pictures back and forth. And when this one son was getting married a few of us were invited to the wedding. We were like a family. And that's why I went into nursing…to help people at any time with need. Just to develop a good rapport with the patient and families. It's just a very positive experience.

Brenda believes that those who do not get involved, maybe not to the extent she does, but on a meaningful level, are missing a very important aspect of nursing.

[I am not afraid to get involved]. And I hate to single out the other nurses of today, but they do not seem to have that. You know they're there. They do their job, and they don't get involved. Maybe I'm wrong for getting so involved to the point where you're going to weddings, and we go to the funerals and all that kind of stuff. But to me, that’s what it's all about.

And she sees a disconnect between the generations in the clinical area. Although she respects differences, she does struggle to find the reason for such differences.

I think it has a lot to do with the generation. Well, you know, my generation was a lot different than what kids growing up today are. It's just a different generation of kids
coming out. You know the way they were brought up, and you know…things. We were happy just staying around the house all day and we made our own fun. And the kids today, you know they have to be entertained. It's just, it's just a different generation of kids, I think. You know. Maybe just comparing generation to generation, but sometimes you don't think their heart is totally in it. [Some new nurses are older] and you can tell the difference between an older generation and the younger generation…because they [the older generation] have a little bit more responsibility and a little bit more dedication. You see a lot…you can tell sometimes.

*Coping Strategies Are Diverse Yet Effective*

Career cycles for Brenda have been linear and forward and evolved with experience but on occasion she has had a temporary halt in the development of her career. And when this happens, she accepts it and realizes it is a time to pull back and rethink her career track.

Yes, sometimes I feel like I'm in a rut. Yeah like you're doing the same thing over and over. I think, *Maybe I should do something else or go somewhere else or maybe do that management thing.* And then something will happen on the unit, or something, and you see what management is going through now. And you say to yourself, ‘That is not why I went into nursing.’ It sort of pops you out of that slump and you say, ‘Okay let’s get back, let's get back, let's regroup.’ You sort of think to yourself, *let’s think about what's going on.* And you sort of say, ‘Well, yeah, it's time for a vacation.’ [laugh, laugh, laugh, laugh]. A mental health day. You just pull back a little bit. Do an overview of what's going on and you say to yourself, ‘How can I change myself to get out of this slump…off this roller coaster thing?’
Sometimes you're just so busy that you don't have time to think of what's going on. And then when you have a break you think, God, *I don't believe all that happened in the last couple months.* You know you sort of get on a roll…that things are on a roll.

Brenda maintains a positive attitude which enables her to accept and cope effectively with change as it embarks on her life and her career.

You're so busy you have no time to breathe. You don't have time to sit down. And things will even out and you say to yourself, ‘What has been going on in these last couple weeks?’ So you do, and like I said, you try to readjust your thinking or your ways and just try to always say, ‘Go with the flow.’ And things will get better. Things will always get better. They can't get any worse then. You know, if we do have some bad times or lulls, it only can go up. I try to be positive.

She uses her support systems of friends to help her to deal with the stressors of life. But Brenda is grounded enough to understand that occasionally she needs to depend on herself. And this fall-back system seems to work well for her.

And when that happens, I talk to myself. Like I said I'm not one to bring my work home or discuss it. I have some friends who are retired. So, we always had a good rapport while we worked together and we still get together on the outside. Even though we don't work together anymore and you know, I'll say, ‘Remember when this thing happened.’ And she'll give her insight into something. And it's sort of maybe you can see the light a little bit better. You know, we do have some time together, you know a peer discussion, which sometimes helps and sometimes it doesn't. Sometimes you have to find your own way, anyway. And it usually works out for the good…the positive.
And sometimes you need that sea air just to clear your head and veg out for a while. And like the Energizer Bunny, you have to rejuvenate yourself. You come back and you'll be good at things or better.

Brenda knows that the profession of nursing is very stressful, and this stress needs to be recognized if it is to be dealt with effectively. Yet she is open enough to realize that this type of stress is not for everyone. Clearly she believes that one must like doing nursing or they will not be able to deal effectively with the stressful nature of the profession.

It [nursing] is [a stressful profession]. You have life or death situations in your hands all the time. And you know, I don't want to say this to my husband, but he'll say. ‘I've had a bad day.’ And he's a sales rep and he'll say, ‘The phones are busy and blah, blah, blah.’ I don't say it, but I think. This busy is different from my busy. And I want to say to him sometimes, ‘You know, I have life-and-death situations in my hands all day, every day, and you worry about answering phones, all the time.’ You know people’s careers are different and their stresses and their things are different than what we go through so I don't want to take anything away from someone else who doesn't do nursing and work in a hospital and things like that. But it's different.

Nursing is stressful and you’ve got to, you’ve got to like what you're doing. You've got to like helping people. And the care and the devotion and all that has to be there or else you're not going to be happy.

And if one is not happy, which Brenda can understand, for the profession of nursing is not for everyone, one should consider a change. This must be understood, embraced and ultimately accepted.
I mean, I worked with people that worked 20-25 years and are not happy with what they're doing. But yet there they are because they don't want to do anything else. They don't want to put that time, you know, into looking for something else. ‘Oh, I'm due for another job. I'm going to look for this or that.’ Yet they're still there. But they are not happy. They are always complaining. And complaining can be good. It makes you still get better. But if you're complaining all the time. Then I say, and you know, I say this because some of them are good friends with me, so I can say, you can say anything back and forth, ‘Maybe you should take a look at what you're doing and maybe you're not doing what's right for you. Or maybe you need to do something other than this, because obviously it's not right. You are not going in the same direction as it's going now, [the direction] nursing's going now. And maybe you need to step back and go in a different direction?’ They may still like nursing, but maybe the patient care is not working for them. So maybe they should move onto something else. And some people have moved on to different things. You know, doctors offices and maybe nursing homes. And you know, everybody has their different stress.

But Brenda does not feel one should change nursing roles just to change them. She cautions that the move must be rational and not just based on impulse, because so many times the grass is not always greener.

And I say honestly I never wanted to go to this hospital, or this, or there, or maybe do something else, but you know, I say, ‘The grass isn't always greener on the other side.’ Sometimes, if I was making a total career change, not bedside nursing, then yes. But if I'm just going from one hospital to another to do the same thing then it's not going to be better. They are going to have their own problems.
Brenda understands that some nurses are reluctant to move…they develop a comfort level and get in a slump and are afraid to move. Brenda believes self reflecting on their role in nursing will unlock the answers for these nurses as they struggle with these significant career issues.

[And some are] afraid to do something else. And in a way I could say that about myself. I've been doing the same thing for 31 years. But yet I am not in that slump. I still enjoy what I'm doing. So, I don't feel like I am in a slump. People will say to me. ‘Why am I doing the same thing for years and years and years?’ And you know if it wasn’t still enjoyable to me…until I get to the point where it is not enjoyable to me and [hesitation, hesitation] I'm not going to say devotion, until the enthusiasm isn't there anymore…[but for now] I'm fine with what I'm doing. And if this is what I do for the next 15 years until I retire then so be it. This is what I enjoy doing and this is where I will be. [And if I didn’t enjoy it] I don’t think I would be here. If you can't enjoy it…you really have to like what you're going to do it. Especially what we're doing today. I mean, years ago it was a little bit easier. Like I said you didn't get a patient out of bed for five to six days after gallbladder surgery. Today gallbladder surgeries are going home the same day. There is just so much, so much new technology…and the paperwork is piled high. You still have to like it or you could see yourself being sucked under and you could see how a couple of people do get sucked under. They just can't take it anymore. And they do leave to go to the doctor’s office or nursing home or maybe go into teaching or things like that. You know.

Responsibility to Help Others Experience Nursing as She Has

Brenda is very nurturing and mentors many new employees. She welcomes and enjoys the ability to have an impact on the lives of new nurses.
Which being an instructor, I don't know if I'd like to do that, because that's a job all in itself...watching 10 kids on the floor. I give the instructor a lot of credit. We try to help her [the instructor] as much as we could. And some like it. But sometimes you just don't want to do it, but I do a lot of working with a lot of the new employees that come on. And sometimes it could be very frustrating, but in the end if you get a good kid [it is good].

And her advice for new graduates is wise and drawn from her own rich nursing practice and successful career.

And I always tell them, ‘don't think you're going to learn everything in three months on your orientation because it takes at least six months to a year, sometimes more, to really feel comfortable in what you're doing.’ And people know, you know, and they respect that.

Brenda willingly adds, ask questions always. She believes there is no better way to learn and feel confident.

And never be afraid to ask a question because they are not going to say that you are stupid...they're going to respect you for asking versus doing something that you don't know and getting yourself into trouble with something.

And Brenda believes when new employees are grateful for what one has done for them, it can be so rewarding.

So it's nice, a year later they come up to you and you are their, you know mentor, if you'd like to use that term, but they become your friend. You develop a personal bond with them. Not everybody, you know some people no matter what you teach them, they're just not ...and sometimes you just don't click... and it's hard at that point. And if I see I am
not clicking with somebody, I am frustrated, they are frustrated, I say, ‘You know what, it’s just not working between the two of us. Let's see if somebody else sees the same things I'm seeing to support my theories.’ And sometimes it's just a matter of personality. And sometimes the kid is not going to make it. And they end up leaving after the three months…and sometimes they take more work than three months and they should just hang in there.

Brenda sees the new nurses as having traits similar but different from her generation and herself. As she related her career story, once can see these generational difference perplex her on multiple levels. She seems concerned not only for the new nurses both personally and professionally, but she is also concerned for the profession of nursing and the care of patients.

I feel sorry for them, because they're going in a bunch of directions. And they can't get everything in one time. But again, I don't remember having such a hard time. And you know, not that I was the brightest kid in the bunch, but I don't know if it has to do with the devotion and the eagerness to learn and do things, versus, ‘Well I understand I’ll do this for a year and then I'm going to do something else.’ I just don't know. I haven't figured it out yet [laugh, laugh, laugh].

I remember being scared and remember thinking, I’m not getting to show them that I am scared but remembering to try to do my best. But I think a lot has to do with their work ethics too.

Yes, it's different today. You know I had a job at 15 and worked all my life and our parents, you know, there was no goofing off. If you wanted a car you had to work for the car. You had to pay for insurance, pay for the gas. And I know even with my own kids, a lot of things I handed [to them]. But if you had a job and there was a party that night,
you [my children] could not call off unless you were sick. And if you're going to school I said. ‘If you're fine, you're going to school.’ And my kids won't call off from work now. They said [they do this now because] I'd say, ‘Don’t stay at home even if you didn't feel well because you taught me Mom I have to go no matter what.’ [laugh, laugh] So maybe they're taking that a little overboard. A lot of kids if they don't feel like coming to work today, they don't. I don't know. I'm still trying to figure the new generation.

Brenda perceives the new nurses tend to have a lack of dedication and their work ethic is different. Although not totally convinced, she believes these may be two variables which have impacted their care and serve to frustrate Brenda and other nurses of her generation.

And I am working with a lot of them…like on our 3 to 11 shift. Maybe two of us have been there…20 years or more, versus a lot of kids who've only been there a year or two years. You know, sometimes I work off shifts or doubles or whatever and work with them. It's like you're working with your children. You know you've got to direct them sometimes, because they have a tendency to steer away from focusing, focusing sometimes, instead of being with a patient. They’re sometimes socializing too much and things like that. And you were not brought up that way, you weren't taught that way and sometimes it's frustrating to see. And you think well, they are your equals and if that’s how they want to do their thing it is not up to me to tell them. ‘Instead of talking to Mary for an hour or so about this or that maybe you should spend some more time with your patient.’ Just old-school. Not to say that we don't have fun, we do. But we prioritize better…in certain situations and when it's time to let down a little bit versus all work and no play-type thing. They seem to have a little bit more play in their action. They are young and we are like their mothers. And it could be that we are just not used to working
with young people. Because like I said, we’re all menopausal women and men, and you know...we’re used to knowing how people work and everything, which helps.

Brenda believes she has changed over her career. She was young and had expectation of some of the nurses which were different, so different, from their expectations of themselves. And because of her openness and desire to understand behavior Brenda ironically wonders if the way she feels about the present new nurses is actually very similar to what the nurses on the units that she worked on when she started nursing thought of her and her peers.

I have changed over my career in nursing. I have. Because in the beginning I was talking about the new kids today being young and wanting to have a good time. And I think I've matured over the years as far as...I may have been young but I wasn’t frivolous. I was younger and there were times when I would buck the system.

She relates a personal situation which she still carries with her, one which she believes defines her views and her practice when she started in nursing.

We had a head nurse. When I first started, she was the head nurse there for 30 years. And when I was coming into nursing new things were coming and times were changing and she was still in the old-fashioned way of doing things. And, at the time, there were a couple of us that were new nurses and things like that, and just coming out of school. And you're going to save the world and things like this. And we knew the right way to do things. And we just sort of clashed with things. You know her thing was more of doing the time and deciding who is going to go to break and lunch at what time. We wanted her more to help us on the floor and things like that. And at that time, that was not their job. They were the head nurse, and if there was a problem you went to the head nurse with that...you looked basically to her for knowledge. She wasn't up to par, where
we thought she should be as being the head nurse for 30 years. Then again times were
different when she first started nursing versus when we were coming on. And maybe
immaturity played a large part in my actions, because, let’s see I was 18. I was probably
21…I was 20 when I got there as a graduate nurse. So I was 20 when I started nursing.
So a 20-year-old versus the 50-year-old or 40…or I don't know how old she was at the
time.
And we were the new kids that were going to take over the world and our views were
different. You know…so there were a lot of clashes. And I think at that time our
generation, our time was a little bit more outspoken…outspoken. But things were
changing and we were going with the flow. The older generation of nurses at that time,
in the late 70s and early 80s, were not. They were still administration, administrative-
type people. If we had a problem sometimes with something she [the head nurse] didn't
know how to handle this situation versus…I don’t know if you know Dr. Smith, a surgeon
back in the day. Either you liked him or you didn't. I was somewhere in between. So I
could remember this one day, Miss Cane, and I don't want to hurt her now…she was a
good person, but she wasn't going along with the times. Dr. Smith had a patient going to
the operating room. And he had ordered blood work that morning before the patient went
and her potassium came back like 2.1, I think, and Miss Cane took the report, and never,
it was my patient, and never told me. Dr. Smith came on the unit and said, ‘Why wasn't I
called with this report?’ And I didn't know about it because I was busy doing my thing
and I came back to the chart and he was there and I got my rear end chewed out. And
you know you had to initial when you took a report, you had to do that at that time, and
you still do. But anyway her initials were on the report. And I walked up to her and I
said. ‘Miss Cane why didn’t you tell me about this? The patient's going to the OR and it's very critical. And things need to be done. They could have had a heart attack and other things could go wrong.’ And she just looked at me like you know; she didn't know what I was talking about. And that was very frustrating. You know things like that. So that was bucking the system.

And then you became more mature, and the confidence came then. Unfortunately, she retired, well, fortunately, however you want to look at it she retired, and we got new people in that were very energetic and up on the times. And things smoothed out a little bit. And you had that cohesive working environment. And you had the old nurse versus the new nurse. And you had a new wave of nursing coming in that the older nurses weren't going along with. They didn't jump on the train and follow us. They were stuck in there. They were stuck at the station. And she never said she did it and I never said someone else took the report. It was my responsibility, it was my patient.

And then I had a one-on-one meeting with her and our division director at the time and I said, ‘You know it could have been detrimental to the patient. Luckily nothing happened to the patient and blah, blah, blah.’ I said, ‘Do you realize what could happen?’ And she didn't really have much to say about the situation. The director sort of supported me but they were not about to go against the head nurse at times like that. But as time went on and other things happened, there was just more from the unit, because we have a lot of young people coming in and we were growing with the times and she wasn't, she sort of realized that it was time for her to retire. She wasn't fired or anything. She just retired. I sort of lost respect for her at that time. And you know that was after she left and we got somebody new.
And we just rolled with the times. And you know when I look back at that I think, *maybe these new kids are thinking the same thing*….but you know, it's just I can't put my finger on it. It's just something different, different… it is a generation thing.

Brenda gets very frustrated with the new nurses when they are not happy and they aimlessly seem to just want more.

Like when we were brought up basically we had nothing and we're okay with that. Like today, they have everything, kids have everything. And basically they are not happy. They want more; they seem to always want more. Which is good but sometimes you have to be satisfied with what you have and work with what you have. It's a lot of immaturity too. You know I could be their mothers and sometimes I could just say, ‘Shape up.’ [laugh, laugh, laugh] ‘Yeah. If you are my daughter, you'd be grounded.’ [laugh, laugh, laugh]. Because a lot of times they can bring their personal problems.

And you know you're trying to not only be their coworker, but be their mother too, because their mothers are on their tail. And you try to say, ‘Well, maybe your mother is right. If you didn’t do this…or might not do this…and this would happen.

Brenda talks of the new nurses she works with, and her feelings are clearly dichotomous and filled with frustration. She is very concerned at the division she sees in their intent to be a nurse.

They're frustrating, but they're also a joy at times. It's good to see at the end of those six months that they are making themselves into a decent nurse…a good nurse. You know, sometimes it's a joy to see that happening. Where at the beginning it is sort of, you know, in the first couple weeks, ‘What kind of a nurse are they going to be?’ Some are just going to be there for the paycheck. And you know that's going to be. And no matter
what you do or how you talk to them, that's how it's going to be. They are there for the paycheck because now we are making a good buck right now with salaried positions. And you could tell they’re just there for the buck. Where others, you can see the sincerity and you know, maybe they don't want to show it all first-hand and you could see that they're becoming the kind of nurse that they should be versus just being there just for the money.

And Brenda shares her wisdom and advice for nurses to help them cope with the stressors of health care and to remain enthusiastic about their profession. To the older nurses she says…

I would say become more involved in what you're doing. Try not to think of it as a job but as something that has, you know, there’s a rainbow at the end of the benches. A pot of gold at the end of the rainbow. That it can be very rewarding. And although you do become very frustrated try to see what's at the end, that you are helping people. And sometimes we all talk and we say. ‘Well maybe you should take a break. Go on vacation. Sort of sit back and you can see if you are complaining all the time.’ I tell them to live life. Maybe nursing is not for you. Maybe you need something else. Maybe you need something that's not so challenging, vigorous, running around all the time and things like that. Maybe you need an office job. Maybe you need to be an office nurse. While I understand that can be busy also but it's a different type of busy. Just things like that… reach down deep, and really think about why you're here and what you want out of it. And if you come up with positives [that is good]. [It’s okay] that you get frustrated every now and then. We all get frustrated and we all have times when, even me, we complain about that. But for the most part, I can say that my days are positive and we don't complain that much.
And to the new kids in nursing she offers advice which will help them cope with nursing and find their place within the profession.

I say give it time. Because they want to grab verification. They want instant rewards. They want everything just to, just to…in fact, I had a girl who was in training and she got pulled with another girl to another floor and she said, ‘I wish I could learn everything today and do everything today.’ She had only been a nurse for six weeks. And I said to her, ‘Well, you know, if you give yourself a chance, give yourself a chance, and be patient. It does not come overnight. It's going to take six months to a year for you to feel that total confidence that you can do this job and be confident in knowing that you're doing the best that you can do to help.’ Because a lot of kids come for two weeks and they decide, this is not for me. Well how could you decide in two weeks? You know once school is over I will sit and talk to them and say, ‘Do you really want to throw in the towel already? Maybe you are just having a tough time. What can we do for you?’ They become very impatient and I say, ‘Patience is a virtue. We did it. Give yourself time. You know you're going to have good days, and you're going to have bad days. You know, you can have very good days, and very, very bad days. When you think I can't take it anymore you're going to cry but then you're going to have a lot of days when you're going to laugh and say this is what I wanted to do and this is all what it's supposed to be.’ ‘But you know it’s rewarding,’ I would say this to the new kids, ‘And your heart has to be in it.’ Like I said, if you're looking, the money is nice and I won't argue with anybody. The money is nice, and it pays the bills but you want to be there for the patient in any way or form that they want you to be. And you've got to accept what comes down the line. And if somebody shoots you down one day, you just
sort of let it roll off your shoulders and say, Okay I will either learn from that experience and you take it and you put it in the back of your mind and say, ‘Okay, I know not to do this the next time.’ Or, you know, they said that's not the way to do it and I know that's the right way and sometimes you just got to hold back and say, ‘Okay I'll do it your way now,’ and just move on and learn from experience.

*If Anything, She is Value Driven*

Although Brenda had many moments in her career which had a great impact on her as a nurse, she clearly sees a few as being defining moments. These vacillate between her experiences with her patients and her experiences with her peers. Regardless of the source, her actions at these times are never totally driven by accepted values and rules and, in reality, many times they run counter to the status quo. One thing is for sure, her actions will always be based on what she believes is the absolute best care for her patients.

And working during the strike that was a big impact on me, because I gained friends, I lost friends and I made new friends with the new nurses. They were here from every state, as far as Hawaii and everywhere across the country. And I realized that being a nurse, it was for me and regardless of who's going to spit on me or do something to my car, I’m still going in there. You know what, it sort of made me think, *this is what I wanted to, this is what I always wanted to do.* It really made me know I made the right career choice.

I saw this as both a positive and a negative because the people that I've worked with for maybe 20 to 35 years, they turned on you in an instant because of the Union. I felt saddened that way and then again I felt if you're not going to, ‘I don't support you, but I will respect your opinions on what you want to do. You know I will respect your
opinions on what you want to do. And it should be vice versa.’ And when it was all over I wish we all could be friends. Do you know that regardless of where you are here you have things like that.

And the experience with the young family. That was a defining moment in my career. And we had another young girl. In fact she was a nurse at our hospital. She had ovarian cancer and just working with her. Oh, I think this was about 10 or 15 years ago she passed away. And just working with her on the weekends we would let her bring her dog in from home. And in a way, I guess it wasn't the best thing to do. We could've gotten in trouble and things like that but yet, you've got to overlook some of that stuff and say, ‘Did it make the patient happy?’ We would spend time shaving her legs and things like that. Did we really have time to do stuff like that? But again, you look back, I looked back on it, and I say, ‘I made the patient happy.’ And we made the family happy. We let her have her cigarette with her when it was taboo and things like that.

And when you look back, you know, you say that patient was happy and that's what your outcome wants to be, making and doing everything for the patient to make them comfortable. To make them happy and try to make a bad situation at least tolerable for the patient. Experiences like that have really given me a pat on the back here and there. When her family says, ‘Oh, you know, we really appreciate all you've done for us.’ And things like that. You know, you're so happy to hear that. Especially in this day and age with everybody. You know when you don't do everything perfect, people are sue happy. And you always have that in the back of your mind. But people appreciate what you do and that is a great experience, a great feeling in itself right there.
Brenda shares her rationale for not returning to school. Although she considered it at one time, it did not fit into her life. But in reality, throughout her career she has done what she has valued and found fulfillment throughout her professional life. She never desired to move to another nursing role; bedside nursing seemed to be the best career choice for her. This choice, made years ago and reconfirmed daily, has made all the difference in her career and her life.

At one time I thought about going back to school and getting my degree but with raising a family and things like that it was not in the cards. As I got older, I thought, what am I going to do with it. What's it going to do for me? I'm not going into management. I'm not going into teaching or anything like that. This is where I want to be at the bedside. And you know so that's why I really never went back to school. You just look around and you say, ‘I'm happy here.’ And you get a comfort zone. I will admit it. If I wasn't comfortable doing my job I’d have to revamp my thinking and I’d step back and take a look at the whole picture and say, ‘Am I doing the best that I can do?’ And I think I am. So that’s why I am still there. And when I feel I did a good days work, I feel satisfied!

_Eileen’s Story: Commitment to Caring_

_Synopsis_

As a construction worker Eileen had an idea she wanted to do more, more than struggling daily to work at heights which scared her beyond compare. She wasn’t sure what it was but she knew she wanted to get into a career where she could do something to help others, something to make a difference in their lives. And, as luck would have it, in her late twenties, she initially started on her road to becoming a nurse. Contrary to the views of some of her dearest relatives, Eileen surpassed in her efforts to become a nurse. Not only was she successful at becoming a
licensed practical nurse, but she was supported by coworkers, emotionally and financially, to move on to become a registered nurse.

Eileen’s positive attitude and her determination to succeed at what others have accomplished enabled her to rise above the negatives in life, focus on the positives and succeed. And it is this sense of personal determination and caring, caring for others as well as herself, which continues to enable Eileen to grow and succeed not only now in her nursing career but in her life as well.

Vignette

How could this be happening to such a young and vibrant person, thought Eileen? Not only a person whose life is needed to complete the story of the universe…but someone who I need…my younger sister, my baby sister…how could she have cancer. These thoughts circled round and round in Eileen’s head as she made the long, lonely and fearful trip from her home in the south to the large, well known, but she thought, probably impersonal, cancer center, where her sister was fighting for her life. Thank heavens, she thought, thank heavens she is at this facility. And after a long sigh, a sigh which somehow helped to relax her tense body, she thought, I hope they can help her?

Arriving finally at the busy facility she parked her car. She sat in her car for a few moments thinking about her life with her sister and the fun they had had at a different intersecting points in their life’s journey. At this moment in time she was torn; she so wanted to see her sister, while at the same time, she could not explain it, she dreaded this meeting. Not knowing is many times better than knowing, she thought, and when I don’t know, I do not have to accept the news if it is not what I want to hear…if it’s not good! After a long period of time,
Eileen was able to raise the courage necessary to do what she knew had to be done, Eileen slowly walked the distance of the parking lot to the front door of this cancer center.

She really had no idea of what she would encounter, but, as she entered the door, she did know this was not the feeling she had expected. As soon as she entered the facility, Eileen sensed a calmness descend upon her. It was an unfamiliar yet comforting feeling, a feeling she had never sensed before. Somehow, for some reason, in that moment, she had a sense that everything would be better! *How could this be?* she thought. *“What a crazy feeling.”* But none-the less it seemed real to her. It felt as if someone had hugged her warmly and somehow whispered to her, ‘Everything will be fine.’

She walked down the corridor and as Eileen turned the corner to the room where her sister was receiving treatment, this feeling…this positive feeling… seemed to intensify. Ahead of her she could see the nurses working on her sister. As Eileen approached she noticed not only how alert and awake her baby sister was, but she could detect in her a feeling that seemed to transcend a sense of personal hope. Eileen could almost sense the energy being emitted from her sister’s body. An energy which seemed to exude a sense of ‘I’m going to get over this. I’m going to get better.’ And Eileen, almost consumed with emotion, could not define the source of this energy but she did know one thing for sure, this energy was not something she herself generated to help her cope with this devastating situation. It had come from her sister…and it was a wonderfully comforting and warm feeling.

And Eileen would spend many days at this new place…many days of caring, supporting, loving and observing. And each and every time Eileen entered this facility…a place known for suffering, known for death…she felt more and more a sense of life…more and more alive. *What was it about this place,* she thought, *this place…where people many times came to face their*
worst demons...where people come to fight for their life knowing this fight might be like none other...and...in the end...may very likely turn out not at all as planned...that seemed so alive?

As she spent this time with her sister she tried to dissect this place and determine what it was that brought it so much life...what was it that gave its patients so much hope? As Eileen watched the nursing care that her sister received, she saw nurses who were so caring, so involved, so realistically hopeful, so concerned; they were so much of what gave this place its sense of purpose and being. Their approach to patient care, their sense of professionalism, their competence all came together to give life to this facility.

And Eileen, with a true sense of “aha,” discovered that it was not one or two nurses or one or two units...it was a culture of caring internalized by not only the nurses but the entire facility that gave life to this place. For they knew for a long time, what Eileen had just discovered, that the life of this organization was its nurses, not a nurse, or a unit, but all nurses.

This, Eileen thought, this is where I have to work. This is the kind of nurse I want to be.

A Snapshot of Eileen

Eileen is a 49 year old nurse who has worked in nursing for 24 years. Eileen started her nursing career as an LPN, completed her associate degree in nursing and returned later in her career to attain her BSN degree. She has focused on Oncology nursing for the most of her nursing career and belongs to the Oncology Nursing Society. She lives with her two daughters at this time.

Eileen’s Story

As a young person, Eileen did not know what she wanted to do so she entered a community college. After completing a class on career choices, she decided that maybe nursing was a smart choice for her. But life had a different direction for Eileen as this time and she was not able to attend college.
Well, I actually didn't know I wanted to be a nurse so I went to college. I guess you don't need to know. I went to BCC and I wasn't sure what I wanted to do, so I took a class on career decision-making. And I scored high in all the sciences, and it was a great class. I recommend it to anyone who doesn't know what they want to do. I did well on the nursing courses, but I didn't do anything at that time.

*Her Destiny Was to Become a Nurse*

As her life took on a new direction, marriage and a move south seemed to delay her ability to become a nurse. Yet Eileen never allowed the thoughts which were internalized in her subconscious, years before, to fade completely from her life.

Well actually I had my GED and I went back and took these classes and I think that I overwhelmed myself with courses. To work and go to college and it was just got too much for me. So I thought, I’m going to Florida, and at least I’ll have a job on the beach working construction.

So I moved away to Florida and then I slowly tried getting back into college and go into nursing …and then I got married. Well, I started nursing when I was about 26. When I decided that that was what I wanted. I was doing construction. I worked in a factory. My husband and I worked in Florida on the beach building condominiums. I guess I was a late bloomer. And one day I was up at Red University building part of the college and we were up on these rafters and I'm thinking, You know, I don't have any insurance. And I saw all those people going to school walking to their classes, and I thought, you know I'm not going to do this anymore. If I fall what's going to happen? Because I didn't really like the heights and I thought, If I really got myself together I could start into a career. Different than factory work. Because I had a job and I watched Pepsi bottles go
down the line. Obviously it was okay but I wanted to do something that's meaningful and
helpful to people. And it all came together. And I went to college right out of high
school. So then at about 25 I started the LPN and then finished when I was 26. And in
Florida I decided, ‘This is what I want.’

Eileen started her nursing career as a nurse’s aide, then became an LPN, and progressed
to an associate degree RN and eventually earned her BSN degree. Not an easy route but a
successful one.

And I remember the nursing homes and going to the nursing home. Seeing those
decubitus ulcers and all. And I had an instructor who said, ‘You know Eileen you really
have to go on. You’re good at it.’ I worked as an aide. And you know the higher you go
in the hierarchy the less work you have to do. Because the nursing assistants, they have
a really hard job. And I was never afraid to get dirty and help people no matter what
kind of mess they were in.

Well anyway, I started out in an LPN program in Alabama. So I did that for a year. And
I had an excellent teacher. And I struggled with it for awhile, you know, you know.

And I was an LPN for about five years. And then I started pursuing my associate’s
degree in nursing.

Her experience as an LPN was rich. It taught Eileen so much about nursing and it
afforded her support to move on with her education to become an RN. Even more than this it
confirmed in Eileen that she was capable of making a difference.

I lived in Georgia, and I worked in a hospital called EACM, and they had a nursing
program for LPN’s. So I did the mother baby part of it. So I'd work 12 hours on the
weekends, and then I was paid for 40 hours. I did med- surg nursing and I really liked it
a lot. I really liked it a lot. I felt I was doing everything a registered nurse could do. And you know, I was encouraged by some of the supervisors to go on and pursue it. So I did. I went to a two-year degree program and got my associate degree down there. And they also gave me a scholarship to go back to an associate degree program. And it was all paid for from the hospital. And then I graduated from that and was not going to stay in the area.

…As an LPN I have a lot of experience. I worked at the Spinal Center and that was a wonderful place for young, especially men, with spinal cord injuries. The woman who started the place, her son had a surfing accident in California, and she found that there was no facility for her son. And she built her own hospital in Atlanta. And this place was wonderful. The nurses were all close because she did not want the patients to be intimidated by the white uniforms. And she took the patients to concerts, so many. And I learned so much there, self catheterization, how they could get along, and how to change positions. It was a really good place. And they also did a lot of water therapy for quadriplegics. It was a great place.

And there was a young man that I took care of that had a brain injury, it was a head trauma and that was an interesting case. I cared for him private duty through an agency. But the mother and the grandmother…I got to be really good friends with them. But I didn't realize how much a head injury could just wipeout a person. I never really had critical care experience before.

**Adversity Can Lead to Opportunity and Provide Direction**

Eileen faced a life altering event when her sister was diagnosed with cancer. And this event would prove to be positive experience for both Eileen and her sister.
My sister was diagnosed with cancer at the age of 32. And she was at a local hospital…
and they didn't know what she had. So finally, my mother was working for the president
of a drug company and they had an apartment in the City, so my sister went up to the
Cancer Center. So then I said, well, you know I was really impressed with the care that
she received so I said that's where I want to work.

And I just was divorcing my first husband so I thought, Well this is the perfect
opportunity. It was meant to be. Then I fell into Oncology. So I went up there and after
my associate degree I was trained from the get-go by excellent nurses on a women's
oncology floor. I was very impressed by those nurses. Everything was educational.
Everyone was going for their masters degrees. It was a high standard of nursing practice.
So I worked my way up to a clinical nurse and they really encouraged me in a lot of ways
to further myself. So I worked there for ten years and developed a high standard in my
nursing practice. People would ask, ‘How can you do that? It’s so depressing?’ And
people would ask me, people used to ask me, ‘How can you do that?’ And [I loved it]
especially working with the women and their husbands and how supportive they were.

And…how much they wanted to live. And they keep taking, just getting the
chemotherapy…and all the new drugs that were coming out.

Undeniably, Eileen’s accomplishments are to be lauded. When one hears the story of her
family, it is obvious that her background may have been less than supportive. Her success
speaks volumes to her personality, her resilience and her personal fortitude and determination.

I came from a family of ten and no one in my family ever went to college. My father was
an alcoholic and my mother raised us. And my father always said, he was not a very
encouraging man, ‘God rest his soul.’ He always said, ‘You're not going to make
anything of yourself.’ So I thought… I did struggle at the beginning, yet I always thought, I guess I had to build up my self-confidence. And it took me awhile and I thought if they can do it, I can do it. And I thought [that I needed to] take it one little steppingstone at a time. And I’m very happy with what I do. I feel at the end of the day, especially with oncology, you realize what is important. And I’m going to tell you some of the best nurses I’ve ever worked with, and like I said, I worked in a number of different areas, but oncology nurses were really great.

She is so pleased to have worked at the Cancer Center. She had nothing but respect for these nurses and the tremendous influence they had on her nursing career.

They really care about what they’re doing. They were from all over our land, the Philippines, they really encourage you to get more education, not just be a nurse, but excel as a nurse. And the people that I worked with, today you would just do something that was okay to get your work done now, then it had to be the best. I really credit a lot I do to things I learned at the Cancer Center. It was such a great experience, and I am so glad. It’s like I fell into it. And the way they treated my sister was so good.

Eileen moved two hours from the Cancer Center to marry a second time and begin a family. But despite the hardships, when she makes up her mind, she makes up her mind. She worked hard to continue in her career. She commuted two hours one way to work in an environment where she wanted to work, the Cancer Center. An environment where she knew she would be able to grow professionally and make a difference.

And I worked there until about 2001. I commuted two hours one way. And I did this after I had my first child. I had my first job at 36 and I stayed there for three years. I stayed next to the hospital and the school had an apartment and I’d sleep there. And it
was difficult for me but it was worth it. I would only work 12 days a month. And I'd make salary-wise what I made working here full-time.

After three years of commuting four to five hours weekly to work, she realized her family needs took precedence and Eileen left the work she so enjoyed and began another phase of her career. Clearly she was disappointed to make this change.

And then I needed to move back to this area because I had met my second husband. And we had children and it was hard commuting to the City. So I decided that I had to do something. I was a little disheartened to have to leave there.

Learning...Learning...Learning

Eileen talks about her experiences in nursing once she left the Cancer Center. And key to each of her career moves was the ability for her to continue to learn professionally.

So then I decided to go back and get my bachelor’s degree. I thought that that will help me. And so I went back to school for my bachelor’s degree. And I worked up at the Clinical for a while and I met Kathy and she said, “You should go to State.” and I started thinking, Well I really like it out there. So I left and I went to State and I worked on the Oncology floor for two years. And I saw a position available at the cancer center for specialists, who required a bachelors degree and I thought, you know, I think I'll go for it. And mainly they were impressed at what I had worked at, my experience. It was challenging, it was a lot of things. I didn't know but I felt challenged to learn more, and I've been doing that for the last three years.

And she was able to see how this situation was not ideal but real. Eileen is able to somehow accept life on life’s terms.
I don't think I did as good when I was commuting as when I worked there because I was in the Society for Oncology Nurses and everything. And [unfortunately] I didn't take the opportunity to go back to school there either. They paid 100% of your tuition but I thought…well, I was working. I figure everything happens for a reason.

While Eileen willingly admits nursing affords its practitioners many career choices, over the years she continues to focus her career in one area.

[And a lot has changed over the years] especially related to the nausea part of it. I find that you were really cutting that out with the medications. The nausea medications we have available…it's a challenging field to be in. I'm sure there are other fields in nursing, all the fields in nursing are challenging, critical care and trauma, and you know, the cardiology part of it. I find it a very interesting occupation…profession to go into.

Her career choice has provided her with what she has needed in a career.

I am happy with my career, I'm really happy.

Teamwork rises to the top of her list of valuable skills for a nurse. She believes respect for others is essential to facilitate both teamwork and the work of nurses.

[I] loved working in a team. And I was always a team worker. I was never too good to do that hands-on and things like that. I was thrilled to work together as a team. You get a lot done. And I always tried to treat people with respect. The way I want to be treated. Her work history reflects a nurse who moves and works in different environments until she feels it is the best balance for her and her patients.

And along the way I did some per diem at MHB. And I was going to MHB and they were splitting my shift up. I was working days and nights and it was a real heavy patient
load. And then I went up to State and the patient to staff was less than ten to give care to, it was a better working environment.

Eileen reiterates her commitment to Oncology care and her present position for so many reasons…

[And I like giving that kind of care]. It is challenging …we are always learning about new drugs…insurances…assistance for the patients, like putting them in the right directions with their social workers and people who can get their medications. But I do miss the action now. I work with the nurses in the Oncology clinic. It entails asking a lot of questions…and to help. Because they're the ones going to be giving the chemotherapy drugs. Does the doctor know if everything is okay? Does so-and-so have a problem? Is he still nauseous? Where do we go to get drugs to have approval for that? What is the white blood cell count and get them on any Epogen? And teach them for home care if they're eligible…and we coordinate this care.

Wanting to learn more and do more seems to dominate her professional life. And to Eileen her age is not a factor in learning. She seems to embody the concept of life-long learning.

But I feel like I want to do more. There's more to learn. And I’m interested in a program they have down in Philadelphia when my children get older. To me age isn't an issue. I'll always want to keep learning. There's a program down in Philadelphia, an oncology specialization. Someone was telling me there's a program down there.

**Traits of Exceptionality**

When asked what people see in her that is exemplary…she cites some very strong traits concerning her nursing care…traits focused on empathy and authentic caring.
I think mainly because I care about the patients, as other nurses do, but I go the extra mile. I feel like I treat the patient like someone you know or love. If they're having pain or whatever I am going to call the doctor and get them comfortable and do whatever is possible to help them. Because I know if that was me lying there, and I have had situations…when I was having my children, I really appreciated the nurses. I felt, you know you feel so vulnerable when you're lying there, and especially you really want to have trust and know that they know what they're doing. And that they can take care of you.

The care she delivers is fueled by the confidence her patients have in her ability to meet their needs.

I think that's one of the things people [patients] said to me when I worked, ‘Eileen, I’m so glad you're here because I feel safe that you're working with me.’ And that just made it all worthwhile because you know I'm going to take good care of you tonight. And if you're suffering, yeah. Those made me feel good.

Being a team member and working with her fellow colleagues is a piece of her professional being which she feels others see and value. Her empathy for her peers is surpassed only by her caring and empathy for her patients.

And I guess working with my fellow colleagues; if they needed something I would be there for them, work together and help each other. If they're having a bad night, ‘Hey, what do you want me to do to help you out?’ Because I've done preceptorships in most of the hospitals I've worked at and I said to the nurses that were training, ‘If the IV is running out, well hang another bag so the person that's coming on isn't coming into a dry
IV. Or make sure your patients are cleaned up and not laying in feces wet, make sure
they're comfortable.'

She gets a tremendous sense of professional accomplishment from providing basic care to
her patients.

Mostly I used to love when I worked a shift cleaning them [the patients] up and getting
them bathed and cleaned up and clean sheets and fresh because...you know how you
feel...you know when you are cleaned and your hair is washed, you feel like a new
person. You just feel better. Just things like that.

Other traits Eileen believes people attribute to her exemplary nurse care are focused on
building trust with others and being open to professional growth...

Trustworthy and reliable. And not afraid to be told if I could do something better. If it
was constructive I would appreciate it and not feel threatened. Especially if I respect the
person who is giving me advice.

And Eileen is so open to learning from others. She never feels she needs to know
everything but is always so open to learning from those she respects. She is focused on working
with peers for problem resolution.

You know, because I remember I had difficulty with a nursing assistant, who was giving
me a hard time and, and from what I understand, a lot of the nurses had a hard time
when they first came about doing things and doing them right. Well the nurse that
trained me, she told me that you deal with it, and you go straight to her and talk to her.
And I felt uncomfortable doing it at first because she was a little threatening but I
thought, I'm just going to go there and tell her straight out and we will try to work things
out together. She said, 'Before you come to me you need to go to her and tell her.'
And you know I said, ‘I know that's the way it is and you should do it’ and I never talked down to anybody. I always take them aside and say this is the problem. And I thought it was very good advice, and I've taken it with me [throughout my career].

Her respect for others is exuded in her interactions with them.

I never put down, I never criticize or talk to somebody in front of a group of people. I always talk in private.

She reiterates about the advantages of being a good team member. She sees this as an essential trait to providing quality care. Negative behavior and blaming are viewed by Eileen as counterproductive, anti-problem solving and a detriment to essential learning and effective care. Definitely a team player. I love to work with people who work together. And the most annoying thing is somebody who's trying to get away with work. Maybe putting work on other people that they shouldn't be. Or somebody who's very condescending and blaming. I find that, you know some people, some nurses, try to blame others instead of encouraging them. Because they try to make a mistake and they put them down rather than see why they made the mistake. And what is the real source of the problem.

Eileen sees mistakes as a means of correcting problems. And in the spirit of quality patient care she believes all mistakes, if viewed positively, can be a vehicle for quality improvement.

And that is another good thing, use an incident report, not as a negative, but something to learn from. Incident reports…I hate to keep bringing up the Cancer Center but they encouraged it [the use of an incident report] not as a negative but as something (to learn from). Why did it happen, it was a help and we all have, I don't think there's any nurse
out there, who hasn't made a mistake, maybe not, but just to learn from a mistake.

Especially if you haven't hurt a patient. Double check things.

Eileen believes it's fun to laugh with the people you work with and have a good time.

Humor, it is fun. It helps much to relax all.

When asked how she deals with the frustrations of health care she is quick to focus on the patient. Her patient focus enables her to put problems in perspective while her grounded reality based approach to life enables her to handle most situations in a tolerable and basically positive manner. Underpinning all this is an energy which appears when she is faced with a challenge.

Well, I think I have always kept the patient [first and this has always kept me positive]. I've heard people complaining about it, the problems in health care, but what about the patients? I remember one terrible snowstorm when no one showed up except me and another nurse. The supervisor said, ‘Well, what are you going to do?’ And I said, ‘Well I guess the main thing we're going to do is what is essential. You have to do what worked if somebody needs pain medication, you have to give the pain medication, you have to forget brushing their teeth, but their pain medications and things like that [they are essential].’ I guess I like challenging situations and difficult patients. Ones that nobody else wants to take care of. They are high maintenance. They are difficult. I just kind of go in and try to say, ‘Okay, what do you need? Let's try to work together. What's the problem?’ And go straight to the horses’ mouth.

Eileen finds most patient situations as a challenge and able to be overcome. She understands the importance of positive encouragement which she gives to her patients and which, many times, they give back to her.
And as far as [the current position I have], it’s very challenging right now. I've never been on the insurance side of it and it gets very frustrating. But somehow, someway, we get the social worker involved and somewhat to help the patient get what they need. We're not going to not give the medication they need for nausea. If they don't have an insurance plan we will do something, somehow to make it work and do it and go on from there. Or if it's a patient that says, ‘I just got a $40,000 bill in the mail-from the hospital.’

And this lady, wonderful patient, she’s has stage four cancer, but a positive attitude. And…she said, ‘I don't have any money.’ And I said, ‘Well what do you know. Let's just go and …’ you know and we just started laughing. And she said. ‘I'm not giving up. I'm just going to keep going.’ And I think I get a lot of encouragement from the patient's.

Eileen does not believe in complaining. She believes nursing is what it is, it is hard and at times Eileen believes people really do not realize what nurses do, except of course, their patients.

And I’ve never been one to do a lot of complaining. We never have enough staff. And nursing is hard. And I think the nurse as the ones at the bedside who are out there taking care of the patient’s. Sometimes it's overlooked how they're out there and they just keep going and keep doing. And a lot of support comes from the patients.

Eileen sees patient advocate as one of her prime roles as a nurse.

Well knowing, and when they say, ‘Thanks a lot. It's good to talk to you.’ or if they need a quick answer to their question. ‘I haven't heard from my doctor and I really wanted to know what the report says.’ And I thought that I know how you feel…so I called the doctor straight up. I love the doctors I work with. And I say, ‘Hey, can you tell her what
it is, good or bad, because I wouldn't want to wait the weekend.' That's her whole weekend shot thinking about it.

Her colleagues matter to her and humor and laughter is important.

Oh yes there are some excellent people, social worker, and the guy I work with. Him and I, we get along so good. Of course we have to get along and laugh sometimes and complain like all the others. [laugh, laugh, laugh] Laughter is good.

**Administration Can Be Challenging**

Eileen believes administration could and should take nurses more seriously and include them in decision-making more. Nurse have much to offer and do care about their work environment.

When I think now, I think sometimes the administration wasn't that helpful. As far as I think, you're going in there to try to make things better. And I remember meeting with managers to just get a little support on working extremely understaffed. Sometimes. I think they thought you were just going in there and they never take you seriously as a professional. Even as far as the new buildings or new construction, not a lot of information was asked of the staff. Like how they should be or how about this, could it be higher or the commodes were too low, they did not ask the input from the nurses on the unit. You know, that means a lot. You know, they [the nurses] really care about where they're working. About how things are approved. I didn't find them to be too helpful in a lot of ways. The person we have now, she's been in this situation, she's worked, in my judgment has worked in nursing, and she's very understanding. And sometimes people who have never been there, not a nurse, and don't have the experience, [they don’t understand].
Not all places, not all places, but some you found you were really not heard, you were just being pacified and we didn't see any kind of improvement.

**Professional Growth Is Tantamount**

Eileen is committed to professional growth and believes administration plays a large part in this process. She believes when administration is encouraging and supportive of the professional growth of nurses, it can have a tremendous impact on the nurses own individual professional growth.

And when they are encouraging, really encouraging, like the educational part. ‘We want you to do more on one unit, be more than what you do now.’ Like I was encouraged to do this and improve and you were really encouraged, I think that's very important to look at the positive in somebody, that you don’t see yourself

You know, I'm very thankful. Like wow it puts a little seed in there and you know, because everybody has something to offer, but to encourage people with their positive points [this is important]. Some people might be very good in very difficult situations and to encourage them to work on it, or you’re very good in working with people, or you’re very organized and to encourage them, and especially when an administration encourages people like nursing assistants and they want them to better themselves. You can do it.

Oh yes, oh yes, we have a nurse who is going back [to school] and who is a cancer survivor. She's in her early 30s. And she's going back to school and she is so happy and the hospital does help with tuition reimbursement and the educational part like going to conferences. And we have a nurse liaison who knows all about what's available out there and how to apply for this and that. And I told her to have lunch and do a little in-service
for the rest of the staff about what you do and how you go about applying for these
different scholarships and grants to go to different oncology conferences. Because a lot
of people like me can't really afford it but if there are different ways of applying for these
things. A lot of people don't know what's available. [They would go].
And encouraging people to go and get their oncology certification. To go for different
certifications. Maybe giving them a little incentive like giving them an extra two dollars
an hour for getting a certificate. But when people say, a little bit. It makes you feel
good...like getting a real bonus; it says a job well done.

Eileen receives a great deal of support from her family. They are very proud of her.
My mother and my whole family are so proud of me. My children are still young but so proud of me.

At times Eileen sees that her focus on her career may be challenging to her relationships
with her family, yet she is committed to doing what she believes is professionally best for herself
within the parameters of her responsibilities to her family. While she would never hurt her
family, and most times she seems to find a positive balance between both, clearly Eileen places
priority on her need to nurse in a challenging and positive environment.

I think my husband is a little threatened because he likes, he thinks, you're spending too
much time [in your career]. Everything is oncology, everything's nursing. And I just said, ‘Oh.’ And you know he wants me to go to that the night shift. He feels this job is getting in the way of our family. And I just think…and I ignore him. No way, I'm happy. When I was working night shift I was getting a little burned out. I was not getting enough sleep and I was overwhelmed. And it was like I was just going to work and drinking coffee and trying to stay awake and getting a couple hours of sleep. All the
time like this. I'm getting burned out and I did not like my job anymore. And I thought that's what I need to do...to change my work. And I did, under a lot of resistance from my husband because he said, ‘You are not going to make as much money and who's going to be here.’ And you know I said, ‘You know that this has got to change.’ When I knew I wasn't liking my job, and that was probably for about six months, I thought I've got to do something about it because I've never really felt that way. And I thought that I didn't feel challenged. I was just going through the motions. And my job now...I love it. So then I said, ‘He'll get used to it.’

Eileen has a strong desire for professional success which fuels her efforts to apply for nursing positions which others would hesitate to apply for.

I was looking for this job on the Internet, and I saw our nurse specialist and I thought, Well I have all the qualifications needed. I read it and I thought I’m going to go for it. And I went for it. And a couple people said as I was not going to get it, that I should have a Master’s degree. And I thought, *it doesn't say that and I will have a lot of Oncology experience. I've learned a lot on the job too.* And even though I did not know the computers, now I'm better and I thought, *well, I've always got the attitude if they could do it, I can do it.*

She clearly sees the benefits of nursing as a broad career offering its practitioners many avenues for practice.

And in nursing one of the things I told a lot of people is there's so many places you can go and so many things you can do. ‘On my gosh, is there any other field you could do so much with?’
Her personal sense of confidence is strengthened by her experiences and her life-long learning.

You can’t be afraid, you can't doubt yourself, you know, one step at a time and you get stronger. I look at the helicopters landing over the helicopter pad and I think that is really exciting. And some people say, ‘wow, you're too old to change.’ And I say, ‘I feel pretty good at learning new things and I think it's really good to keep yourself current. I'm not going to be put out to pasture and stop learning.’ I admire people that are in their 80s and still learning. My nephew just graduated from Penn State and there was an 80-year-old woman who was getting her degree. Yes, that's wonderful.

Eileen relates a positive nursing situation which evolved because of her meaningful interactions with her patients and her belief in her own sense of efficacy in providing the best nursing care possible.

One of the first things I learned as an LPN...I was working on the unit and this young woman, she was about 26 years old, she had surgery and then she came back in to us complaining of a picking in her abdomen. And the doctors were saying. ‘She just wants pain medication.’ And I said to myself, ‘Why would anyone just want pain medication?’ And she was explaining to me one night, they were taking her to surgery for a second lap, and the doctor said, ‘Give her a second shot.’ And I said, ‘The Demerol is not working.’ And he said, ‘Give her saline as a placebo.’ And I said to her, ‘What does the pain feel like?’ And she said, ‘It feels like there's a pin in my belly and it’s sharp.’ And I wrote down exactly what she said and they took her to the OR the next day. They went in and the resident was closing her and all at once he cuts himself because his glove was caught on something and there was a needle that they had left from a previous surgery. And my
nurse manager said, ‘Eileen, because they broke down everything that is exactly what you wrote in your note. It was so positive that you listened to what the patient was telling you.’ If the patient is having pain, that patient is having pain. And I will never forget that. I think nowadays today, so when people say the persons here and they’re just drug seeking or whatever, and I guess there is a lot of that, but there are people who you can’t ignore are having pain. Because why would they want to be in the hospital. And that was a very positive thing because I learned to listen to the patient and that's interesting. I learn from positive situations.

*Interactions Frame a Picture of a Satisfied Career in Nursing*

Eileen feels her interactions with her patients have provided her with numerous defining moments in her career and many invaluable life lessons.

Well, just a lot of different situations out there have been defining moments, death and dying. I had a woman one time, who had ovarian cancer and she was in her late 20s, and she was going to hospice the next day. She was a veterinarian and she kept coming out to the doctor and they [her visitors] said, ‘Are you sure there's no other chemotherapy you can offer her?’ And the doctor said, ‘No. There's nothing I can do for her.’ And the nurse was just taking her vital signs when the nurse came out and said, ‘Eileen that young girl is dead.’ I asked her what happened because I was just in there a little while ago, ‘she's dead?’ And I went in there, and I looked, and she had a streak up her arm. And I guess her friends had given her something, you’d have thought through her IV. And I went out and I told the doctor that she had this big black vein and the doctor wasn’t surprised. She said, ‘I am not surprised. They probably gave her something, because they knew she was not going to make it and they just wanted to make sure that's why they
kept coming out.’ And anyway I was going to take something to the lady in the next bed and I said, ‘I was wondering if you want to go into a private room for just a little while because we have to get security and everything.’ And she said, ‘There was a young woman who just came over to my bed and said everything is going to be all right.’ And I said, ‘Really,’ and she said, ‘Yes, she came from behind the curtain and she said, everything is going to be all right.’

We had a lot of those kinds of experiences on the floor with death and dying, with threes. When one person would die we would have other people dying. People would die in threes. So that was kind of a chilling experience. We have those experiences as nurses, like a ghost or something like that…I witnessed a lot about death and dying there. I've seen people die with smiles on their faces after they had been through a hell of a treatment and everything. So that was an experience and it really taught me a lot about life and everybody who worked there. How important…how short it was…so I try to make the best of life. I'm trying to think positive not negative.

Eileen believes difficult people, especially teammates, can have a very strong effect on team functioning.

And the thing I like least about nursing, I've never experienced this, but I guess it's because it's happening right now, we have someone who is very negative. It really makes for a bad working environment. It's just one person who’s arrogant but wants to blame everybody. And it makes, even the doctors, even the way she talks to you, it is very condescending and were just having a tough time. I've never worked with anybody like that before in my life. It's so difficult to work with, she is a toxic person. She wants to; I think that that's the worst experience that I've ever had in nursing, having to deal with
somebody in this type of situation. Even the person who's just taken over as manager is having a hard time. She is a nurse and she's had a lot of experience in oncology, but she has no people skills. And I think you need that. You definitely need that. Because I can't believe what a hard week we've had. Because she's the person who's running the patients. So I think that's all important and I see it now how important it is to try to work with your team and try to blame them for wrong things and emphasizing those points...she's the triage person this week and it makes everybody else unhappy. And usually we have someone in there, who takes the initiative to work with you and it is not a blaming game. I think that's real important to other nurses to try to work with other people. And I try not to blame them but how do you deal with people like that?

*Advice for Other Nurses*

Eileen has found her home in nursing and she is very happy with this. Because of her experiences, she advocates that new nurses get a lot of experience and then find their home in nursing and stay there and keep learning.

Yes, I think in the beginning it's good to get that experience to go to med-surg on the floor and learn but then when you decide I think you have to decide. I think it comes to you where you fit, where you will do well, and what you like. I think you really don't know what, but if you are willing, you will find your niche. And I am challenged every day to learn more about it. If you want to learn more there is so much out there.

I think when I decided what type of career, at once, I went to it. That's when I saw it and I grew more and more in it like in oncology. And if you stick to one area of nursing, I think you're going to grow. It is best to stay for most of your career. [And I feel it helps you get better and better].
Eileen’s advice for new nurses is multidimensional…stay positive, keep learning from the best nurses in your field and move until you find an area which is good for you.

I would say block out as much of the negative and keep learning. Stay focused and go with someone who's going to teach you the right way. And go with somebody who is particular and not going to do it just to get the job done and get out on time. Somebody who's going to teach you and who enjoys teaching you. And keep an open mind…keep learning. If there’s programs available, go to them. If there are different things the hospital is offering such as the Tumor Board, go to it, and go to conferences and try different areas. If you are not happy and you realize this area is not good for you, then go somewhere else, find someplace that is different, that is right for you. And if you like it stay there. But if you don't, then move on. But stay there long enough to learn something. Give it a good six months to get all the experience you can get. And go to the best places where they have a good preceptor ship. I had a six-month preceptor ship with two of the top nurses. Go with people you look up to and who will expect a lot from themselves and you. And the ones that are going to show you the right way to do things. And if you feel like you're not getting everything you need to, then go with somebody else. Don't be afraid to open your mouth. Not just somebody…you’re there to learn, learn how to do an IV and keep doing it…and so you can learn.

When nurses get frustrated Eileen encourages them to not be afraid to move to an area of nursing that makes them happy. This to Eileen is the essential component of a successful career in nursing. She believes if one does not like where they are working or what they are doing, they cannot be effective.
Change it, go somewhere else. And I told people who were kind of complaining and, I said, ‘You know I want to work five days a week and weekends off with no holidays,’ that was important to me. And they said, ‘I am too old to change now. I'm just going to stay here till I retire.’ Don't go somewhere where you are not going to be happy, you are no good to anyone if you're miserable. Go on to something else and learn it. Just don't stay in it, just to get your eight hours…to get your paycheck because you are doing eight hours a day.

Eileen sees peers as an essential component to success in nursing. She believes it behooves one to foster positive relationships with peers and to refrain from behaviors which break down communication and are ultimately demoralizing to peers as professionals.

And it's important to have people you work with…like I said me and this guy we were glued together and you hear me say he's funny. I think that's real important to enjoy the people you're working with. I can't stand the people who talk about other people. I never got into the gossip part of nursing. Stay out of that. Don't talk about your coworkers and don't chime in trying to put other people down. If others make a mistake, help them.

She does not condone complaining for complaining sake but does believe in sticking up for what one believes in. Consistent with Eileen’s values, her methods of problem resolution are focused, proactive and respectful.

And don't complain. Just don't stay there and complain. Go to the person and talk to them. Even at my age I think I was about 30 years old and I wasn't very comfortable confronting people. But after I did it the first time I thought this is good. I didn't just not do anything or let them step all over me. I went and said, ‘Hey, I will work with you and we will work together but you've got to work with me and especially you've got to do
what I ask you to do.’ If I think the patient needs something I want to be taking care of them, you've got to stand up for what you believe?

Eileen shares her thoughts related to what she believes is important to being a successful nurse: be happy with your work, be respectful and use resources as needed.

And for the new nurses I would tell them just to find a place where they're happy to work.

Yes, and to respect the other person you're working with, don't leave things for someone else. Just make sure that everyone's okay before you change shifts. If there's 100 cc’s left in that bag you are on because by the time that nurse gets around to seeing everyone that bag is going to be dry and you are starting another IV and the poor patient, you're going to be sticking them.

And if you can't do something, ask for help. Like if you don't get somebody after two times trying to insert an IV, don't just keep sticking them, get somebody else, because I wouldn't want to be laying there to have somebody trying to stick me a thousand times trying to get an IV.

Eileen feels she has learned so much in nursing but there is so much still to learn. And she believes that being positive is an essential component of life in general.

Yes I have grown throughout my career but there's so much more to learn. Yes, yes this drug prevents the blood supply to the tumor and it just dies but you've got to watch for other things like bleeding and such. It is so interesting…and trying to teach the patients to be positive…stay away from those negative toxic people, because that's not going to help you, stay positive.
As she did, she encourages new nurses to move beyond their comfortable environment and go to a facility where they can learn from the best.

I think…a new nurse coming out should go to a teaching hospital. Learn from the best hospital. Learn where they have a lot of different opportunities for growth. You know, if you like pediatrics go to Children’s Hospital, if you want pediatrics go to the best place. And I tell them if you're young and have no responsibilities go where you're going to learn, where they do a lot of the research and everything.

Eileen is clear about the fact that she does not know it all. This fact never embarrasses her. She is open about it. Through her own example, she demonstrates to others how asking questions results in the best patient care possible.

Like just remember that you don't know it all and to learn. Alright I'm going to learn. If you don't know something, ask. Ask somebody that you respect. I'm still calling pharmacy and asking them about drugs. Don't try to…if you don't know something, ask someone. Today one of the three PAs asked me to do a PPD shot. He said, ‘Eileen would you do a PPD shot?’ And I said. ‘I haven't done that in a long time.’ So I called the health nurse to do that. She came over and I watched her and she did it. But it's been a long time since I did that. So don't ever think, you always want to learn, because if you don't use it all the time, don't ever be afraid to ask. Let somebody who does it all the time show you how to do it. It doesn't make you any less of a nurse or person. So that's basically all.

Again Eileen reiterates the power of positive thinking and positive actions in resolving situations in nursing. She approaches difficult situations as a challenge to overcome rather than a block to career success.
And I do try to stay positive myself. Even with the situation we have now. I’m going to see how we can make it better and how we can approach a difficult person who has a lot to offer. Are we going to work together to get this problem solved…look at where her best points are as qualities…without being negative about her…without talking about her. How best can we work this out? We will try to help her with the situation. It's a challenge.

When Eileen finds that what she does in nursing does not resonate with her professional values she is committed to changing her role to meet not only her needs but to maximize her role with her patients.

I have moved my work again – in the same place but I am now back to patient care, with the patients, where I like being.

Eileen refrains from negativity and attempts to see the positive in all situations. She capitalizes on the positive as a mechanism for professional growth for herself and her patients. It is this attitude that allows her to enjoy her work and career.

I am not sorry I did that job but I was out of the patient care area on the computer for nine hours a day. I got a lot of experience. I did get the patients ready for chemotherapy and worked out all the details and worked with a lot of the doctors. Now since they [the doctors] know me, they trust me with the patients. I am not in the outpatient area working with the patients, giving chemotherapy, evaluating labs and all that it entails. Since I am there we have put into effect music therapy and had the Emerald Isles Dancers there for St. Patrick’s Day. I am very happy with my work.
In the end Eileen is so pleased with her career choice. She believes she was guided to nursing by a higher power. Nursing has afforded her an opportunity to work in a profession that she not only values but enjoys.

I am so glad that I am in nursing. I love what I do. I am very glad God directed me in this path.

And Eileen is quick to tell anyone and offer advice to those who are interested in a nursing career …

I would encourage anyone to do it [enter nursing]. Anyone who thinks they can’t, they can. If they want to work at something that is important and meaningful then this is the career.

*Nurse Sali: Knowing I Wanted to be of Service*

**Synopsis**

Whether one believes it is nature which predetermines one’s total being, or nurture, which shapes who one ultimately becomes, there are few who would argue that nurture, the varied experiences of our lives, does not, or cannot, have a major influence on, at the very least, our general demeanor and our approach to life, whether it be positive or negative. And so it was with Sali. Reared in an environment of caring and compassion, it was the emulation of these positive traits, traits not only learned but lived at home, which would ultimately drive the evolution of not only Sali’s personal but her professional life. Commitment and passion tendered with a focused and compassionate approach to living would ultimately set Sali apart from others as both a caring mother and an exceptional nurse. As Sali’s life and career evolve one can sense the increasing depth of her commitment while witnessing personal and professional traits which, influenced by living and learning, continue to strengthen the core of
her being. Sali’s story, which starts as a life not only influenced and learned from others, has now become a life which not only influences and teaches others but which others now desire to emulate. And so the circle of life continues.

Vignette

It was a night like no other. Only two nurses were working on this unit, a unit which was nestled on the sixth floor of a relatively large area hospital…a unit which everyone in this hospital, at least everyone with any familiarity with clinical units, knew was the busiest and craziest place to be when it was filled with patients. And today it was full, filled beyond capacity with not only patients, but very acutely ill patients.

How, thought Sali, how can we take care of these patients? Sali, by most professional standards, was still a neophyte nurse, only graduating two years ago from her primary nursing education. Sure, Sali thought, she had graduated with honors and hopefully, this did give her a sense of confidence, as shaken as it was, that maybe she did know what she doing; but, she was still inexperienced and only one person. As if she was a sage of ancient times with ethereal powers, Sali could sense trouble in the air.

Sali was intently focused and conscientiously reviewing her medications, the medications she was scheduled to administer to these 14 patients entrusted to her care. Sali never wanted to hurt anyone. No matter how much time it took or how many times other nurses teased her about her methodical approaches to patient care, it did not bother her. Well maybe it did bother her a bit, but she knew it bothered her far less than making a mistake. She understood clearly that the life and death of her patients hung in her balance, and she would do everything in her power to maintain this balance.
It was not enough just to get the work done, Sali needed to do it right. And right to her was a standard which she set for herself; a standard many others did not, or maybe even, could not, attain. Sali needed to please not only herself but her patients. For her patients were the total reason she was in nursing, the total reason she saw relevance for her work. She had to please herself and know that the nursing care she provided was the best care she could deliver. She personally needed to know that her nursing care did make a difference in the lives of her patients.

Once she completed the medication review she set off down the hall to assess her 14 patients, her 14 acutely ill patients. Well as is many times the case with patients who are admitted to a telemetry [cardiac] unit, moment to moment frequent changes in their health may occur. And when they occur, it can be devastating and absolutely require the knowledge and skills of a dedicated, knowledgeable nurse. As Sali moved down the hall she thought of this and silently prayed, Please don’t let anything happen to these patients. I am only one person and they are 14 patients. I can only be with one patient at a time.

Sali entered the first room on her right and there in the bed was Mr. May, who, even to an untrained eye, was clearly in distress. His persona was the epitome of a person overcome by stress and filled with circulating corticosteroid hormones, hormones secreted by the body to help persons under stress to fight or flee an ominous event, hormones which when activated in a cardiac patient can actually do more harm than good. His eyes, wide and starring, were almost lost in the paleness of his face and his diaphoretic stressful appearance. This was a picture cardiac nurses frequently encountered in such an acute care area…a picture which time and time again signaled the alert, something is very wrong. ‘My chest hurts so much nurse,’ Mr. May grunted out as he overlapped the palms of his hands across the middle of his chest. ‘I feel like someone is sitting on my chest. Please help me.’
As if she had the ability to pull roller skates out of the air and don them, Sali moved about this patient’s room with lightening speed. First and foremost she thought, *I must do a cardiogram.* As the EKG reading printed from the machine, Sali worked hard to hold back the fear she now felt…a fear she did not want Mr. May to see on her face or in her actions. *Her patient, her first patient for the day, was having a heart attack. Right in the middle of this busy unit, a unit with only two nurses to care for 14 patients, Mr. M. was having a heart attack.* And even though there were 14 other acute patients whose status at this time was anyone’s guess, she knew her attention needed to be with Mr. May in this moment.

‘Give him morphine, get him ready for a cardiac catheterization and move on this now,’ were the orders from the other end of the phone Sali heard when she called her patient’s doctor to inform him of what was evolving with Mr. May. ‘He is acutely ill and the faster you act we may be able to prevent any heart damage,’ Mr. May’s doctor yelled through the phone. *Okay, okay,* thought Sali, *I know all this and I am already doing it. But, I am only one person and I have 14 other patients who need me.*

With time clearly not on her side, Sali, understanding the need to relieve Mr. May’s acute chest pain, thus decreasing the extent of this evolving ischemia and hopefully giving them a little more time before permanent damage to the myocardium actually became a reality, quickly administered the morphine. ‘Mr. May I am going to give you some medication in your arm to make you feel better and hopefully take away that chest pain. Tell me when you feel better.’ Mr. M. with a characteristic look of fear in his eyes, a look all nurses know is present only in those patients experiencing an ominous personal event of doom, nodded to Sali. And even though now more tense than any other time in his life, Sali’s presence and her skill and caring
seemed somehow to relax him. *This is a positive thing,* thought Sali with a momentary feeling of success, *this is what nursing care can do for my patients.*

Old adages, as trite as they many times sound, actually can come true; and when they do, they frequently foresee happenings and events in our future. ‘When it rains it pours’ seemed to be the operational adage for Sali on this day in her career. Sali, while on the phone with the cardiac cath lab making arrangements for Mr. May’s transfer, turned quickly when she heard Mr. May say, in a meek, quiet, almost ‘sorry he was not getting better from Sali’s care’ kind of, a voice, ‘Nurse, I feel so itchy. Is everything alright?’ Sali, knowing what was happening but almost unable to believe or accept it at this point in her day, saw the signs of an allergic reaction to the morphine injection in Mr. May. *Oh no,* she thought, *could it get any worse?* And the very second she finished that thought, she corrected her thinking for she did not want to jinx herself; she definitely knew it could…it could get a lot worse! Sali once again quickly moved to Mr. May’s bedside to administer the Benadryl to slow down this allergic reaction and once again attempted, with every ounce of her nursing skills and being, to move Mr. May to a relative steady state before the cardiac catheterization.

Feeling confident and relieved to be transferring Mr. May to the cath lab, Sali and her co-worker moved Mr. May down the hall toward the cath lab. As they moved down the hall, three rooms down, they could see some activity. The family of Mr. Smith, a 65 year old man who had stroked in the middle of the night, popped their heads out of the doorway. ‘Nurse, my father had a CAT scan last night, can you tell me anything about it? What is happening to him?’ the family asked almost in unison and with a desperation which comes from not only a loving family but a frightened family. And with the only answer she could give, Sali muttered, ‘I am sorry. I will be right with you in a moment’ knowing full well they needed her then. But Sali knew she could
only be in one place at one time. She now began to feel she was not only ‘letting her patients down but their families also.’ The feeling was overwhelming.

Once Mr. M was securely in the hands of the cath lab personnel, Sali set her attention on the other 13 patients, 13 acutely ill patients, all now under her watch. Sali’s co-worker, as helpful as she was, had to return to the nurse’s station to transcribe orders and take care of the non-patient tasks, the tasks which must be attended to for quality patient care, but the tasks which could be completed by a unit secretary. But this unit did not have a unit secretary, they [administration], totally in disagreement with Sali’s thinking, decided to use a nurse, a nurse educated to provide quality care to these acutely ill and very needy patients, as a unit secretary. It made no sense to Sali and she shared her views with administration on many, many occasions.

‘Mrs. Jones,’ Sali said to the nursing supervisor with a determination in her voice which one could never mistake for whining, ‘It’s me again, Sali from the Telemetry unit. We need some help. I need to have a nurse’s aide at the very least. Do you have anybody to send me?’ And with a disappointment which came over her like a dark cloud before a rain storm, Sali hung up the phone. ‘They have nobody to send us,’ she said to her coworker with not only a sense of frustration but with sadness, ‘nobody at all. Our patients need us. This is not fair to them. We must do the best that we can and pray no one is hurt in the process today.’

Well, as happens when one is so busy, the day flew by and before Sali knew it, the time to end her work day had come. She had done what she could for all her patients, certainly much less than she believed they needed but all that was realistically possible given the circumstances of this day. No one was injured, all had basic and essential care: according to the standards of this hospital it was not only all that was expected but all that was needed when caring for these patients. Once her patient charting was complete and her day’s obligations over, Sali sat and
pondered this day. This was not the first time Sali had worked with decreased staff on this unit and this was by no means the first time she had told them [administration] that help was needed. On many occasions Sali had spoken to the Director of Nursing about her unit, never whining but rather complaining in a spirit which she hoped would facilitate change. She knew answers, not just problems, were needed and never did she speak with administration that she did not propose solutions to the situation. Yet nothing had happened. ‘This is not about working hard,’ she told the Director on more than one occasion, ‘this is about safe patient care. We cannot give care to these patients when we do not have adequate staff. It is not about losing my license; it is about the safety of the patients. It is dangerous.’

And with a realistic approach to life and a dedication to not only her life’s work but the care of all patients, she decided to finish one last task. With a heavy heart, and with the thoughts, not of her own economic status or employment but of her patients foremost in her mind and her heart, she set out to once more make real her concerns. And as she began to write on a piece of paper, ‘It is with regret that I tender my resignation of employment at your facility effective two weeks from today....’ she felt good that this, maybe this, may ultimately help the patients get better care. And when she completed the letter of resignation, she delivered it herself to the Director of Nursing. And as she walked away she thought, I hope this makes a difference in the lives of my patients. I can only pray it does.

A Snapshot of Sali:

Sali graduated from nursing with a BSN degree 14 years ago and since that time she has worked as a cardiac nurse in two local hospitals. Sali is a member of the Critical Care Nurses Association and has multiple certifications in nursing which she attained since her graduation. Sali attends numerous educational programs both in the hospital and outside and routinely serves as a mentor for new nurses.
Sali’s Story:

As a young person nursing did not even cross Sali’s mind as a career…in actuality, it never even rose to her conscious awareness as a possible anything in her future life. Reared in a lavishly warm and caring home where Sali not only loved living but so admired the family that raised her, the roots of her future were unconsciously being laid down. And even though it was her father who supported the family and cared for her warmly, it was Sali’s mother who was to be the true influence for her life’s work.

I had a very nurturing mother. She was a stay-at-home mom and my dad was an engineer and I wanted to…to kind of emulate her.

Nursing Was Not Her First Choice

After graduating from high school Sali worked in the food industry and was content with her career choice. Then, as life would have it, at the age of 25, she embarked on what would be the fulfillment of her life’s dream…to emulate her mother. As a child and as a young woman, it had been her life’s aspirations and her life’s goals to make a wonderful nurturing family environment for her own family, one like she had known personally not only as a child but all of her life.

And I guess [it was] the way I was brought up. My mother was very nurturing and because of this I was very nurturing…I worked for 6 years or so at a resort near home and was married in my mid twenties. So after I got married, I had two babies, because my whole life I was going to grow up and have children…and that's all I really wanted to do.

And for years Sali set out to be a stay-at-home mom just like her own mother, a nurturing mother for her two sons. And each day seemed to be filled with contentment and fulfillment.
However, time would change Sali as she evolved in her role as a new mother. It was thirty years since her mom had reared her, 30 years change a lot in a culture and the role of a mother. When her children entered school, Sali had a sudden realization that today she needed to do something more, something more, than her mother did, in her role as the mother of her children.

So after I had my sons it became very important to me and I want to become educated…I always wanted to be a role model for my sons. And I wanted to be educated…I thought, *I want to be a better role model.*

At this point in her life, Sali set out to explore a path which was familiar, so familiar to her on one level yet totally foreign to her on all other levels. And so clinging to who she was as a wife and mother, she chose a career path which resonated with her inner being. A career which enabled her to expand her role of nurturing to others; a career founded on a strong education but devoted to compassionate caring of others.

And I thought I'm a nurturing person. And I want to take care of people. You’ll come to my house and I'll get you this or get you that. And I thought it would be a good thing for me. And so that's how I got started…and I thought, I think I'd like to be a nurse.

And with fortitude only a person on a seemingly worthwhile and committed mission demonstrates, Sali entered school, in the third decade of her life, to become a nurse.

So here I have two sons, one in third grade and one in kindergarten, and I went off to the University of State to get my [nursing] degree.

*Once She Decided to be a Nurse…There Was No Looking Back*

And Sali never looked back. Balancing life’s demands, with the responsibilities of not just motherhood, but a commitment to making her sons lives warm and nurturing, she successfully completed the requirements and graduated with a degree in nursing just four years
after she had started. And shortly after she entered school, but most assuredly upon graduation, Sali knew her career choice was the right one and nursing was meant to be her life’s career.

And I actually...I love nursing...for a lot of reasons.

*It Has Not Always Been Easy*

Although her journey to nursing was not as quick or straight as many others, it did ultimately guide her to where she needed to be in order to begin her career in nursing. Yet, as is the case with so many neophyte professionals, the commencement of her career journey took a period of learning, flanked with many challenges and disappointments, until she finally arrived at her true destination. She recounts the history of her early employment, and as one listens to her story one cannot help but draw the similarity of a professional journey traversing many rocky and uphill roads...before finally arriving at the spot where the road ends.

...it hasn't always been easy. I've had a number of nursing jobs. My first job out of nursing school I worked here at Community, and I worked in a telemetry unit. I was always interested in cardiac. And I worked for a number of years on the night shift and then when the kids were in school and I was a little bit bored...I wanted to get more, so I went to MC, and I worked in their heart program and it was a full-time day job. And that was a difficult job because I didn't feel that they had any leadership. I didn't feel that they were staffed well. I didn't feel like they had any set kind of nursing care delivery system. And you know when you are used to doing primary nursing and the next day one nurse goes down and passes his meds to everyone because of the nursing shortage...it was very discouraging and I was very unhappy for a while.

Sali is open and willingly shares first what was so wrong with the last place she worked...
But it was night shift, it was busy, but after a few years, I was getting stagnant on that shift so I wanted to work more. So that’s why, I went to MC to a day job. At that time, we did not have the cardiac program and they did. And they did open heart surgeries and angioplasties. And I wanted to learn more.

I love the patient's, I learned a lot. It was the way it was run and it was the leadership and they had no system to deliver nursing care. There wasn't a nurse manager. I don't know what happened …they were coming and going…too much chaos.

One day, I went into work and there were 14 patients and there were two nurses for 14 patients; everyone else had called off. And me and this other nurse…and she's pretty much a charge nurse at the desk. And there was no secretary so the charge nurse would have to take off all the orders. And at that time the hospital was computerized and you had to put all these orders into the computer so it was very time consuming. Putting in computer orders is very time consuming. So it was pretty much me for 14 patients. You had patients on Cardiazem drips, unstable MIs…you had everything. And you have these Cardiazem drips, and you turn around and their heart rate…I will never forget it. So that was the straw that broke my camel’s back...I did the best that I could, nobody got baths, you washed yourself. By the time we took care that guy who had to go to the Cath Lab it was about 10 o'clock, and I hadn't seen any of the other patient or given the meds.

And I told the vice president of nursing many times that we need secretaries here and we need one way to deliver nursing care. We had a nurse’s aide and we had to move down the hall and give care. And the charge nurse was in charge of doing all the assessments but they were never charted because she was at the desk after the assessments taking off all the orders. And you would never know what she found. It
was just craziness…craziness. Now I just couldn't work that way…it was just chaotic…chaotic.

And before I left the unit [for the day] I told them I was going. And I gave my resignation [to the Director of Nursing]. I told them in two weeks I'd be leaving [the hospital because I could not work like this and compromise the safety of the patients]. A lot of nurses say they don’t want to put their nursing license on the line and that is the reason they leave a job, but to me it's not that. You are responsible for these patients’ lives and I was not going to be responsible for somebody dying because I could not get there (to help them because I too busy). It's not about the license. [It’s about the safety of the patient].

Sali was unemployed for a short period of time. Finally a new wing was constructed at a hospital Sali had previously worked at. Sali applied for a position at this facility, a position in the cardiac unit and was hired immediately.

…and then the community built this Heart Hospital. And then I came back and I love, love my unit.

She Has Found Her Ideal Work Environment…At Least For Now

When Sali talks about what is so special about her work environment now, on the cardiac unit of this new facility, it is so easy to understand what Sali values as a nurse. Her description of her unit seems to exude the qualities which she holds tantamount to providing quality nursing care. Sali is proud of where she works.

In my unit [where she presently works] we have very good leadership…it is very organized…we do primary nursing here…and that is the way we deliver nursing every day. We have a float pool so if someone calls off…it's not like you have to work short…
but they will send you people, whatever they can do to help that situation. And that is important. And I love the cardiac patient. So it is a nice environment to work in. And we are fortunate that we’re all RNs…I know many hospitals can’t function that way, but we are all RNs and we do have one nurse's aide…but we delegate to her as the part of the team. So all of these things combined make it a good experience. And if you look at our (patient evaluation) scores we have the highest scores in the whole Community System for patient satisfaction? Our Unit!

Yes. And I think it's for all those reasons...we work as a team...we have a very strong knowledge base...our patient assignments...our assignments are done with an acuity scale that we have all pitched in to develop. It's a nice place to work, and I'm very happy here.

And Sali is pragmatic and astute and seems to be able to see the big picture of a situation...

And it's not always to throw manpower at it...maybe it's to rearrange or something. We can always use extra help. But let's face it, we’re not always going to get extra help. So what can we do to make the situation better?

Sali does understand the concept of change and how to best effect and influence it. While she understands that focused complaints are absolutely relevant and necessary to begin the change process and in no way discourages this format for commencing change, she does not favor dysfunctional complaining.

No time for whining and bitching. Don’t sit back and not get involved…change it.

And for those people that are sitting there inexcusably bitching about different things…we say, ’let’s bring it to our work Ethics Council and let them brainstorm and see what
we could come up with.’ But to sit there and whine and whine and whine…no one's
going to do anything. But to work and try to come up with something…maybe
somebody will listen to us.

So that is my suggestion to people with complaints…what can we do about it.

Sali believes in the phrase, “be the change you want to see.” She advocates nothing less
than total involvement in her career and believes in the empowerment of nurses.

I think everybody has some complaints. But here…with the union we've established this
career enhancement program. One person from each shift applies for this position, and it
is a one-year term. And in this position you are an educational resource for the unit.
Once a month you go to meetings all day…and for people that are not happy...
well…we're trying to get these councils up. We’re asking people to volunteer from
different units. And we want to have a meeting…sit down and talk about the issues on
each shift, because each shift has different issues.

And so we are going to get started and see who wants to volunteer…or trying to get this
accomplished…we are really trying.

Sali not only advocates what she perceives as effective change strategies but she is
committed to making her work environment the best that it can be. Her actions speak louder
than her words and it is from these actions that one can see her pride in her work and her work
environment. She seems invested in making things better. She is committed to being part
of the solution rather than just part of the problem

I am one of those committee members. Yes, I want to see peace. That's what they call
me. And I'm what the AP representative from our unit is. I go to these hospital nursing
committee meetings…and we cover stuff…and they teach this stuff and I bring it back
here to the unit. And that's where we are...going to work on getting this thing up and going.

When listening to Sali about her role on the unit, her role of effecting change and working to nurture her peers, one can sense that her family influences of nurturing are once again serving her well as she moves forward in her career in nursing.

...every unit has three people. And it’s the first Thursday of each month we get together and have a meeting. And everybody [all the nurse on the unit] knows information that way. And we can pass it on to them and then communicate it. And as an AP you’re also a preceptor for new employees. [And we also help yearly]...when people have to go through equipment days and that. We do those couple of things that the unit manager wants us to work on. Now, the staff has some questions about pacemakers and we’re going to be doing a blackboard on pacemakers. And we have a poster on coronary artery disease. We did that...there are a lot of things going on in the unit that's great

Pragmatic and Value Driven

Pragmatism occupies so much of Sali’s thinking. She is idealistic and clearly an advocate for change but she is realistic enough to understand that change is many times slow to come. This pragmatism which is so much a part of Sali...seems to provide her with an outlook which enables her to keep professional frustrations in check while allowing her to experience professional enthusiasm in situations which might frustrate many.

...and I do have to tell you that some things we have been talking about for years... [we] haven't made much progress. But some things we have.

...well there are so many changes that have happened here at Community with the addition of trauma...with the electronic records. We’re still trying to work on this
new progress and to learn everything. It's a lot at one time. And getting these work area
teams going [is not easy]. So we’re just trying to muddle along and do the best that we
can. But hopefully make more progress once we get these up and going.

But I am very happy with my career.

Without question, Sali not only likes but loves giving care at the bedside. She loves to
provide her patients with not only the science of nursing, those technical skills needed to assure a
positive state of health in her patients, but also the art of nursing, the caring modalities which
mean so much, if not everything, to the patients. Providing this combination of care provides
Sali with both fulfillment and satisfaction and seems to fuel her enthusiasm for her chosen
profession.

I love the bedside. I like taking care of people. I love to do those extra little things
…doing for them. Like giving them an extra pillow, giving them a cup of ice for their
soda. If they’ve been in the hospital for three days and haven't had a shower…these are
little things that nurses don't always have the time…but the patient really looks for this.
They don't realize that I have just given them an Amiodorone bolus and brought their
hear rate down from 170 to 70. They are not looking at that technical stuff. They're
looking at those little things that you do for them. And that is what they care about. And
that is what I like to do.

And I remember the patients that are here after open heart surgery. They’re so, so sick
and they can't get comfortable. And you know you get them out of bed into the chair and
back into bed and rearrange them and try to get them as comfortable as they can. And for
the patient with congestive heart failure, activities of daily living…just to get a shower …
get your teeth brushed. It's like running a marathon. It's really hard. You look at them
and they're just not comfortable. And the patient doesn't know what they want. And they just are not comfortable. It's helping them…honestly, that’s what it is for me.

Traits of Exceptionality

When asked why people considered her an exceptional nurse Sali noted some characteristics which have come to her from her personal experiences in life. Empathetically, she works at putting herself in the place of her patients, focusing on treating them as she or her family would want to be treated. This ability to personalize care seems to increase her empathy and serve as the basis for the individual nursing care she provides to her patients.

I think I'm very compassionate. I think I'm very sympathetic. And I think I'm very empathetic.

I have had some of my family members very sick, and I've been in the health care system here to Philadelphia and I've seen a lot. I just always think…if that was my family member lying in that bed I would want somebody watching out for them and doing the best they could for them.

Without question, it is her nursing knowledge which tends to set her apart. This knowledge not only comes from her formal education but from her professional experiences. And as a neophyte nurse Sali had many experiences which would shape the direction of her nursing care and her nursing expertise. As with most professionals it was the experiences of nursing which helped her to develop confidence.

It was difficult, when I was a new nurse on night shift and you’re debating. Its two o'clock in the morning and something just doesn't look quite right around that patient and you don't know and you're not sure. And you put a call out to that doctor. And he rips your faceoff. And I always thought to myself, well you can be damned if you do and to
get the worst, damned if you don't...so I always put that call out. And I’ve had my face ripped off quite a few times. And you have to develop a tough skin sometimes. But there were times when I thought to myself, when you know the patient didn't do well, I was glad I did put the call. And then there were times I did put the call out and it probably wasn't at the time necessary. But I didn't know.

What I mean, I was a new nurse at the time and you're not sure. I always go with my gut at the time I called doctors. It's hard when you're talking to a doctor and they're covering for somebody whose covering for somebody else, but if you have that feeling always call. You know, you want always to do right for the patient.

And it was a lesson in nursing which she learned early in her career which would cement in Sali a sense of confidence, a confidence not only in her own ability to know her patients and their needs but to actually believe in her own actions. And it was this confidence which became a part of her professional persona and which others can see as her exceptionalness. And whether people and co-workers agree with Sali or not, they learn quickly once they meet her, that it was well worth paying attention to her professional opinion and her astute advice.

Well I'll tell you, I remember one time as a night shift nurse, as a new nurse...and I had just a regular guy on Telly [telemetry unit]. And this guy's heart rate was 80. And I came out of report and it was 80. All of a sudden he went to 110 then he went to 120. And I was going down assessing him all the time and everything was okay and at 1:20 I put the call out to the doctor. It was two o'clock in the morning and I told him he [the patient] went from sinus rhythm of eighty and his respiratory status was okay...going on and on. And the doctor said, 'He is in sinus rhythm so who cares anyway?' And he hung up on me. So here I am a new nurse and I thought this guy’s going to kill me tomorrow.
Well it wasn't even 20 minutes later that the patient went into flash pulmonary edema. We were calling a code and all this other stuff and he crashed. The guy ended up okay, and it was at that time- [I found out it was right to trust my intuition. It would serve me well with my patients].

It is not only her love of nursing but her desire to provide exceptional nursing care which enables her to be a patient advocate. She holds herself to the same standard of care which she expects from others. Sali understands that problems on the unit ultimately equate to poor patient care and this, more than anything else, is the reason she has agreed to represent her unit on the nursing change committee.

But I really truly do love nursing. I love to take care of my patients. I do complain about different things that I don't think are acceptable standards of care. And I will go to our nurse manager when things are done and that's how I ended up getting an AP [unit representative] position…because I want my care plans on the chart…I want my care plans completed…if it's not done how do I know what was done? A lot of times people did teaching for the patient but if it's not documented [how do I know]. I want things done right. I'm always looking out for the patient. We need to be a patient advocate.

Education has always been a driving force for Sali. It was the reason she had initially entered nursing and it continues to serve as a stimulus to propel her career forward. Sali not only understands the importance of education to the profession of nursing but she internalizes her beliefs. There is always something to learn.

I have a very good knowledge base. But I try and always attend all the pharmaceutical vendors to listen to the talks and get my… in fact already I have my CE’S completed for
renewal of my nursing license and I still have another year and a half to go until it is due. I'm already there.

And once we had a patient, he was in his early 60s at the time that he passed away…but he never, never did get the heart…but towards the end I guess he was going to Philly and he actually had an LVAD at home. And I don't know much about that. So there's always something to learn. And even at Taylor...they have a congestive heart program and they are doing… they pull the fluid off something like dialysis, but they pull the fluid off like a filtration. So there's always something new.

Any educational programs that I can get to and any continuing education I go. I like to keep up and stay knowledgeable about everything. I think that's a very important thing for us as professional nurses. And people don't realize that they are really a lot of fun, especially those pharmaceutical vendors. It's a nice thought, and you get to socialize with your friends out of work. And it's fun too.

_Synonymous: Problems in Nursing and Patient Problems_

Always with an eye on the patient and a focus on patient care, Sali equates problems on the unit to problem for the patients. She believes the role of the nurse is of paramount importance to the welfare of all patients. When problems develop, Sali believes it is the role administration plays which seems to contribute positively or negatively to the work of the nurses.

Well, I think my unit is a true model for nursing. We are very well staffed and we have our nurse patient ratio of 1 to 3 and that is very easy to manage. We have our acuity scale and we are very organized. We have good leadership here…where if we didn't have those things it would make your job nearly impossible.
And you are responsible. Ultimately the doctors are coming in to see those patients for a minute, but you are responsible for the life of that patient; for making those critical decisions, for making those assessments, for getting those calls out before the patient crashes. And when you're overwhelmed because you do not have an acuity system or you don't have these sufficient ratios and you don't get help…and it's too late…and they're crashing…that's where the difficulty comes. And we need to get these nurse patient ratios in place and we need acuity scales. We need administration to hold to them so that we can deliver the care. It's difficult when those things are not in a place.

Sali believes that when nurses cannot nurse, problems arise. This restriction, more than anything else, serves to frustrate nurses.

It's frustrating because as nurses we commit to nursing, because we're very compassionate people who want to take care of people, but then you're faced with the fact that I cannot take care of this one and get all my work done because it falls apart. Just think if we had these things in place…it would be much better.

And just as a lack of support from administration thwarts nurses' efforts and tends to frustrate their career, the support of administration helps nurses to grow professionally.

…and that's one thing about our contracts. We get so much money from the hospital that we can use that money…it comes out of an endowment. You can use it to renew your nurse license or if you want to join a professional organization. You can use it to help you pay for your dues [in a professional organization]. You could use it for continuing education dinners or if you want to purchase journals or whatever you want to do. So that helps…that's nice.
Even though Sali has a good relationship with most of her physician coworkers, when interactions deteriorate and difficult interpersonal situations arise, Sali, though in no way afraid to deal with the situations, is not one to jump to conclusions. She works to take the emotionality out of the situation and cognitively think it through for greater understanding. She holds herself to a standard of professionalism which resonates with her and prevents her from dealing with problems in an unprofessional manner.

I have just about a good relationship with all the doctors. Once I had my face ripped off in the middle of the unit and it wasn't me, it was a situation that they were upset about. And sometimes that's still hard and a little uncalled for. But we do get that as nurses. So I guess, I think that is negative, but sticking up for yourself and sticking up for that patient is essential.

I work to ignore it as much as I could…and then speak with him or go to my manager and tell them. It is just unacceptable. I would not yell back at them. Number one. I'm not that type of a person. I just do not think it's acceptable in the unit…when they think they are right and you're not getting anywhere. It [the response] shouldn't be right there. I would either see them on the side or talk to my nurse manager about it.

Sali has a unique ability to see beyond the problem at hand and to search for its deeper meaning. It is with this approach that Sali takes the emotionality out of a situation, does not internalize the problem and works to more appropriately handle the situation.

People just get frustrated with the situation. [Many time it has to do with] whether patients are doing well. [It wasn't anything I did].

And when problems arise, Sali does not harbor them, internalize them or let them fester.
She believes in positive strategies here also and is empowered always to work at effecting change.

When I have a problem, I voice it very clearly.

When problems cannot be changed Sali can get frustrated. But when these frustrations occur, Sali does find using positive coping strategies helps her to deal with these frustrations…

And when I get frustrated with the situation…I go home and beat the crap out of my bike. I have a stationary bike. And I usually will go home and have a really good workout. I get frustrated…I do get frustrated. But that's usually what I do.

Regardless of frustrating moments, it is the feedback from her patients that tends to have the greatest significance for Sali. And the feelings tend to be mutual.

When you look at our unit and the whole collection of angels that are being given to us by patients in our unit…our patients come back and they tell us, ‘Thank you so much for taking care of us.’ We get so many thank you notes. And thank you gifts. And that really makes you feel good.

We always call them when they go home…and make a phone call to them. We say, ‘Are you okay? Are you understanding everything? Do you have any problems?’ And we just get so much…these people are so appreciative. It's a wonderful feeling. It's very fulfilling.

With the passage of time and experience, Sali has seen her career change. Experience has brought with it skills and knowledge which have enabled Sali to expand her knowledge base. Along with these factors, her inner motivation to grow professionally and personally have enabled her to continue to move forward. Exposed to the same experiences, it seems likely others would not have grown as much. But Sali is different…
Well, I think...I always wanted to be involved in nursing...not just come and collect a paycheck...kind of to raise the bar on nursing. I believe nursing was a profession. My knowledge base has increased a lot with experience and I go to a lot of continuing education courses, and I took a critical care course. I took the trauma course. And I just continue like that -- I don't think my bedside nursing has changed. You just become a little more proficient doing those skills, Foley catheters and IVs and that stuff, I think so.

Let's face it when you come out of nursing school you a great foundation, but you need to develop that critical care thinking. To put it all together. But not until you're in the clinical situation and the patient is seeing halos and has this really funny looking EKG and there are notches that you say, 'oh yeah'... and you're pulling it all together. You're definitely pulling it all together with time. You are getting seasoned. And educating my patients, you get better with that to. Definitely you get better with time in nursing.

It is the rush of Adrenalin which keeps her focused and professionally alive and sometimes on the edge...a feeling she loves.

Definitely I was a cardiac nerd, at once. I especially like those patients that come in unstable and...you’re rushing them emergent to the Cath Lab...I love those patients.

Sali has never regretted her choice to specialize in nursing. She once again believes it was her family which guided her into the area of nursing which would come to be the focus of her nursing career.

I just really like it [cardiac nursing], probably because of my family history of my grandma that died young. Well, my grandmother she had a history of rheumatic fever.

And she had bad heart disease. And she had open-heart surgery and she died very young,
she was 63 years old. I was always interested in cardiac. And what happened, when I got into nursing school, I was interested in the cardiac area. I was very interested in that. I just liked it and after [nursing] school I went to telemetry, and I really liked it.

*Relationships Are Essential*

Sali’s peers are important to her. She values the work of her peers and understands that caring and support extend beyond the patient rooms to each other. She seeks to attain a balance between work and fun. It is this balance which tends to make the support of peers all that much more special, all that much more important, all that much more necessary.

Colleagues can make a big difference, they really can…but we all work together as a team. Whenever an admission comes in, I’ll be assigned to that admission, but when you come back there'll be probably two other nurses in that room getting that admission together for you. It's always better when you see a group coming down the hall to help you…sometimes when you're in other units you begin that admission and nobody comes to help you…it's hard.

We work hard, but we do have some fun…we don't get to do that much, maybe we go for Christmas dinners and we’ll do the heart walk together. But we do try to do some things off the unit.

But not everyone chooses to be part of the team. It seems those that choose not to be part tend to have sanctions imposed on them and get little help in return.

When you have other nurses to help you it's a great thing. It's better, and believe me, the nurses that always sit there and never move to come and help anybody, nobody wants to help them.
Even though nursing care is centered on the doing of skills, Sali strongly believes that it is the nurses’ communication skills which make such a positive difference in patient care. These are the skills which enable nurses to truly know their patient and provide individual patient care.

… I think nurses and I think nursing care is essential. Nurses listen and that's important. Nurses try to meet people at their level where they need to be at which I think is important. I really do, I think it's a wonderful career…it really is.

Just to be there and listen to them. A few years ago I had a woman come into the hospital. She's a frequent flyer with a number of coronaries. And she had a son with her and he had mild mental retardation. And he died. And she didn't even want to tell any of her family that she was having chest pain because she didn't want to live. And I was just sitting there listening to her and she just needed to talk. And after that she ended up okay. And she was going to go home, but a lot of people admit to just having experience with tragedies in their lives and they just need to talk…and I just listen.

The Many Rewards of Nursing

Sali sees nurses’ salaries today as a positive variable in nursing. Today nurses are commanding a decent salary and many nurses add to their income by working overtime. Overtime…doing what one is educated for and what one loves…at a time which fits into ones personal schedule while making additional income…Sali believes few professions offer such a positive benefit.

Here most of the time, especially now I work a lot of twelve hour shifts because my kids are in college. I work a lot of overtime. And you know, it's hard work and I get tired, but I don't mind it. I think I'm fortunate to have the opportunity that if I need a few extra bucks I could pick up over time and there's a lot of opportunities you could pick up
overtime in nursing. They are good with the bonuses, you get time and a half for overtime. And the money is pretty good. And I know girls who need a new refrigerator or are going away on vacation or need a couple extra bucks. We can pick up a couple of extra shifts...making good money with time and a half...it's still cheaper for the hospital than to use an agency. And the quality of care is excellent.

Now here with the mandatory...if someone calls off and they don't have a float person to send you, they will ask for volunteers. If you volunteer then you get the time and a half and the bonus. But if you are mandated to stay because nobody volunteers and someone has to stay then you don't get that bonus. So people are happy to get that bonus and volunteer.

And the positive thing is you don't have to work that over time. If you go splurge on something or want to get something or help your kids in college, you work as much you want or not.

In the last few years I worked a lot of overtime...I am helping pay pretty much everything for two kids in college.

And Sali is only now making more money nursing than she did when she worked in the food industry 20 years ago. So clearly it is not the money that keeps Sali in nursing for she could command a better salary elsewhere. It is much more than this.

I love it...I love nursing... it is so rewarding to me.

Proactivity Reigns Supreme in Her Career

Control of one’s own destiny is key to Sali’s philosophy of life; her story is a story of an empowered, caring professional on a personally self-motivated journey. She is a nurse who has
never felt powerless or impotent. She does not believe that nursing as a career should passively happen. Her advice about nursing is proactive and challenging to all nurses.

I encourage people to stay in nursing. I think it's a wonderful profession. I encourage them to continue their education and to get involved…get involved…change things…instead of leaving…change things.

Sali is as protective of new nurses as she is of her patients. She remembers what it was like to be a nursing student and inexperienced. Sali understands that stress can force one to make decisions they many times regret. For this reason, Sali volunteers to mentor others; her role as a mentor is to be admired.

Do we overwhelm them, we do…and I’ve seen here [how nurses make fun of the nursing students] and talk of how silly this and this and this was that they did. And it really gets me mad because you do some silly things when you are a student. And when you do, you know what, you're dead. You know…but I give them a chance. And we had an incident when we had an emergency and someone yelled for a bedpan and the nursing student brought a basin. Well that incident made its way all the way from this unit through the hospital to nursing service to the nursing school. And the Chair of the nursing school came here asking me about it.

And I was so mad about that because it was a situation when the patient’s vagal response occurred and you think the patient is going to die and she [the nursing student] was nervous. She wasn't sure what she was doing. But just 10 days before she did something awesome, but everybody said how she brought the basin. Well you know she was just scared. So we were like lions eating our young. We should give them more of a chance …we've all done it. When we look back…I will never forget some…
And I have mentored a number of students as a preceptor. It is hard to make that leap from school to practice and our unit is a great learning experience for them. I really like to work with them.

And from Sali’s experience, success in nursing tends to rest on passion. And passion tends to come from not only working at what one loves but finding your area of nursing. And Sali feels finding this area is tantamount to ones’ success as a nurse.

I just think no matter what profession…you have to love what you do. I think that is important to find an area that's your true passion

Advice to Other Nurses

From her own experience Sali offers advice to those new nurses who are just entering nursing as well as those seasoned nurses who are fortunate enough to be in nursing. Reflective of her own story of nursing and absolutely dynamic in approach, what Sali offers to others as advice, that which she has operationalized in her own career. And to the tenured nurses she weaves a web of involvement which is sure to offer strong support for new and old frustrations which befall so many nurses.

To the nurses that have been [in nursing I say] get involved and whatever you're seeing wrong…or whatever's making you unhappy…bring those complaints to the unit members…and brainstorm to see what you could come up with…so when you go to your unit manager or administration you're not presenting them with a problem (only)…‘but here are some solutions that we see.’ And maybe if you present that in a constructive way, rather than a female dominant profession where the elite tend to think we complain a lot, maybe if you put it in a constructive way. This is what we see,’ maybe your
voice will be heard. It works sometimes and sometimes it doesn’t. But you know, what if
they keep trying? If you really want to see changes you got to keep trying.

And to the new nurses Sali offers advice consistent with experiences from her own
career.

And for the new nurses, I think it's really good to go out and get your experience...just
try to get out there and learn as much as you can when you come out of nursing school.
It's pulling everything together...and learn as much as you can and pull it together.
…I think it's really nice that you specialize...ordinarily get to an area where you really
want to nurse. I really do believe in that. Even if it is peds, oncology or trauma, it helps
you to get involved. I know for me that has helped me keep my interest.

And I always encourage the new nurses to think about expanding their nursing careers
and going back and getting their masters. I like to see them go on. And [participate] in
continuing education. We have three symposiums every year with lunch or dinner. We
have all different speakers. Get involved in the heart walk...and things like that...they
keep you interested.

Sali is clearly a pragmatic person by nature and she is wise beyond her years. She not
only learns from her mistakes in life but she helps others to learn from them also. Her advice for
new nurses when seeking employment is helpful and appears focused on her own personal
experiences.

It is a challenging career, I think. I think...when you go for that interview [for a nursing
position] you should have some good questions to ask them...’what are your nurse patient ratios,
what is your acuity scale, what is your method for delivering nursing care?’ These are good
questions they should ask before they take a position.
And to this day Sali continues with the legacy she has started. When one speaks with her peers, her reputation precedes her. She is admired, respected and liked by not only her peers, but the nursing students and most of all, her patients.

Ashleigh’s Story: A Lifetime of Caring and Growing

Synopsis

Ashleigh’s decision to become a nurse commenced with a visit to a local hospital to see her grandfather as a child and was cemented by a vision of a nurse who was superficial but stereotypical of the nurses of the day. These experiences were positive enough to mesmerize a young girl and move her in a direction which turned out to be the right direction for a career which would ultimately provide her with the tools necessary to grow personally, to fulfill her professionally and to serve others in the most meaningful of ways. Yet Ashleigh, too astute to allow this initial superficial context of nursing to determine the direction and focus of her career, discovered, shortly after entering nursing that being a good nurse was an internal trait inherent to few and developed in many, not an external facade. And once discovered Ashleigh would use this new found professional knowledge to catapult herself into a career which would sustain her for a lifetime.

Vignette

Nursing school had been a place where Ashleigh was controlled by rules, more than she had ever known. Having gone to Catholic School Ashleigh was used to rules and regulations, in fact these rules sometimes, in a strange sort of way, made her comfortable, almost in a secure way, as the rules many times took the difficult decision making away from her. And when she graduated from this place she received her nurses’ cap. The one inanimate object that generations of nurses before her had nicknamed, their dignity. For throughout the history of
nursing, the nurse’s cap had truly evolved to become the essence of what a nurse was…for no other profession was afforded the opportunity to wear such a moniker. The cap was synonymous with crossing the chasm from nursing school to nursing practice. So it is not surprising that to Ashleigh, imbedded into her thinking was the concept that who she was as a nurse was reflected in what she wore as a professional. Her cap was to be worn daily…for it told the world she was a professional nurse.

And as she practiced nursing she wore her cap daily with a pride… a sense of pride which helped her to be the best nurse she could be. Never would a day go by…never would a shift of work pass…that she did not wear her cap. Even though she could hold her hair back, by other means, she would never do this. It was her cap that she needed. It was her cap which defined her.

Ashleigh was so busy. The flood, the defining flood which would determine the Wyoming Valley’s time line forever forward from the day the water rose, as a before and after scenario, had made the unit Ashleigh worked on so busy. Her hospital was out of the flood plain and as such, was used as an evacuation center. Patients from all over the area were air lifted to this Intensive Care Unit. They were anxious, they were disoriented and they were in need of expert care.

Ashleigh wanted to be there for everyone, to minister to their needs and to care for them. This is what she went into nursing to do. And in the rush of the day, and the chaos of the moment, she was stopped short in her tracks. She felt a pain in her head. A pain which pulled her neck back and caused her to wince. Her cap, her dignity, had somehow caused her head to get caught in the patient curtain and it pulled her backwards and she went reeling out of control, almost fell down between the patient beds. And in a brief moment, filled with astonishment, and
at the same time fear, she thought, *My cap, it is getting in my way and preventing me from doing my work. How can this be?*

And in that second in time her cap was no longer an asset to her care, but it had actually turned into a liability. Ashleigh hesitated. She knew what she needed to do. But how could she? It had been with her since graduation. It had given her the strength, the knowledge she needed to be a competent nurse. It was a positive force. And at that moment, she heard, somewhere in the distance someone yelled, ‘Ashleigh take that cap off. It is getting in your way.’

And, in an instant, it was gone. Ashleigh took her cap, her dignity off, and in the moment continued to provide the nursing care she had started. Much to her surprise she felt no different. She delivered the same nursing care she had before she became de-capped. And the patients and the doctors and her peers and the visitors all knew who she was and sought her help in much the same way as they did when she had her cap on. And in that period of time she realized, it was not the cap that defined who she was as a nurse, it was herself, her inner being, her personal knowledge and sense of caring and compassion, that made her the nurse she was. It was a professional moment like no other for her, and Ashleigh easily transcended the moment, never missing a beat and moving forward in her career.

And as chance would have it, this was the exact day when the Director of Nursing from her nursing school was scheduled to visit her unit. And as she entered the Intensive Care Unit she saw Ashleigh and with an automatic sense of familiarity and comfort, approached her. ‘How are you doing?’ she asked. And then as if stopped in her tracks, she noticed Ashleigh’s cap-less head. ‘Ashleigh,’ she said, ‘where is your cap. You know you must have it on or you are not a professional nurse.'
‘Sister,’ replied Ashleigh with a sense of calm and respect, ‘I have discovered that my cap, though impressive and a sign of where I have come from in my career, is not who I am as a nurse. I have discovered that I do not need my cap to become the nurse that I want to be. I am so thankful for the education I have been given but it is just the beginning. Now it is up to me to be the nurse that I want to be. I am ready to accept the challenge.’

A Snapshot of Ashleigh:

Ashleigh is a 40 year tenured nurse who entered nursing after completing a three year diploma school education. She has worked as a nurse at both local and out of town hospitals; spending the majority of her time in nursing (over 30 years) at local hospitals. Ashleigh has worked in the Intensive Care Unit for her entire career and has served as a mentor for many new nurses. Ashleigh does attend educational conferences both in and out of the hospital. At present she does not belong to any professional or community organizations.

Ashleigh’s Story

Many people have many reasons for choosing their career path in life, but I venture to guess few would say they did it because of one of their anatomical physical senses. However, when one really focuses on this premise, it is really not that unusual to use one’s senses to select a career in life. However, it seems some, rather than other senses, seem to predominate as a vehicle for choosing one’s career. Usually in this regard, ophthalmic and auditory senses take precedence. People choose their career many times by seeing others performing the tasks of their future career and/or by reading about the work of various professions. Still others listen to stories or hear about it through many sources, none the least of which are the people in that career. I would venture to say few, save the culinary professionals, do so through their olfactory sense, the sense of smell. Yet that is exactly how Ashleigh was drawn at a very young age to what would prove to be her lifetime profession.

It is unlikely that the medicinal smell of anything, let alone the inside of a hospital would attract many people to nursing. Yet, the smell of the hospital during her infrequent visits as a
child to a local hospital would spurn Ashleigh’s interest in nursing, a career she would continue in for a lifetime.

In the 1950’s, unlike today, select few people entered the hallowed halls of hospitals. Entry was usually limited to those who were sick needing medical care and their select family members. People did not go to hospitals to have tests performed or to see doctors. Health care, and most especially hospitals, had a mystique and aura that few were allowed to view, save the very sick and their closest family members.

And so it was the hospitalization of her grandfather, at the age of eight, which would allow Ashleigh entry into the world of hospitals and shape the remainder of her professional life. Certainly, at this time her career choice was not decided, however, something about the smell of that place, that place where her grandfather, who she loved with all her heart and who she shared a home with since she was an infant, was nursed back to health. This would prove to be the seed which grew her desire to become a nurse as her life unfolded.

And for whatever reason this is what I wanted to do. It was something that I was meant to do. I can remember being young and my grandfather was in the hospital. He was taken emergent. He had a kidney stone and he was deathly ill. And also my mother had a hysterectomy [during this same basic time frame]. And I loved being in the hospital. I loved the activity. Believe it or not I loved the smell of the hospital. It wasn't a dirty smell it was the cleaning smells. It just appealed to. And I watched people doing things…and I thought, this is really what I want to do. I want to emulate that.
Career Choices: Intuition or Logic?

From a hardworking Catholic family, both of Ashleigh’s parents worked outside the home to make life as good as they could for themselves and their only daughter. Ashleigh was a sensitive child who was many times described by family friends and neighbors during her formative years as shy, very shy. Ashleigh attended Catholic school and her mother, sensing her shyness and feeling concern for her life’s journey, decided, as many parents naturally do, to guide her daughter into a career, a career which would take her away from the garment industry, an industry which predominated the work of women in the Northeastern Pennsylvania region of the country at this time, and give her a solid secure profession for life. Teaching, teaching, she thought, is the work Ashleigh needs to do. She will go to college and be a teacher!

Whether it was because, as Ashleigh matured into her role as a teenager, she became, as many do, opposed to her parent’s control of her life, or because she really did want to be a nurse, even Ashleigh did not know, but Ashleigh decided teaching was not for her and nursing was. Needless to say, her mother, knowing the personalness and, one would suspect, the physical and mental rigor of a profession such as nursing coupled with the shyness of her daughter, was adamantly opposed to this career choice.

My mother wanted me to be a teacher. Yes, and she vowed not to pay for it. She didn't think that her daughter should have intimate care of people. I was an only child and she was overprotective. [My mother] was upset. She was still upset. And my father said, ‘If that’s what she wants to do let her does it.’

As a teen Ashleigh developed a sense of responsibility and contemplation coupled with a methodical approach to life and problem solving which would prove to serve her well in her future career. She approached her career choice slowly. She wanted to make sure it was the
To help her in her quest, she decided to expand her sense-approach to nursing and use her ophthalmic and auditory senses now and actually see and hear what nurses do. She became a Candy Striper, one of those young teenagers we all have seen and read about, who deliver mail and perform ancillary tasks in a hospital. Even though being a Candy Striper only allows one a peripheral view of the profession of nursing, it was enough for Ashleigh; enough to teach her two valuable lessons she would take with her for the remainder of her life. First, nursing was for her. She decided sometime between the start of her Candy Striper experience and the end that she did want to be a nurse. Even though she did not discover, by any means, all the intrinsic details of being a nurse, from this experience, she somehow, in her heart, knew this was the profession for her. And second, she learned probably one of the most significant lessons she would ever learn from her negative experiences as a Candy Stripe. As a Candy Striper many times Ashleigh was treated by the nurses less than nicely, less than fairly, and in ways that sometimes made her feel uncomfortable. From these negative experiences, and isn’t this the case many times, negativity can teach us a positive lesson we never expect, Ashleigh learned the basic tenets which would guide her entire nursing career, as well as her life, ‘I never want to be like that,’ she thought. And throughout her career, she never was.

It was my first year in high school, and then that’s when I decided I wanted it be a candy stiper. I thought what better way to see if I really want this. And all you did was deliver flowers and all. You had that little bit of interaction. And I have always been a very shy person and I was never one to verbalize with people that I didn't know. You had to be in my circle for me to be myself. So it was a way for me to test myself. And you know, I still liked it. I didn't always like the approach of some of the nurses I had to deal with, and we're talking back about over 40 years ago, they were very brusque and kind of like
putting you down, you know, because they were too busy. And I vowed never to be like that.

Fueled by the potential of her Mother telling her, ‘I told you so’ if she was not successful, Ashleigh’s desire to attend nursing school was centered on nothing less than success. However, contrary to her thinking, nursing school required more studying than she originally assumed, and Ashleigh quickly realized how difficult this new undertaking would be. Yet her personal determination to succeed fueled her efforts and she was successful.

Maybe it's because my mother, my mother saying to me, ‘I told you so,’ and just to prove a point to her. Or to prove it to myself that I could do it. Because I think one of the reasons why I didn't opt to become a teacher is the fact that…I don't have good study ethics. I'm not one to sit down and dedicate a great period of time to studying. You know I learned what I have to learn but I am not one that was always comfortable in education, for whatever reason. I did not think of myself as an exemplary student so I thought maybe nursing might not be as…I don't think I realized, going into it what I was going into. I think I liked the atmosphere, and I know what I had seen watching those TV shows and seeing what the nurses were doing, but yet not having put my foot in it I did not know [how much studying it required]. But once I got there, I just had to prove to myself, this is what you signed up for now you're going to finish it. Because my mother was a strong force and I did not want her telling me, ‘I told you so.’ And I wanted to do it.

Once Ashleigh was in nursing school she quickly identified with the role of a nurse. This educational experience tremendously influenced her throughout her nursing career. This was an influence she seemed to never truly have realized in totality until she shared her narrative. And it
was this story telling which actually brought Ashleigh to tears, reverent tears, about the influence and implications of her own education on her professional life.

So I know when I graduated I got some kind of an award. I wrote a paper and I got an award for it. And you know, it was a Catholic nursing school, a diploma school, and we had a lot of pomp and circumstance. And we had a beautiful capping ceremony. We had to wear white. The nuns were very strict. And I didn't appreciate it then but I do appreciate it now. Seeing such a difference in the way people present themselves now. We were taught so much different. And I think that was the best way to go. Our uniforms always had to be below the knee. The hair, the way your nails were, that part was regimented. And they worked us hard. And if you stayed a nurse after doing what we did then...then...then you knew that was what you were supposed to do. [crying]

Ashleigh remembers how diverse her education was, and she attributes her nursing school with teaching her all the basics she would need to be the type of nurse she desired to be.

From the time we received our regular caps and we were in the program after the first six months, we worked every other weekend, we worked every other holiday, and then depending on your rotation, we did a month of the evenings and we did a month of nights and we did a month of being in charge. We did our rotations in Pediatrics and Psychiatry outside of the area. Psych was in Baltimore and Buffalo Children's Hospital for Peds. And I really think we got a good education. I mean that's what gave me the ability to do the basics. I am in critical care now and there was no critical care unit at our nursing school and if anyone had a problem they were taken to Chelsey in Dover. So we got good basic care...how to give a proper bed bath and I'm still...I'm one of the slower people. Because, and we were just talking about this the other day, you know, the way
you bath people and what you do and how you do it, the length of the backrub we practiced and all that. We gave each other bed baths. It was part of our labs. So you know, I think that's what helped me get the basics down so I could feel comfortable going into a setting and then doing.

We had a very short period of time where we just concentrated on the book work [in nursing school and then we did clinical]. And I think that was only a matter of a few months. And I can remember wearing the probe hat and the hairnet and going and shaking in my shoes and praying that my first bed bath was not a male, which it was! [laughing].

Ashleigh talks about her nursing career and what it was like for her when she was a new nurse. And she is very emotional reminiscing about this.

I'm having a hard time saying how I felt! I will admit I was scared every day because you didn't want to make a mistake. But I feel that things are happening for a reason, whether liking the hospital smells, doing my thing and then for my first job.

When she chose her first nursing position she did so with the image of her nursing supervisor in mind…a woman who embodied what nursing meant to Ashleigh. This new career took a road not anticipated and Ashleigh now realizes it has made all the difference in her career.

I almost went into the operating room, because I kind of liked that. And I had accepted a job at UPMC in the OR. But I decided I wanted to go one more place so I went to WVH and I met with Ms. Fry. And the nostalgia of having been born there and that being a small hospital, it felt very comfortable. And I thought, I could do this, you know. I could be…I could emulate the head nurses that helped to train me when I was in nursing school, Mrs. Blin, the one that I truly admired. She was very clean, up right, knew her stuff was
sure of her stuff and had good comradre with her staff and with the nursing students and the doctors. And I said that's what I want. And I thought this could be a good place to do it, a small community hospital. And I was hired. UPMC was very upset with me when I refused; the nun gave me a hassle. But it was the right thing. And on my first day of orientation just walking around, Ms. Fry said to me, ‘You know we are really shorthand in our special care unit. And I was wondering if you'd be interested in helping us out?’ And that's when I had the big churn in my stomach because I had no clue what that was about. I never did it. And I did not think I was capable. And she said, ‘Don't worry the girls will teach you everything you need to know.’ [laugh, laugh, laugh, laugh] When I stop and think of how I learned some things… I got into critical care and I'm still in critical care and I wouldn't give it up for anything.

Education Made Her the Nurse She is Today

Ashleigh has a respect for all areas of nursing. She is grounded enough to understand that each area of nursing require their own skills and competencies.

In the course of my career, thank goodness it wasn’t on many occasions, but I was pulled to a regular floor. And I give those girls so much credit. Just like they're fearful of coming to work at our place, we’re just as fearful going out there. Because, number one, you lose the fact you can’t see your patients. They're in separate rooms behind closed doors. There is no glass to see them through. And they're scattered. And you have some, they can get up and walk around and it's like, ‘Where are they?’ You can’t find them. And then when you have a patient or two, with maybe three or four others, it’s very hard. I think they have a hard job, working, running those halls and giving medications. And as the years go by you have much more responsibility. You don't just have bed baths to
do…you just don't have taking doctors orders…you carry everything out. Some floors start IVs, some floors have to give their own respiratory treatments. I don't know if they still do, but that was a trend there for a while to do the pulmonary care and that was on top of everything else that they have to do. Like we used to do years ago. We had to do the Bird machine! The first time I had a ventilator in the unit, the respiratory therapist wasn’t there for 24/7. If they were they slept because they were only there for Day shift and maybe a little bit of evenings but they weren't there all night. They said to you, ‘Here's the ventilator, here's an alarm and that's what that means. Okay I'm across the hall if you need me.’ So we've come so far. Sometimes when you work under those conditions, you say that you are meant to be there because if you weren’t, who would not want to stay there?

But things are different today, and Ashleigh feels that the new nurses today are different also.

I just met a relatively young nurse at the doctor’s office yesterday. Here is an example: She's only been out of school maybe four years. She worked on the oncology floor and although she liked it, liked the patient's and everything, she wasn’t crazy about the shifts. She wasn’t crazy about doing everything that she had to do. And she's only been a nurse for four years and she's in the doctor’s office. And not to put them down, but when you're young and vivacious, you want to take on that responsibility.

Ashleigh feels that experiences, challenging experiences, have afforded her the ability to grow professionally.

I found after my insecurities, which you never get rid of, but your insecurities lesson with time and you don't feel so, you feel more confident in some areas than you do in others.
And I found that over the years I felt a lot more confident. And what I leaned here I took when I went to New Jersey. And I mean, and then we started working with Swan-Ganz and arterial lines and all that sort of stuff, to the point where I was an assistant nurse manager. People were coming to me! And I was always the fearful one and here I was where people were coming to me. You know. And I just feel that you learn by your mistakes and you learn by just doing.

Ashleigh cannot think of anything else that she would like to do. She feels nursing is a wonderful fit for her. And if anything, she learns a tremendous amount from not only the positive but the frustrating experiences. She is positively grounded and somehow is able to turn bad experiences into learning experiences.

I just, I can't possibly see myself doing anything else. And you get frustrated; there are days when you think I could be a computer programmer. When you come home hours after your shift, and you think what the heck, but that's just the way life is. But then you learn from those days and you go, ‘I'm going not to try to let that set of circumstances happen again.’

When asked if she was happy with nursing as her career choice she resoundingly answered…

I am -- I am -- I am very happy.

Ashleigh remembers the formality and the rituals of nursing school, rituals which were strong metaphors for actual professional events and accomplishments. One such ritual centered on both the garments and the cap of nurses. Owing to this interpretation, these rituals were internalized as the actual accomplishments and basis of a nurse’s being.
I can remember when I graduated from nursing school how proud I was. I couldn’t wait to put my picture in the paper with my cap and everything. I get so emotional.

I loved wearing my, don’t get me wrong, I love the scrubs now, but I was all into the pure white down to the Clinics [white nurses’ shoes]. Oh my God, I was so proud. And the, and the cap, which I ditched when the flood of 72 came, it went by the wayside. And I never looked back again.

One day she realized that the clothes were just that, clothes; in actuality, a metaphor for what the nurse actually was and did accomplish. On the day this realization occurred, it was a defining moment in Ashleigh’s career, and possibly in her life.

Well, because I saw that it was, it’s kind of weird, well because of the flood, well the clothes weren’t important. That's just the symbol, it wasn't what I did. And the thing is we were kind of so busy, and it was in the way. It [the cap] was falling and I took it off. And I felt…like free. Actually, it's hard to believe. Something that I worked so hard for, I felt free when I got rid of it. I felt like I could get down to what I needed to do, my work. And my Director of Nursing from my nursing school came down [to where I worked] that same day and [how ironic that] I happened to be on duty that day and she said to me, ‘Where is your cap?’ And I said, ‘I don't need it anymore. That’s not helping me to be the nurse. I mean it looks pretty, and it’s a very nice symbol. But it isn’t what defines me.’ And that's what nursing, I guess with any profession as you progress, and you find out that certain things do not define you. It is your actions; it's not what you wear.
Ashleigh further describes her realization of how insignificant one’s clothes metaphorically are to whom one is as a nurse. Once looked at as a direct relationship to each other, she now knew there was no relationship at all.

I worked with the nurses who have had the nicest starched uniforms…as well as their white shoes that were exactly the same when they left work eight hours later as when they first came. And I’ve gone home, maybe I didn't work as smart as they did, but I do remember going home drenched in sweat and blood thinking we worked the same shift, and I don't know, we didn't work the same. So that's what I, again, you learn something new every day. That was my learning thing. That's what I learned that the white uniform didn't matter anymore because again that does not make you a good nurse. You look pretty but that does not define you. So when it came time to move to scrubs, which I was very, very adamant against, I said, ‘I need to get down on my knees,’ [because] sometimes you do need to get down on your hands and knees for things in nursing. And I thought this is what it's about, you need to be comfortable. You need to keep yourself covered. And that's what it's all about. It's all about business and how you can do it best. Actually Ashleigh was pleased with how she made that transition, but she pokes a bit of fun when it comes to her shoes.

But I did have a problem giving up the Clinics [nursing shoes]. I guess after 40 years of time some things are hard to break. But again, I guess it was not the white shoes of nursing. But up until the last couple of years I'm noticing people coming to work wearing black uniforms, which even my mother, God rest her, had no problems with me wearing a black uniform. But I noticed those wearing black shoes or navy or maroon. And again it comes down to wearing, trying to keep yourself, attractively dressed so you
don't look sloppy. You know giving a good picture yet being comfortable and being able to wear something you can do anything in. And that takes a long time for some people to break that stereotypical picture of a nurse being, I remember watching Zena Bethune as the nurse on General Hospital, again in all starched white but they were never at the bedside. They were never at the bedside...they carried charts.

It seems this realization was to Ashleigh a turning point in her career. She was now able to move forward with her own practice and become an advocate for the patient.

I found myself getting much more confident, much more daring. I found that...the doctor is not God Almighty. He doesn't have all the answers. And sometimes if you don't agree with all he says, I feel confident enough in myself to say, ‘Gee, I don't know? I don't think that maybe that's appropriate or maybe that medication is not good for this person.’

*Her Career Has Fostered Her Personal Growth in Many Areas*

As her career advanced Ashleigh developed positive relationships with physician co-workers. Not only is she comfortable questioning them but they have come to respect her opinion and ask for her advice related to patient care. This relationship provides Ashleigh with many positive moments.

You know, and I feel that I have a good collegial relationship with many of the doctors that I feel I can do that. And I feel that they trust me enough and they can come to me and they will say, and not that I am trying to make myself seem that great, but they'll come to me and say, ‘Ugh, what you think? Should I give Dilaudid versus this or Lasix versus that? How did it work the day before? Or did you see this?’

Even though she was an only child and very connected to home, Kathy made a major decision shortly after starting her nursing career; a decision which impacted her career
longitudinally. She decided to nurse in another state at a large medical center. This experience afforded her the opportunity to truly spread her professional and personal wings.

I [moved to New Jersey about five years after I graduated]. I can remember in New Jersey, and maybe I had a little power thing going on down there, because we had medical students, we had residents and we had fellows…and it was before the age of insurance cuts and all the stipulations. And there were some things that we knew with certain doctors, certain types of patients, surgical patients, patients who had chest surgery, we knew that every day they had to be out of bed and they had to have a chest x-ray. And if the doctor forgot to write it, you got that chest x-ray. And someone who was ventilated, everyday if they forgot to write it, because sometimes the residents wouldn't write it, and so we would take it upon ourselves to write it. And if we thought the patient diuresed a lot and no one ordered a serum potassium, you would do it because we were covered and that was okay.

The hospital and doctors covered us and the insurance company didn't balk about that. These experiences serve to empower one as a nurse, and for Ashleigh, this is exactly what happened.

But you had a sense of empowerment. So I guess that’s what I think helped me to say to a physician, ‘Do you need to do that or gee, so and so has a change, what should we do? Do you think a CAT scan is out of the questions or something like that?’

Ashleigh believes her career has evolved over time in a positive and upward manner. She is clear about the fact that the more experiences she had, the more time she was involved in nursing, the more she grew professionally and personally.
I could see myself grow [over my career]. Even [coming] out of my shell more. Going from being such as shy person, and I was extremely shy, to the person I am today. If people that knew me when I was a youngster saw me today they wouldn't believe it. You know, my mother didn't even believe it. I am so much more, even though there are parts of me that I hold back, I’m still not that same person... I should say that I am a different person. I feel like I'm more outgoing.

Ashleigh believes it is the challenging situations and the responsibility one has to assume in nursing that have helped her to develop.

And being in a difficult situation…I think that's what helped. Because in nursing, there are situations that…sometimes that you don't want to deal with. But guess what? You have to because that's your patient…this is your shift and if you do something wrong you're the one who has to call the physician and say, ‘I gave the wrong medication or I didn’t do this.’

Or, if a family member wants to come and use you as a punching bag, you can’t avoid it. You have to face those things. Or someone that is so sick and you're going, ‘Why did I have to have this patient. I don't want this patient.’ I remember a young boy in a car accident with severe head trauma, a lot of frontal lobe edema, and he had an ICP monitor and he was ventilated and his ICP's were so astronomically high. You were on tether hooks the entire day with that boy. Plus you had to deal with his parents. You were unsure yourself. We were just learning neuro then. And I still remember his name.

There are a lot of people whose name I do not remember but to this day, I still remember his name. And I still remember his face and I could pick his parents out of a crowd. And I remember everyday thinking, *I have him again.* Or if you're working the weekend you
want to scream because you have that patient again. But he is in worse shape than you are. You survived and you helped him to survive. So you, it’s like you can do it. And I think okay, it’s another notch in the belt until the next one comes along. But I think that’s what makes you the person…I don't think I'd be the person that I am today if it wasn't for that scary stuff.

Ashleigh’s willingly becomes emotionally involved with her patients. She is able to modulate this caring and cope effectively with it.

And I'm still a weeping willow and I could cry at the drop of a hat, but….and again there are those days when you think, what the heck!

These diverse experiences have never made her falter in her commitment to her patients and her pride in her profession.

But I couldn't see myself doing anything else. I'm still proud to say that I am a nurse.

On Exceptionality and Helping Others to Be Exceptional

When Ashleigh was asked what it is about her and her care than makes others cite her as such an exemplary nurse, she credits her nursing education and her role models for what she is today.

I don't know, I don't have a clue why they say this, I don't see it. I wanted to be like Ms. Blin. I want to be that type of a person. It’s just that I wanted to feel some self-assurance in myself.

With humility Ashleigh does attribute some of who she is to today to her caring personality and her work ethic. These are two positive aspects of Ashleigh which enable her to provide the best nursing care she is capable of to her patients.

I am a compassionate person. I try to be kind.
And I think too, I worry...I'm always trying to put my best foot forward. So I don't want to be a slacker. And I can't sit and watch somebody else work, like the nurse who is perfect at the end of the day. I couldn't do that. My conscience wouldn’t let me do that. And I wouldn't want to do that.

She is concerned about the next generation of nurses and understands, maybe from her own experiences with Ms. Blin, how important role models can be to the positive or negative development of malleable new nurses. Because of this she works at being a positive role model for those around her. She sees this as one of the major roles of her professional career; she embraces the role of mentor.

I just don't...and you know, we get a lot of students, a lot of nursing students, and I don't want them to be afraid. I want to encourage them to come to critical care. I think it's a great opportunity because you learn every spectrum of nursing. And in the old days you had pediatrics in with that...you get it all there. And it's a great learning experience. So I try to remain cool and calm. Because the people who are flittering around don't get anything done. And if there's an emergency or something, who’s the person you want helping you? It's the cool calm person, not the feather brained person. So I just feel that my insides could be shaking, and my hands could be shaking, sometimes, because of that adrenaline rush, you could be shaking, but I want to show people that when you're in a crunch and you need me, this is what I can do. Sometimes I can do what you tell me to do and sometimes I could just be there and do it, but it comes from the fact that my prior years in the very beginning I was left alone as a new graduate. Not really being sure what I should do and having to jump in with both feet, like it or not, so that's how I am. I
may jump in the moat. And I do it and do what I have to do. And I think people see that.
And they say, ‘If she can do it, I can do it.’
She understands that mentoring has much to do with stepping back and allowing others to
do, no matter how hard it is. For Ashleigh does know it is easier to do a task yourself, however,
she also knows this approach does not enhance learning.
And there are times…my mother wanted me to be a teacher. [But if I was I would] say to
myself, ‘Oh, I don’t have the patience for that. I’d be saying all you students; don’t you
get what I’m saying?’ But I found at times I can be very cool, calm and collected. I want
to take it out of their hands. If it's a piece of equipment or whatever, I would rather do it.
But I didn't learn having people teach me like that. So, how are you going to have
someone do it if you don’t help people? If you don’t do it in a kind way.
Ashleigh is a positive, astute person who understands that a positive approach moves one
further in the direction they desire and need than a negative approach. She is actively involved
in her patient’s care. Ashleigh knows this is essential to be an effective nurse.
I try to always smile and I think that it gets you a lot further than being an old sourpuss.
And I guess that's what, I try to be cheerful. But I try to stay on point also. I guess my
reassurance when speaking with physicians. And I've always been, because that's how
I've learned, when a physician comes in, you make rounds with him. How do you know
what he's telling the patient if you're not there? Sometimes it's not feasible. So again
you've got to put yourself out there.
Ashleigh speculates that these traits may be what people see in her; sincerity, caring,
kindness, a strong work ethic and justice. These are the values that guide her daily care and
affect change in the lives of her patients.
So maybe that's what they see about me? I really don't know. I just go about my business every day. I don't do my job for somebody to watch me, I just try to do the best that I can do every day and treat everybody the same. Try to be kind and just do what I'm supposed to do. So maybe that's what it is. I don't know. I honestly don't [know why people think I am so exemplary].

Ashleigh is honest about the anxiety which a profession so rooted in being accountable for another’s well being and life can cause. She shares how she copes with this anxiety.

I honestly don't know. No matter how self-assured you are there are certain areas where you can be so, you can manifest yourself so much better. And then there are others when you think, *Oh my God when people are so sick…* You're always second and third guessing yourself, you know, But I try not to panic. I try not to outwardly panic even when I'm talking to a doctor on the phone. I sense myself wanting to rush, even when I was young and wanting to do that, because he's going to feel not right that this patient is in your hands if you're carrying on.

She talks about the nursing care she delivers. When one listens to Ashleigh, it speaks for itself …

Well I have to say, because I do take my time. Actually, I’ve had to get over really taking my time [laugh]. I have to work a little faster. But I think that I always try to have my patients look as good as they possibly can. I try to make them as comfortable as I can. You know, I’m attentive to whatever [and I think] people do notice that. And I know people being slipshod, you know…I work with those types of people, so maybe it's easy to see the difference in people.
Her Focus is Always Quality Patient Care

It is the threat that changes in health care place on her nursing care which Ashleigh is upset about. Without question, her patient takes precedence.

And I…I try to foresee things. Although now that our hospitals been taken over the paradigm shift has occurred. It's not always as good as it can be and it does affect your care because of the fact that now you can't give old-fashioned nursing care because overtime is frowned upon. And our managers are always under the gun and you do not want your manager to get in trouble because you're constantly having over time. I'm very bad when it comes to charting. I do admit that because my focus is the patient. And I have a lot of problems with all of these rules and regulations that JCAHO comes out with and all these checklists and things like that. And if you do all they want, I understand it's very important for patient safety, I understand that, but if we are to do that, ‘who's going to take care of the patient?’

Her nursing care encompasses more than just the basics. She is committed to being there for the total patient, no matter what the problem is. She understands that psychological care can be equally as important as physical care. She exemplifies a holistic practitioner of nursing.

And some of their needs are very difficult to address…like psychological needs…you can't sit down with patients like you want to so you feel they have a connection. Like someone with cancer. It took me years and I am going to say within the last four or five years that I could talk to a cancer patient, that I could say the word cancer because they can’t. And you don’t have the time to sit down. Or you’re doing it during the bath, that’s not always the right time. Or someone who has excessive wounds or drainage or an open abdomen that you've had to pack, repack and irrigate; there's so much to do with our
patients. Now with someone who's been ventilated and with a bolt and needs ICP and
Swan-Ganz readings, that's a lot to do and do your paperwork and get out on time.
Because you can't give your best care when somebody is there punching a clock right
behind you. That's one thing I do resent…I resent that a lot.

Her commitment to her patient and her pride in her work and her work environment
transcend the needs of administration. Because Ashleigh is a broad enough thinker she
understands that good care equates to profit, it is a win-win-win situation for all three, the
patient, the nurse and the hospital; a connection which so many administrators somehow seem
unable to comprehend.

It's not that I don't understand this is a for-profit institution now and things have to
change. But I look at it…and I'm the person in that bed I don't want fly-by-night care. I
want you to give me the best that you can give me. And I want our hospital to be an
outstanding hospital. And how are you going to do that but by giving good care.

Everything travels by word of mouth and you know that people…and you may not
always have the most focused physician or your surgery may not have gone as well, but if
you have good nurses that are getting you through it and talking you through it. It makes
a difference. I don't know, I've had patients say that they have come back, I've come
back myself, because I liked the nurses here. I liked the care that I got here.

Satisfaction comes on so many occasions to Ashleigh from her patients. These rewards
infuse life into her practice and enable her to move forward in her career while providing a role
model for others.

I have to say, pride in myself. When a patient tells me that's the best bed bath that I've
ever gotten because you wash between the toes or you put extra lotion on or offer them a
toothbrush, which sometimes is not offered. And they’ll say, ‘Thank you.’ You know and when they are leaving the unit they say, ‘Thank you for such good care.’ And people see giving back that good care and getting the praise on you, it is not lost, it's not lost. Families see it.

I had a family the other day, and I was busy and I had patients at opposite ends of the hall, I got into a really good rapport with these people and the one cousin- in- law would call on the phone and he would say his name, ‘I am going to say it is Billy Jones, but that's not what it is.’ So by day two, ‘Hi Billy Jones, its Ashleigh.’ And so when they were leaving and hadn't seen me and they weren’t coming back during the course of the day…and they asked if I wasn’t too busy, they asked the secretary, ‘Could you just ask her to come by, so we could just say hi to her?’ Now how doesn't that not make you feel good? So you spend those few extra minutes. That's what I mean by word of mouth. You give good care but you're also giving psychological care. And it's just, it's nice of course. It gives a boon to the ego.

I've had patients, family members…a young teenage that was in an accident and it was very hard. I really didn't want to take care of him but again, that was my assignment. Of course the parents were overbearing, they couldn't help it. They were lovely people but I was trying so hard not to show them that I was unsure of what I was doing. And she got better and I was offering the reassurance and she was getting better day by day. And they bought me such very nice gifts. It broke my heart to take him. But you have to remember too, and they taught me a lesson, that you will hurt them by not accepting them. If they went out of their way to buy you something for what you did you have to accept it. I have from my first year of nursing I have several gifts that were made for me
by a family. They were the sweetest people. The patient did eventually die but I still have a ceramic nurse that they made for me. I've a Christmas tree that they made for me. Those things are so special. And I still have them all these years later. But that's what gives you…the strength to continue. No matter how hard it gets… that will pass…. 

Relationships Are Essential

Her relationship with her peers, not necessarily with family, is essential in enabling her to cope with the stressors she experiences in nursing.

We commiserate together. I have several close friends, we kind of cry on each other’s shoulders. We are always looking for our little group to be working together because we work so well together and we’re very supportive of each other. If we see one of us having a bad day we’re there for them. No matter what it is to do, you are there. Whatever it is, they need to lessen the burden, whether it is washing the patient for you because you're busy with something else…that's what we do. I don’t think our families, unless they’re in the nursing field, can truly understand. Because I listen to my friends about their families and you know their family…they don't understand this is not a job where you punch a clock. They don't understand that this is a very trying time because it's mentally draining as well as physically.

Ashleigh is clear about the demands of nursing as a profession. It is not for the weak of heart or the weak of body. But having others who understand and knowing, just this can make all the difference in the world.

It’s extremely [physically and emotionally draining]. It takes your whole person…your whole being. And if you are an emotional person like I am it’s even worse. One of my best friends, and I think that's what drew us together, she's 14 years younger than I am, I
see my younger self in her. She’s used to be called the willow in the wind, and she’s a formidable nurse now. She’s such a good nurse. The two of us, we are so emotional and we take such things to heart that we can’t help bringing it home. But I don’t think our family or our friends who are not somehow connected to the field can’t really understand.

Ashleigh’s other co-workers, the physicians, are both a source of stress and de-stress, but Ashleigh is smart enough to know who is who and use her resources as needed wisely.

Oh there are many physicians whose attitudes are less than kind sometimes when they're frustrated. They take it out on you. ‘Why didn’t you call me sooner?’ They expect us to read their minds. Or just with unreasonable requests sometimes. They're very caustic.

And then you have a few that are so very good. You know in an emergency we have this one particular physician and if he hears a stat call or code he's always there, always, he’s always there. And we kind of lay each other’s frustrations on each other and we have some doctors like that. But I'm finding the more that I've been there now…I am finding that the old nasty boys have mellowed so they are a lot more approachable than they used to be. I found a couple of them are in my circle of friends. I feel I have a good rapport with them and that I can rely on them to be my crutch. So, you do have resources with them. And I feel that if worse came to worse and something bad were to occur…I feel that they…I could probably name a few that would be in my corner and come to bat for me…

Ashleigh defines some negative yet realistic events in health care and nursing which can stress one as a nurse. She emphasized that understanding these moments and events is always the first step to dealing with them.
Some negative moments were taking care of some of those god-awful patients that you're not trained for...like a neuro patients. And we were just learning about that [at that time] and it was frightening, and it was frustrating. And there were days that ...that it was so busy that you don’t know one end from another. And we've had many of those days. Or you're frustrated if someone calls your name one more time. And you know, we do travel with our patients, if they do go for a test or whatever [we accompany them and stay with them]. And you may be gone most of your day. You know, things like that. Or even dealing with some of the physicians we have to deal with. They just aren't getting what you're saying.

It seems that the dealings with family can take precedence over the care of the patient, and it seems to matter in ways others may not realize but, for clarity, Ashleigh clearly paints a picture of this.

And I've said this and I believe this, people are nastier now. Visitors, I think of anything that that's my biggest nightmare. My biggest fear, and I'm going to say with my friends also, that’s part of our biggest and worst fear, the visitors. They are so mean. They're so demanding and demeaning. They just talk down to you. They don't want to listen to what you have to say. They are difficult and if anything makes me not want to go to work it is dealing with difficult people who think they know everything and they don't want to listen to what you're saying. And you know with the HIPPA laws now, our hands are tied to what we can say to people. And I've had a visitor say to me that he will sue me if I don't give him the lab results. And I had to say. ‘Well, the laws are on my side here.’
Ashleigh does get frustrated because she gives her work so much of herself. She does her best as best she can, and when she runs up against such negative interference it is not only hard to deal with, it is clearly disappointing.

But when you work so hard. It's a frustration. You work so hard, you put so much into what you're doing. And you're giving your patient, the best that you can and some days it's not always good. But it's the best that maybe you can give. It’s not that you're doing it because, I'm so tired or whatever, maybe the other patients are worse off, but when people just give you a hard time and don't appreciate the fact that you're doing the best that you can do, it's hard to face them. It's hard to be kind. It's hard to put on that smile and that happy face and say, ‘Oh okay I can do it,’” because you just can't. And you know in this time of litigation it's very easy for them to say, ‘Well if you don't do what I say I will sue you.’ And they have done that, hospitals and doctors. It’s very difficult. That's a real big factor for me. A real big factor.

Ashleigh uses whatever resources are needed to provide positive care; this is her goal. Yet she is realist enough to understand the sometimes, just sometimes, there is little anyone can do. She accepts the inevitable and works at not taking it too personal.

I have to say our manager and co-manager are very good. If something is really out of hand, we go to them. We also have a patient advocate that we rely on. But even at that some people are extremely, extremely resistant to anything. Whether they like…just like to cause trouble, or what…I don't know what it is. You know, I might talk to my friends. We depend on each other. There's not much you can do about it. We pray that they get better and they get out of your unit. Sometimes that's about the best you can hope for.
What really works to keep Ashleigh positive in nursing is the relationships, for the most part, she makes with her patients and their families. Although she defines this as outcomes, these outcomes are not necessarily equated with cure but rather dependent on good care.

Because the outcomes are good. Even to help somebody to die. It's a nice thing. I've gone to many wakes of patients that may have been there for a while. I think that's what sustains me. It's because, I know again it all depends on you, it all falls on you, on your shoulders. When you know you've done the best you can do. When you've developed that rapport with someone. It's not necessarily the patient, it can be the family. You just get that bond. Somehow that happens and that is what keeps you going.

_Coping With Frustrations_

Ashleigh accepts her limitations in certain situations, and the longer she is in nursing she has learned to not let all situations upset and devastate her.

But if you have trouble with the physician, you go, just go to your manager. Try to do your best but you already know who's on the winning side and who's not. And you know at this point, I think, because I know I am not going to be there much longer, I sometimes let water run off my back. Unless I get really frustrated and angry… [and it affects my patients negatively].

Ashleigh has moved to working more on a part-time basis lately. Doing this has enabled her to cope with many of the issues she faces. She recognizes that what she did at one time in nursing was great but this does not mean she should continue to function at that level throughout her career. She is astute enough to know how to balance her life and her being professionally so it provides her with personal balance and quality. Ashleigh is courageous enough to take action.
This realist approach has provided her with a perspective which fuels her career and energizes her being.

I know that I'm part-time and that makes a difference. I'm not there five days a week and that's a big, big burden reliever. Because if I had to go in and face those situations like my friends do, I don’t know if I could do it. I don't know if I could do it. When I was younger, I don’t know if I was naïve, stupid or just had more stamina, we worked like dogs. We had patients on peritoneal dialysis in New Jersey, and we worked. And yet, we managed to get through it, we laughed about it. You go out and you party with friends and you come back the next day. And I look back at those days and I think. Wow I did that? When I listen to the young ones today when they complain I think I could run rings around you. I could work a double shift, day shift to evenings, and go out dancing, have a few drinks and be at work at seven o'clock the next day and do it all over again. So I think it's a balancing act.

Though she feels sometimes she is able to do more than others, she is objective enough to look at her situation and evaluate it appropriately in light of her peers. She somehow sees her plight as manageable and has empathy rather than sympathy for herself and others.

I was very fortunate. Some people today marry young, they have families young, and it's hard because they're under stress at home with their children, and I'm free of that. I knew what it was like when my parents were ill and having to deal with that and work. But I think that not having children helped me because I don’t know if I could do both. It puts them at a disadvantage. Maybe that’s why I’ve sustained as long as I have because my burdens have been short-lived and others continue for many years. I have had breaks in
mine between my parents. But when you have children I think it’s even worse so I am more able to be footloose and fancy free.

Rather than take personal credit, Ashleigh consistently credits her nursing education for making her the nurse she is today.

But I still think it comes down to my original nursing education. The nuns, they were hard on us. They worked us from the very beginning and I think that's what helped me be the person I am. I'm not afraid to work. And I enjoyed the challenge of doing that. Maybe I'm not as sprightly as I was, but I think that we had to do it right from the get go, and we had no choice in the matter. I think that's what did it for me.

She sees the students and new nurses today as being different from her and her peers—different on many levels—and this concerns her very much.

Because the kids today…they're so different. The younger ones. They can work hard but they just don't have it in them. Even the single ones. Many of them just can't do that double shift anymore. [Whether it’s energy or their work ethic] there's less of that gung-ho attitude in them. With every class that comes out I see it more and more. Sometimes I just don't think they get it. They don't give it their all. To them it's just a job. I feel they don't have the same feeling. You can’t expect everybody to feel the same but you would expect more of it, compassion and stuff. I don’t want to say that they are, but they are a little hard core. I'd say hard-core but as, I could cry the drop of a hat, you know, they're just not feeling it.

Her Advice to Others…Change If You Don’t Like What You Are Doing

If Ashleigh were to give advice to new nurses she would clearly tell them that rather than quit nursing when nursing does not resonate with them, give their career a chance and try
different aspects of nursing until they get a fit that is best for them. Rather than quit because their first position in nursing is not working, she advises them to change…change career areas.

Give it a chance. Yes, give it a chance. Even the person who's ready to give it up, sometimes maybe the field that you’ve chosen isn't the right one for you. Don't give up nursing because the ICU is not for you. Maybe pediatrics is for you or OB. Just don't …give it a shot. Try different areas. Don't give up because you have a lot to offer. Sit back.

If nursing doesn’t feel right, Ashleigh recommends another course of action. She has a lot of approaches she believes nurses can try before they leave nursing. And Ashleigh lists her advice for all to take with them as they feel necessary.

You have to take some time off, I found when taking care of my parents, that was a big help. I was working part time and the burden was not so bad. So you have that breathing time…you have that time.

And go back to school and take a deep breath…say somebody who may want to go back to school to further their education. The doors now are so open to them. They have so much more open to them than I did when my career was starting. They can be physician’s assistants or they can be nurse practitioners, CRNAs … they have so much more open to them than I did. So take a breather. Nursing, if it’s for you, you will know it.

And don’t give up easily…but don't give up. I was one to give up but for whatever reason I didn't want to give up. I wanted to see it through.
And keep learning… and as I said every year, you learn, you learn something new every day. I just feel that where I'm at I do learn something new every day even something small. So that's what I would tell that person.

And believe in yourself… don't give up. Believe in you.

And accept that everyday will not be a great day…yes you are going to have rotten days and think what the heck, but it's worth it in the end. If you just sit down and think about it.

And get fueled by getting away when needed… do something fun, take a vacation then come back and get fueled up. And just go right back again.

And understand that good nursing care garners rewards which make it all worthwhile… because you can go for months and have a very bad time and then you could have somebody say, Thank you, that was the best backrub I ever had. Or thanks for talking to me, I really appreciated it. And you know, that means so much. And then you think I was the person that was supposed to be here at this time, to do that.

You know it's just, it's just like I said, you become so attached to people. And let yourself, don’t be stand-off-is, become involved. There are degrees in everything but to go to someone's wake you don't know what that means to them. And when you leave, you say, that was the right thing to do. You learn these things as time goes on.

And give yourself time to decide where you want to be in nursing… and like I said, especially new graduates, you do not need to know right away what you want to do. I didn't. I thought I was going to work on a med-surg floor. I had no stinking idea I was going to work in critical care. So never, never… shut the door on anything. Give yourself a chance.
And believe in fate…because you may find that fate is throwing you, and I'm a very, very big believer in fate, and I think it’s played a big part in my career choice and in my life, in the right direction …there's so much you can do. There's more doors open to you now than there has ever been.

And keep trying to find your niche…and if you're not happy in what you're doing or you’re not sure just keep trying until you find it.

Ashleigh readily admits that she had a period of being angry in her professional life but she quickly learned that it accomplished nothing. If anything, she realized that being negative took more energy than being happy. So she reversed gears and found the change caused very positive outcomes for her career.

And I had a period of being angry in my life. I just, I thought walking around with a morose face on and being crabby and defiant was the way to go. And that takes way, way, way too much energy. It tires you out. You may think it's hard every day to put a face on but it's not. You can defuse so many situations by being the first one to say, ‘Hello.’ and have a smile on your face and put your hand out. You've already made a big dent in your day because you've taken some burden off. People think that's a silly naïve attitude, but trust me I'm happier now because of that. And because it's not so much work…it’s easier to be nice, than it is to be mean. It may sound silly, but that's my philosophy. And one of my good friends at work is the same way. You go into whatever situation with a smile on your face and be the first one to approach, it makes a big difference. And it helps with your fear because you get someone to respond back positively; then you can breathe easier and focus on what you need to focus on.
Each Day is a Defining Moment

Ashleigh sees defining moments in her career as not big events but little, almost menial occurrences that happened along the way. She feels that one should not look at hidden places or under rocks but in the sunshine of each day, right in front of their eyes, for these events. They help one to face each new day and be the best they can be. For it is these small events which when added together sustain one in nursing and make one cope effectively with the stressors of nursing.

I just think it's the self-assurance and what I learn every day going to work that sustained me and that kept me doing what I'm doing. I think many days are defining moments. You just don't realize it. It doesn't have to be one of those big “aha” moments. You know, it doesn't have to be, ‘Oh I saved a life today.’ It could be something very small. And I just think any day that you come home from work and go, ‘I made it through the day and it wasn't that bad.’ I think those are the days that you get through without causing major harm to somebody, they’re all in the plus column. Like I said it could be the very smallest thing. And there could be things that other people have noticed you don't even know about. So I don't think sometimes somebody needs to have those moments…I think I relished them as I got them. I enjoy them for the period of time that they make me feel good and give me that extra lift to go on. And then they get put away because you can't keep falling back on your laurels all the time. That's when you fall on your face. Just get ready for the next day, just try and go in. And the one thing I've learned, keep continuing to grow. And I'm the most pleasant person today.
Synopsis

In her own words, Jane is a seasoned nurse who has had multiple experiences in nursing throughout her career. Contrary to popular advice, and basically by what one might call chance, chance influenced by a weak gut-feeling, Jane entered nursing school simply looking for a direction in life. And though many times decisions made like this do not always work out as hoped for those who choose them, this decision did for Jane. Entering the field of nursing would ultimately prove to be one of the best decisions Jane would ever make in her life.

And today, years after this decision, and miles traveled in a career which has been both rewarding and fulfilling, Jane is not only very comfortable with her career choice but very pleased by it. Overtime Jane has made nursing the epitome of her professional being, so much so, that she has been nominated by others as an exemplary nurse, a nurse others would like to emulate in nursing. And it is the story of her career and her life and the advice she offers, advice filled with wisdom related to a career in caring and commitment, which others may garner in whole or in pieces as is applicable to their career.

Vignette

As Jane’s gravely ill, adult middle child, now lay before her in the hospital bed, shaking from chills caused by ravaging physical insults to the homeostasis of her fragile body, her eyes filled with tears. With disbelief and a sense of helplessness she looked at her child. Nothing, absolutely nothing that modern medicine could offer seemed to alleviate this gut-wrenching situation unfolding before her eyes. Here before her lay her daughter, her child who, regardless of chronological age, would always be her child when she needed help. As her mother, she felt
so impotent at this moment, unable to do anything to help. She had to do something, anything, just something to make this pain and illness which her child was experiencing go away.

Then, without even consciously thinking about it and with the skill and intuitive knowledge of a mother first and a nurse second, Jane moved almost effortlessly to the bedside of her ill child and lay down beside her loving daughter, hoping against hope, that her own body heat would provide her daughter with something, what exactly she did not know, but something that modern medicine could not. Something which would hopefully help to calm her daughter’s shaking body and help her to at least feel less pain.

Intuition, that rare trait which many times defies logic and transcends theory, seems to be a god-given trait that blessed few people possess; yet at this moment, Jane seemed to possess it. And as time passed and the human warmth and caring of a mother and nurse filled the hospital room, Jane could feel her daughter begin to relax and she could feel the veil of a much needed rest envelop her child. As she lay there beside her daughter, still, relaxed for the first time in days, and feeling not only relieved but almost exhausted, she looked around, strangely enough, almost not even recognizing the environment which she worked in every day. Even though she had moved in and out of this room thousands of times during her career as a nurse, she had never viewed the room from this position, recumbent, looking up from a bed...certainly not like she was used to... looking down to a bed. And, even more unsettling, in a state of helplessness, rather than control. As her environmental disorientation mounted from the position she maintained, a position she would not dare change for fear it would wake her now resting child, her thoughts drifted to her life’s work. ‘Is this how it feels to be in a hospital bed and not be able to move? Is this all you can see...the ceiling?’ she thought intently. And with the naivety of a person discovering something for the first time that had been in front of their eyes for so long,
something which they, for some unknown reason, were unable to focus one until that exact
moment in time, surprise, actual surprise mounted in her thoughts. And as this surprise waned
and the reality of the situation became clear to her, she sighed and allowed her mind to drift to
the reality at hand, and the empathy, which has always seemed to embody not only her being but
her nursing career, rose, as it always seems to do, to the forefront of her being and she thought,
‘It must be terrible to be like this! Is this how my patients in bed feel so many times?’

A Snapshot of Jane

Jane has worked as a medical-surgical nurse with adult patients for over 28 years. She is
a graduate of an associate degree nursing program near her home. She has worked in both the
hospital and an outpatient setting and has found the time to learn from each. Jane is involved in
her church activities and does serve as a mentor for new nurses.

Jane’s Story:

The start of Jane’s career in nursing is by no means reminiscent of someone called to a
profession. In fact had she listened to her high school guidance counselor, she would never have
been a nurse. As she was told on more than one occasion by her counselor, she was destined to
be successful only if she chose a career in business. But something about that career choice
never seemed to settle comfortably with Jane and she seemed to drag her feet in high school
when it came to deciding on her actual career path. So it was not until late in her senior year that
she finally realized what she would like to try as a career...and it was not business. Jane had a
cousin who was a nurse and it was this cousin who helped Jane to move in a direction which
would prove to be the absolute right one for her life’s career. Her initial application to nursing
school was not accepted…she had applied too late. But as luck would have it … and as many
believe ‘things happen for a reason’...Jane waited during that summer and a spot, one spot, in
the nursing class opened and Jane was accepted into the class and commenced her journey to
becoming a nurse.
I went into nursing right out of high school, and …I heard a lot about the Mercy program. And I had a cousin who was in nursing, and I thought it was something I’d like to try. And when I first applied, I applied a little bit late because my guidance counselor said to me, ‘You know you’ll be good in business,’ so I held out on the nursing. But after high school I thought, *well I think I would like to be a good nurse.* And I applied at Mercy… and I was denied admission only because they had no room left. They put me on a waiting list because I applied so late. However by the end of the summer they said, ‘We have an opening and would you like to get in?’ And I graduated two years later. And I never really had a desire to further my education. I’ve been asked many times to be a supervisor but bedside nursing is something that I do enjoy.

*A Career Path Defined by Detours*

The history of her career has taken many turns. It has provided Jane with not only opportunities, but bumps in the road, small and big bumps, actually sometimes bumps significant enough to delay her journey temporarily but it also has provided her valuable time along the way to safely veer off the road to not only enjoy the scenery but to learn from new and diverse experiences. Even though Jane did not like every bump and every experience throughout her journey, she was astute and forward thinking enough to capitalize on each and extract from each those pieces which she knew would provide her with diverse professional and personal learning and serve her well during her life in general.

I worked here at the Clinica right off the bat. [During school I] did some clinical here [in nursing school] and [after graduation] applied here [for a nursing position] …they offered
me a full-time position here and I wanted full-time. I started…right then and I have been here off and on since then.

Marriage was a milestone in Jane’s life and with it the first bump in her career track occurred.

I got married in 1986 and left (nursing) for a little bit. I was out of the area and I didn’t do any nursing when the children were little. Then we came back here to Wilkes-Barre …and I came back to Clinica to do nursing.

Consumed by the difficult hours of night shift, Jane was ready to move off the road when offered a new position, even if it was not in the hospital. Even early in her career, she astutely understood the importance of work-life balance and the role it played in her life.

(And) Dr. Smith actually asked me way back when…I think in the first couple years of my nursing…he asked if I wanted it [to work in his office]. But I said I wanted to get a little nursing…under my belt at first. [So I did not take the position.]

And it was ironic because [when he asked me the second time] I was doing the night shift. And I hated it. And it was like mothers hours I was doing. And he confronted me again and he said, ‘Would you consider coming to work in the office? We’re short a nurse?’ And I said, ‘Well okay.’ And I tried it. And it was busy. You think from bedside nursing to an office it’s a cake job, but it wasn't. I think because they are specialists and do a lot of biopsies…and it was a lot.

I was there for six years and I did enjoy it. But after I was there for so many years …I said, I really need to quit, because I needed to cut my hours back because he hired me as a part time person. But he would say, ‘If you want to come in an hour earlier and stay an hour late…’ And every day when I was leaving there were more and more charts. And
their practice was expanding. I was full-time then and I was Monday to Friday and the weekends were just not enough time to rejuv late in order to come back on Monday. And I would come home to homework after working a 9 to 5 job and sometimes not getting home until 6 o’clock.

…and I learned a lot. I turned out to be a mediator between the patient and the doctor. When they [the patients] would call with problems, and okay it goes through the nurse, but after awhile, you know what they [the doctors] are going to offer. If they [the patients] are having this symptom, offer this or that. Something over-the-counter like a fiber supplement or something. And you found…I was diverting a lot of the calls. And actually that’s what they [the doctors] wanted. They wanted to stop the calls going to them. Like I said, I learned a lot and everything had to be written down and sent in to them to [tell them that] this is what I’ve advised them [the patient to do]. And if they wanted something different I would have to call them back.

Then I left that job. And I trained another girl and left there. And they did ask if I would stay because I think it’s hard to find good workers. And it doesn’t seem like people anymore want to work hard…but truly I left that job because of the children. I had to get home for them and they had homework and on the weekends there was soccer. And it seemed you were back to Monday and near totally exhausted.

Yet Jane could see the learning that took place with this experience. One almost gets the feeling that she believed, regardless of the hours and negative aspects of the position, she was able to take away from it so much which helped her professionally.

You really do. Like I said, when I worked for Fed and Smith, I could not believe what I learned. You think an office job, Monday through Friday, go in and answer phones, you
take the patient in and weigh them…”Oh my God, between the blood work and the liver biopsies and phlebotomies.’ And what I did not like about that job, you were more like a secretary, on the phone with insurance companies and things like that…teaching the patients actually about their insurance. That was always a big gripe that one of the girls had, that these patients should know more about their own insurance. I guess we all should. But you know, I learned a lot like I said and that's when first priority insurance was big and you needed a referral. But you know, like I said, it opens, sort of things fall into place. It makes sense.

Jane left that work and took a hiatus from her career. A hiatus which she felt was needed but which would prove to be short lived.

And so that's when I decided to do part-time. Because I needed and wanted to devote most of my time to my family.

And I was out of work for about six months. And I said, ‘I've got to go back to work.’ … I mean financially…that you've got to work.

Going Home… A Good Thing

And when the time to return to work came, she used her familiar resources from the past to reenter her career. Keeping her priorities in front of her, she chose, after much thought, a path that would enable to her to best meet her needs. Initially she did not think this would be a long term change but in reality it turned out to be the best career move she would make.

And I knew my old head nurse, she was covering the per diem pool at the hospital and she offered me mother’s hours. And I took this. I thought I've got to get back to work when I stopped that office job. I tried the visiting nurses and that didn’t work out. This is probably about 2000…she offered me Mother’s hours. I dropped the kids off at school
and got home early, off at two o'clock to be there when they got home. And I thought I'll go back just to see until I decide what to do. And I thought it would be the last place that I would want to come back to. But it ended up it's something that I really enjoy. I think even more now. I think because before I was new and I was learning and stressed, and you think, *am I going to come back and remember everything?* And it does…it does come back to you.

So I did that for a couple years and was doing more and more hours. And after the mother’s hours I was doing eight hour shifts as the kids got older… and they offered me, well actually they kept bugging me to take a full-time position. And there was also a bonus that they were offering. So I said, ‘Well I am here all the time anyway.’ And my husband was saying to me about doing the per diem hours, ‘You’re not getting a retirement or anything…’ He said, ‘You should really take a position to get that time credited.’ And I thought about it and I said, ‘You're right.’ And like I said I was working full time anyway and I was making great money. But then I took a part-time position and I have been doing that ever since.

I’m hired for 20 hours a week…but…usually… get about seven to nine days a pay. But there are times that they do cut back, just lately, they were doing canceling and I can understand why. I guess the census was down… because they're mandating us to stay instead of canceling. But I guess it's just this time of year…and the flu season didn't seem that bad this year.

Jane willingly mentors other nurses. She finds it both fulfilling and rewarding. Yet she finds mentoring difficult to do at times. She becomes frustrated when she sees new nurses not willing to readily join in and share the load.
I've done a lot of mentoring…which I love…I love to do it.

But it's hard, it's hard to do because some people you could see … you know just like the nursing students as well…you see there's some that will jump in and help you with a boost or doing things without thinking about it. Then you'll have ones that stand in the doorway and say, ‘What, you want me to do what?’

Yet Jane is far from overcritical. She works at understanding where these new nurses may be coming from, even if she does not totally understand it.

I guess they do okay after a while…they just need more time…to think about. They probably should have thought about that before they're going into nursing. ‘Are you a people person or would it bother you having to change a patient?’ They probably should have asked themselves that before they went into nursing. Because we certainly are hands on.

Jane values her work relationships and has been fortunate enough to work with the same people over the course of her career.

Actually, I pretty much follow the same people because our floor sort of moved. I started out on seven and a lot of the same girls moved from seven and six to five. That was years ago. They were moving everybody all around and adding on the east wing. So we sort of moved together.

So whenever I'd come back [from being off from nursing or a different position] I pretty much would ask my old head nurse, ‘So you have any openings? What's available?’ I pretty much kept in contact with her. I came back to her. And so we all moved from the old hospital here to the east wing together.
Jane is the consummate adaptable nurse…Jane’s experiences in nursing were diverse. She seemed to draw vibrancy from the diversity…it seemed to resonate with her…

When we were up at seven we started Hyperalimentation (TPN) and they were doing home TPN. And that was pretty interesting. That's when I first started they did it. And Dr. Fried and Smith were gung-ho with that; they did a lot of TPN. We did a lot of teaching with the family, with patients and their families. And that was basically what seven was. Like a med-surg floor. We focused on that.

And when we went to six, it turned into a respiratory floor and we started getting ventilator patients, terminal ventilator patients. And then when we moved over to the east wing it stayed respiratory. We had a lot of ventilator patients.

Now…we have telemetry overflow…and we have the renal patients. So we have the dialysis patients and all. I mean, we have a lot of everything. We will get surgical patients. It's a mixture.

And it seemed to provide her with the learning she so valued. This learning seems to truly be high on her list of priorities as a nurse.

I like that (moving to different units and working with different patient groups), you learn a lot. You really do.

Yet Jane seemed to feel somewhat exploited by administration on these diverse units.

Over time, as the nurses became more and more competent in one area, administration would increase their patient load. Although Jane was objective enough to draw on resources available, one gets the impression she did feel exploited.

They started out by saying. ‘Oh, if you have a ventilator patient you'd only have one other patient.’ Well then it went to, ‘You’ll have the vent and a walker and talker.’ Next
it was, ‘A vent patient and four other patients.’ And it wasn't so hard once you got used to it because we always had a respiratory therapist on hand and that was the biggest thing. So when something was wrong with the ventilator, respiratory would always take care of that and we just had the patient, the patient end of it to take care of…

Jane is open about her career and clear about her long time feelings for the profession of nursing.

Yet, like I said, I've always…I do love nursing.

And the type of nursing which she prefers is easy for Jane to define…

I mean, I never, it never bothered me to do patient care. The bed baths. You were always, you were the primary nurse. From bathing them to giving the medications to ambulating them, whatever, whatever.

We did team nursing years ago, we tried that with the med nurse and that was okay. It worked okay; it didn’t stick with us very long. I don't know if other hospitals did but like I said we do primary nursing.

…I've known (that) since I've been here since 1981. Primary nursing. Except on days when the floor is short staffed and the floor was so busy.

*Relationships…Relationships…Relationships*

Team in general is an important aspect of nursing for Jane. Jane values being part of a team and she explains how much nurses generally value this concept of caring for each other.

And of course if you were caught up with patient care you helped out the Meds. And I think that's one thing about nursing, and right now we have a really nice group of girls who came in, they're not just, they’re in their 40s, they are not just these young girls
out of high school. And you sort of get a rapport and just say. ‘You watch my back and I'll watch yours.’

Jane talks of the role those that do not help play within the scheme of nursing…when they are not a positive part of the team, it can be problematic for everyone.

And then you have some people that you work with, I guess it's like that anywhere, they get done with their work and they sit down. You could be sinking down the hall with a patient and they will be just…doing their charts. I think that's most frustrating about the job… it does just depend on who you work with.

Jane sees the new people entering nursing and, at times, she feels the age of the new nurses as a potential source of problems related to team functioning and viability. She compares their nursing education with her own nursing education and it frustrates her .She is concerned about their ability to function.

And I think that's what’s hard with these kids. And I see some of them coming in from the colleges and I try to work with the instructors. And I get the kids and I try to work with them. And they have one patient or maybe two patients and these are kids just about to graduate. They are standing around. And I'm like. ‘Can I have them answer some lights?’ And most instructors are great and they say. ‘Sure. Answer the lights, get involved…and if you're not able to fix it, come get somebody.’ I'm always getting kids to do that. We have a Foley catheter…I remember when we were in nursing, I don’t care who the patient was, if there was something and you never did that you got it [to do]. But I don't think these kids are getting prepared for what they have to do. That’s what I see. Not that it’s the instructors’ fault, because I'm sure they have a lot to do. I don't know, but they [the students] stand around and talk.
I talk to my husband about it and he works in a prison. And he says there are these young guys that come in...they see what they have to do and are out the door. They do not want to work like that.

And like I said, in nursing school they have a lot of downtime. They stand around and talk amongst themselves. And I remember if our nursing school instructor caught you just standing around, [you’d be in trouble]. You'd never even think of sitting. Oh, and they take the chairs and you have no place to do your charting or take a phone order from the doctor. Some of the nurses get upset…and they blow up, they show that they're angry…and the students get upset…I just think these kids are paying good money to go to school. And if you can make a go of it, this is really what it's all about.

**Concern for the Patient and the Profession of Nursing**

Jane’s concern seems to stem from her values of what nursing truly is for her and what it should be for others. And she is concerned that the new nurses will not bring these values forward and care about the patients the way she believes they should.

And you know it just seems like the little things…you fluff somebody’s pillow or you walk in and they are at the foot of the bed (and you pull them up). Just the other day, and I thought, I have to tell Donna about this…I walked in a patient room the other day and I work 3 to 11 on the weekends. There's a whole old group of us that are still on 3 to 11…3 to 11 works better for my family. And we have worked together, for years together, (and) some have left and come back. And we bring in food. We have a once a month birthday and we try to find time to have it. Well I walked into the one patient, he was a nursing home patient, a male, and the wife was sitting at his bedside. And he looked a mess. He was drooling, he was slouched down, the covers were unkempt; they
were. I introduced myself and I said, ‘I'll be right back, I am going to fix him up and make him comfortable.’ And she, the wife said, ‘Yes he does look much neglected.’ And I felt so bad. And I thought about what to say when I'd go back in there because here it is the start of my shift and she said I've been here since 12:30 and nobody's done anything to make him look like he’s been cared for. And I got someone to help and we fixed him up. And she couldn't have been more grateful. And it took us no longer than 15 minutes. You give him a boost, you change his gown and fix the sheets…and some people just don't think of that. Or if somebody is uncomfortable you fluff their pillow and talk with them and they've forget what they were worried about.

She worries about her own practice also. Jane worries that doing what she knows is essential to quality patient care may be violated by the demands of present day nursing. And she very much feels the pressure and the possibility of impending change.

But I think nowadays you just don't have the time to do that [caring aspects of fluffing the pillow, talking with the patients and family] sometimes …you have paperwork, tests online…it's hard to find that time, it really is.

I guess you just have to get to the point where it's a lot of time management, and it is hard. I think there are some days when I think I'm not even going to touch my charts until 3 o'clock. When the 3-11 aides come on, they could pretty much cover the lights, and (I can then) concentrate on the charting.

Jane is realistic enough to realize that change and issues will always occur in health care but also grounded enough to understand that these changes can be coped with. She is committed to the power of relationships with peers and how they impact one’s ability to deal with the stressors of the clinical setting.
And like I said, I think it has a lot to do with who you work with. And you know, some people say, ‘Just get off the floor and have a cup of coffee.’ Sometimes it is just a matter of walking down there and getting water or going to the bathroom and taking a deep breath…it really doesn't bother me. I don't get too stressed out about it. But to me, it's to have somebody else there to say, ‘Look, I am really fading down here in this room. This is going on or did you see…”It’s about everyone working together. And you come out (of a room and say to yourself) ‘Oh no I’ve got to go there.’ And you look and someone has started that IV intravenous. I think it has a lot to do with teamwork. If you don't have that, it's very, very hard. And like I said there are a lot of factors that go along with that.

To reiterate her point about peers and teammates, Jane cites times in her career where support was either less than helpful or non-existent. These negative situations have reinforced the value of meaningful work relationships for her.

For the longest time we had a very rough crew on our floor, and people would come to me and say. ‘How do you work with those people? They don't talk to us. They don’t help us.’ And at one time our floor had a terrible reputation. But it's starting to come around. We have some new people coming in, in the last two years or so. And at one point I thought, *all these new kids and all these new people...it's going to take time. I bet this one is going to leave and that one is going to leave.* But they all pretty much settled in and I haven't heard of anybody leaving yet…

And (when the new people came and the changes occurred, some of the old people) got fired, some found other jobs. It was just so hard, because you always have to find the right way to deal with things…if you go to your head nurse and she calls them in and
says, ‘So and so said this,’” you have tension because they'll say, ‘You know you went to
the office about me so now I'm really not going to help you.’ And there are people that
will flat-out refuse (to help you) and say, ‘I'm too busy.’ [An example is that once] I got
pulled to that floor and I had an orthopedic patient who had a knee done (knee
replacement) and she was in that machine (CPM machine) … and she said she was
coming out of it, and it was painful and not working right. I never worked on one of
those and I went to get help and she (the other nurse) said, ‘Oh you’re just going to have
to wait I'm too busy and I can’t come down there. You will have to wait until so-and-so
gets back from lunch.’ And I said, ‘Oh my God!’ And thank God there was a physical
therapist there and I asked, ‘Could you help me?’ And she knew how to work the
machine and everything else. I found out later the patient just did not like the machine
and wanted to get off of it. But that woman was so abrupt with me. And I thought here I
am on your floor (helping them out) and you think that…you know there is just a
different way of answering. I don't know, I think it has a lot to do with personalities. I
don’t know.

Regardless of those negative experiences, Jane’s commitment to her patients has enabled
her to remain positive about nursing. Empathy has guided her care.

I think it's because I truly am there for the patients. I put myself in their position. I
think, if that was my mother? I have empathy for them.

And she has always learned valuable lessons from every situation

I could never figure out how somebody could ignore a bathroom light, because I'd be a
nervous wreck wondering, what if they are on the floor. Because somebody needs help
in the bathroom. Maybe because of prior experience or whatever. Once we had a
patient Code [have a cardiac arrest] in the bathroom. And there was blood everywhere. And it was so scary. And I have that in my mind. I never want to do that again. When you hear a bathroom light you get in there right away.

Ways to Cope With Stressors of Health Care

Jane offers advice to others on how to cope with the stressors of the profession. Her approaches are focused on ways to use her teammates to achieve positive nursing experiences within the context of quality patient care.

But like I said, I think too as I get older… you learn how to approach people and not be afraid to ask them for help, even if they bark at you. And hopefully you're not on your last nerve and bark back [laugh]. Things just like that. Don't be afraid to ask for help. There's a lot of people who don't want to and they try to do everything themselves and they get stressed out. Sometimes there is no one available. You just have to be gracious enough to the patient or family and say. ‘As soon as I get help I will be right in.’ Just try to be calm and patient. You need, you need patience in a job like this.

Jane admits that nursing is stressful yet she feels too many new nurses expect too much of themselves too soon. She feels they need support to decrease their stress but realizes many times they are reluctant to ask for help because of past negative experiences with peers.

You just, you need to do 12 things at once. And I think some of the new nurses do, they want to do everything right and want to be a good nurse. But it takes time to know all the machines and to know all the things, the simple things like a bed alarm. Sometimes maybe they didn't have a patient that was confused and they didn’t use the bed alarm, just yet. I think some of them are afraid to ask and that could bounce back to when they asked before, and someone snapped at them or answered abruptly or abrasively.
Jane questions whether nurses are really stressed by nursing alone or a combination of work and life stressors.

And like I said is that because of the stress of everything we have to do and they have too many things on their minds (and they snap at others when they ask for help).

And your human, you shouldn't, but they bring their home problems in.

When this stress happens, whether from professional or personal problems, Jane believes having human supports to lean on is essential.

But that's what's nice if you have a good rapport with your coworkers. I have really good friendships with them. And you could at least say (to your peers) that I had a really big fight with my one daughter or this and that. And you find yourself for a few minutes in the hallway talking. Then they're saying the same thing and they're saying, ‘I didn't tell you this right now or tell you that.’ And it could be one of my stress relievers. And even today, we had a real good crew to work with. Even though you're doing a patient that takes three and the patient is bleeding all over the place and we’re laughing inside because this one was doing that and – we were like the Three Stooges in there – right before I came up…and I was hoping I wasn't too late.

And humor helps in ways that other things do not.

We try not to stay too serious. And like I said, I have always loved it [nursing].

Frustration comes when what Jane believes care that should be done for the patient is not done. She is so conscientious, that it stays with her long after her workday is over.

And I think the most frustrating thing about it is actually not having the time to get in there and give the care you want to. And you go home thinking, I should have turned him one last time, he was dirty. I think that all has to do with the type of person you are.
Spirituality helps Jane in countless ways to cope with nursing, provide quality nursing care and offer support to others. I mean I am a Christian. I do go to church every week and I think that helps. ‘And by the grace of God go I.’ And you find yourself saying little prayers “Get me through this one.” And driving into work, ‘I hope I do not make any major mistakes, any major mistakes.’ And a few of the girls I work with are too. Because if they know you're going through something with stress at work that day or at home, [they say], “I’ll keep you in my prayers.” And one of my good friends on 3-11 she's the same way. I hear her putting her patients to bed and saying, “Good night and God bless you.” And it is not done here that often. I just think it makes the patient feel…I think more comfortable. Jane’s sense of caring is paramount. She approaches her patients with caring and concern and a sense of honesty; this approach is accepted by patients, comforts them and allows her to be in control of her practice. This demeanor adds much value to the care she delivers.

And I find if I approach the patient calmly and not abruptly, they just seem to do better. And (some of the nurses) would say, “That one is a pain, they are on the (call) light all day”…and whatever. And you know, I would have no problem with them. So I think there are some patients that will abuse it and say she is a sucker and every time I ring she comes in…but you try to find the balance. Because there have been times when I've said, ‘Now okay…that's enough. You're on the light five times the last five minutes and I just can't be in here all the time I have other patients.’ But like I said, I enjoy it.

When asked if she is happy with her career choice her response is emphatic…

Yes, very happy. I'm glad I did not listen to the guidance counselor. I just thought he was God because he was a younger guy and he was a friend to everybody. And I just
took his advice. And that was something I never thought about. I never thought I'd like to be in banking working with numbers. I wanted to work with people. And I'm glad I did it. I think it really worked out. Here I was so bummed out that I didn't really get in at first but as it turned out, I did. I sat the whole summer thinking, what if I don’t get into (school when) September comes? But it all worked out.

Jane admits that nursing is a physically demanding profession which becomes more demanding as she ages.

And you know it's hard physically as you get older. And today I was talking to one of the doctors who's getting ready to retire when we're in the elevator. And he said, ‘Oh, how are you doing this and that?’ and I said, ‘Oh my gosh I'm so achy.’ I don’t know if it is the weather or to blame it on stress or age, you know, because it's just that you find it harder bending over and getting up. It is harder as we are getting older. You don't get much time to sit.

And nursing is also mentally demanding. Very demanding. Jane knows this but works to deal with the demands in the most positive way she can. She takes one day at a time and leans back on previous experiences to guide her through the future.

[And mentally] I think that's the worst of it. You go home thinking of things. You go home dreaming of things. Or you think you hear a call light or a buzzer going off. But yeah, but like I said…I just take one day at a time. And just hope that my next assignment I can handle it. But like now I feel like I could do it in my sleep.

Administration Just Doesn’t Understand

Jane’s views administration as demanding also. She clearly sees the need to multitask to be effective as a nurse, yet believes that this is not a task that everyone can handle easily.
They have their agenda and their list of things that they need done and they expect you to get it done no matter what. And you know as I said, I think because I've been a nurse for so long, you get to the point where you know how to multitask. And again being a mother, you do know how to multitask. And you can think of three or four or five things at the same time. And yet you forget at times. And I just think that everyone's not cut out for that. Not everybody can do that. And I find people getting so frustrated. Oh, I forgot to do that! Oh I forgot to do that!

She feels if administration were to experience the world of nursing first-hand, empathy might be infused into their decision-making process and their understanding of nursing issues may take on a broader focus.

And I just think that we often wish that administration could just come down and just be in our shoes for not even a full shift, for a few hours, for one or two hours. Because years ago [we would call] administration and the head nurses and the assistant head nurses would come down and make beds and be right in there with you. But now they don't do that. It's meetings. And it just seems every time you turn around they have a clipboard in their hands saying, 'Okay this is what we are doing next.' And it's always these pilot studies...we are doing a fall pilot study now on 6 east because the whole hospitals had a lot of falls and you know this whole thing about safety. And I just think...they have a lot to do. And I know they know we're busy but I don't think they realize how much we have to do in the amount of time. Because the minute somebody goes and complains, they come at you like it was your fault instead of getting the whole picture. And I often think about it. You know if I was a boss...

The administrative issues seem to be handled differently when it becomes personal.
Whether it is because Jane knows people in administration or not, she willingly is able to separate their roles and evaluate them on an individual basis.

And I'm sure there could be reasoning behind that, but like I said, I just don't know. That's the vibes that we get at times. I don't know if it's a personal thing. It's just the way it is. I don't know if people above them are coming down on them and they are coming down on us. I don't know? And I've known the people that are administration for many years so I think if I ever had to go to them…my daughter was in the hospital just a little while ago and everybody does seem to come to your aid…and they were very helpful. I had to take a leave of absence and she [the administrator] went through it with me and told me what steps to take so personally, I'd say I'm okay with it but the overall picture…it's just (not that way).

Clearly, regardless of the problem, Jane feels the approach to dealing with the issues by the nurses can many times be equally as dysfunctional as the administrations’ approach.

And you get everybody (the nurses) griping about it (a problem) amongst themselves…instead of trying to solve it in a different way, they tend to make a bigger problem out of it. In other words, you know, then making them have grudges. And it's just so hard to work like that. And it really hasn't happened in quite a while, but like I said that's what was happening. When we had some other nurses there.

*Nursing is a Positive Profession...They Want to Keep It That Way*

Jane believes the profession of nursing has many advantages. One very basic positive aspect is the ability to do many types of work as a nurse. Jane did try a number of different positions and roles before she finally settled for the area which provides her with the greatest
satisfaction...hospital nursing. But she was always willing to change her position in nursing if it did not resonate with her personally or professionally.

The nice thing about nursing too is that you can do so many different things. I did try visiting nurses when I left the doctor’s office. I went to VNA and I was going to try the home nursing for a little while. I liked that. The only thing I didn't like is that it was pretty far. At the time you didn't have the GPS systems and you had a go on some side roads to the Back Valley. I had a couple of very bad experiences. I had to go down the main street in Salisbury. I had to give insulin and do wound care. The woman had cellulitis. And I had to go around the back. It was a big brick old building and you had to park around the back on Main Street in Salisbury. And the lighting was very bad. And I felt very uncomfortable going up there. And just to see how some of these people live is tough, tough to handle. And I remember once I had to go to Bear Valley to give a night insulin. It was at 10 o'clock to a man who was a new onset diabetic. And I could not find his house for the life of me. And by the time I found it his neighbor had come over and given it. But he was very mad at me. But it was in Bear Valley and the roads were icy and I just, I just...they did not have any box numbers and they didn't have streets and you're going by lamp posts and the mail box. That’s the kind of directions I got to go there. And finally when I did find it he was very angry at me. But I did it for a few months and I found I was not enjoying it. It was just going against the grain.

Jane proudly talks about her family. And she reflects on the fact that she would like her children to become nurses but places no pressure on them. She guides and supports but does not force.
I have three daughters and none of them are going to be a nurse. My husband often says to me over the years, ‘Would you want one of the girls to be in nursing?’ And I've always said, ‘Only if they really want to be.’ I think my one daughter, very possibly would've been okay (for nursing). She has the personality for it. But you know, she never said she'd want to do it. But if she did I would certainly encourage her. But then I think she has very thin skin, she's very sensitive. And I thought, *would she make it?* Sometimes the doctors are very frustrating. And they’re frustrated at you for something you have no control over. Could she handle it? Because you do learn over the years what to brush off and you get that thick skin.

Balance prevails in her life and she is capable of being both a committed nurse and a devoted mother and wife. Her family takes precedence in her life.

And I have a son whose 30 and he’s married. And he married a girl, and his wife had a little girl and then they've had a little boy together. And my daughter Katie, she's 25 today and she's in Philadelphia. I hesitated meeting with you today because she was actually in yesterday and we had her cake last night. She's 25, and I have two younger daughters, 22 and 21. And they’re all trying to figure out what they want to do. My daughter Katie just graduated from Kent and she doesn't know if she wants to be a math teacher or a secondary education teacher. So hopefully she’ll be getting a job. And the other two went to ACCC. Sarah went for general studies and is now working for an insurance agency. Hopefully she'll find something she wants. And then my daughter Emily went for graphic design, and she's finding that there's really not too much money in that. She’s trying to figure out what she can do. Whether she can further her education with graphic design or go to a four-year college. Like I said she went for two
years down at ACCC and actually I think it was longer than two-years. Now she’s saying maybe she will change and do something else. So as long as you are working and making some money, she will figure out what she wants to do.

And Jane identifies with her families choice of careers. She very much sees nursing and teaching as parallel professions relating many of the skills needed to be effective in both. She sees caring as tantamount to both. She offers examples of her rationale here.

And teaching is very similar to nursing. There are teachers that could just ruin your day. My sister is a teacher and we talk. You know if you’re working with them. And there are teachers you could just have such a fun time with. And she will say, ‘This one or that one, we were laughing all day. We had such a good time.’ But I can tell my sister Terri is truly is a good teacher. Katie, I could see that in her too. And she says, ‘Oh Mom, I don’t know if … and she told me about this mother who came in and she sat in on the parent-teacher conference. And the mother, you can tell she's [the mother] struggling. She's trying to work and take care of the kids and the kids are acting out and she's trying to figure out what to do and she's a single parent. She [my daughter] said, ‘My heart broke for her. I just wanted to sit there and cry.’ So I said, ‘Well Katie you will harden up over time. But it’s a good thing you at least care.’

When asked why she believes people have said that she was an exemplary nurse, a nurse they would want to emulate, Jane relates what she believes may have been the traits they based their answer on.

Well, the only thing I can say is, the other girls or nurses, when they get pulled up to our floor, I am always willing to help. Getting back to the teamwork, you put myself in their shoes and you know, if I get pulled to another floor, I think, do I know somebody here.
You are like a fish out of water. And just to put out a kind hand and say, ‘Jane can I help?’ You know sometimes you go to other floors and they won't even introduce themselves. And you are sitting in report with three other people and they don’t even say anything to you. And just introduce yourself and say if you need anything? So you know we have this fall pilot going on? And tell them about it. So they don't find out about the pilot mid-shift and say, ‘I didn’t do it for the first four hours!’ The only thing I can think of try to be friendly and to let them know that you're there to help them.

Her patient care is focused and worthy of emulation. Even though she does not feel it is out of the ordinary, she does tell the story of the nursing care she delivers with both pride and a sense of sadness. She is concerned today other nurses may not provide the same level of care.

Well, I just, like I said before, when you put yourself in that patients place. ‘How would I feel if I sat in that bed all those hours and was crushed with my feet hitting the foot board?’ You sort of put yourself (in their shoes). And, ‘Oh my God, he must be so uncomfortable. Let's fix them up.’ Like PM. care. And I don't know if you know from evenings, but you know, you did the back rub and gave them a washcloth for their face and hands and took their dentures out or offered to and cleaned them for them. And today, whether it's people just don't pay attention to that or, and I can’t imagine how you couldn’t, half the times when you are talking to them you can see that the teeth have not been cleaned. And sometimes it could have been like five days and nobody's ever offered to brush their teeth. That’s something I find. And some people make fun of me.

My one friend that was working today and her name is Sally said, ‘Oh yea you’re the neurotic one about the beds.’ And I love a straightened bed. And…I tell them if the sheets are dirty, it takes nothing to change the sheets. And we used to change the beds
daily but now it's Monday, Wednesday, and Friday. And the patients will say, ‘My sheets have not been changed for a whole week.’ And they’ve changed the pad but you will see stains on the sheet and stuff. It’s like clean sheets and you straighten up and just making they feel better. And like I said, you offer someone PM care, I work 3-11, and they look at you. ‘Can I rub your back’ And you know it's gone now. And I mean my head nurse and I, we were young nurses together, we’d go down the hall with a cart with lotion. And you fix everybody up and make sure everybody was comfortable. And they are ready for a good night sleep. You just don't get that now.

Jane is not sure why this change in care has occurred but she is certain it has occurred. This upsets her.

I wonder if it's no time because the funny thing is - we do teach the new kids, even the new aides that come on [to do this]. But after they're here for a few months, I don’t know if they get in their own routine, and you say to them something about PM care, and they don’t even know what you're talking about. So I don't know what it is?

Her thoughts of the way students should be taught and the material they should learn provides a glimpse of what she feels are important aspects of care. Jane questions the approach of nursing schools today.

But when I went to nursing school, when we first learned making a bed…and sometimes you see the kids, they don't put the top sheet on. They sort of throw it on. We had to make a bed and you had to make sure the pillow case was going the right way and miter the corners. I know you can't be that perfect but you've got to learn it right. Learn it right in the beginning and then you can improvise. But now it's so much easier with the fitted sheets. We had to do it the old way.
It seems that Jane never forgot what it was like in the beginning. It taught her a lesson which she would take with her into her own practice and which would enable her to support other nurses.

I try to help the new nurses. Well, I think there's been times I thought, 'Oh my gosh, what did I get myself into?' Especially when you're new, and you don't really know enough. And I remember the one-time a surgeon wanted a urology cart, a GU -cart. I said I don’t even know what a GU cart is. And you get it from Central and it had all this stuff on it that I never laid my eyes on. And he was doing something inside the patient's Foley catheter. And I remember he asked me for something and I tried looking for it. I tried to find it. And he got so nasty, really nasty. And one of the older nurses that was there came in and yelled at him. She said, ‘You shouldn't be doing that.’ And he backed right off. And even today, you find there are some people that are so afraid of the certain doctors. But it's more of a bark and they want to growl at somebody. They might as well growl at you. But you have to just let it slide off your shoulders. But at the time I thought, *Oh my gosh, I don’t know if I can do this? I'm just not good enough to do this.* But I guess it comes with experience. The more you work with things certainly it becomes easier.

Jane relates the overwhelming experience with her daughter which challenged her as both a nurse and a mother.

My daughter said to me, ‘Mom I feel like a little pressure. Maybe I’m getting a bladder infection?’ And she gets them sometimes but not very often. So I got her some cranberry juice and told her to drink a lot of water, and she said to me, ‘It's so uncomfortable and I am in the front of the class and I think about going to the bathroom.
I have to go to the bathroom.’ So I got her some cranberry juice, and I got her some of that over-the-counter stuff (for a urinary tract infection). I do know what it was called, but it was a CVS brand or whatever. Maybe she took two tablets or whatever was the one dose and cranberry juice and the water and it passed. Maybe it was Tuesday, no it was the Thursday, and by Saturday she picked up a couple hours at the HOP. She was a waitress. And then she had the chills. And it was right around the time that that stomach flu was going around and my husband had it... the fever, the chills, the diarrhea and vomiting. And I said, ‘Katie, you got that bug you better go right to bed.’ And she crawled right into bed. And the next day she called off and she said, ‘I don't know what I am going to do.’ And I said, ‘You can’t go to school like that you are still running a fever.’ So I ran into Dr. Kan and he gave me a prescription for an antibiotic or something like that. And when I came home from work that day she was sweating profusely and still drinking water. And when she passed her water she was very, very weak and everything and I could tell she was getting dehydrated. And she said, ‘You know mom, could you just put pressure on my back right here?’ Right at the kidneys, right in the flank area. And I said Katie, ‘That's really not a good sign, I don't think it’s your stomach. I think it’s your kidneys.’ So I brought her to the ER and of course they wanted her to urinate because they didn’t want to do any testing until they found out if she was pregnant. And I said, ‘Start an IV.’ It was three o'clock in the morning and I thought, give her some fluids right away and she will be able to go then. So they finally started the IV and she had a severe headache. And they gave her Toradol which the renal doctors told me was a bad thing because it affected renal function. So it helped her headache but little did we know it caused more harm to her kidneys. And so they said,
'Oh yes, she probably has a bilateral hydronephrosis’ and they put her on IV Cipro [an antibiotic].

The next thing you know they’re coming to take her for a CAT scan. I said, ‘Nobody said anything about a CAT scan?’ And I figured she would stay in there and get hydrated and home in a few days…a day or two. And they went to do her CAT scan and nobody said they were going to do a CAT scan. And when she got that, here's what happened. They did do blood work on her when I first brought her into the hospital but nobody ever checked her BUN or Creatinine. And she was already, her Creatinine was already 5.5. And the infection itself was already harming the kidneys. So when they gave her the Toradol they should have never given her the non-steroidal medication because of its effect on the kidneys.

And when she went for the CAT scan it was suppose to be given without dye. But they injected her with the dye and it shut her kidneys down totally. So she was here for two weeks. She had two dialysis treatments.

But thank God that she's okay now. They let her go for the first week. She was in the Intensive Care Unit for three days. And they put a dialysis catheter in her because they were hoping her body would switch over and her kidneys would work on their own. But they would not. So once they put the catheter in … they said we could do dialysis … treatments. But they really gave her a good try, but they couldn't because her Creatinine just kept climbing. She had 40 pounds of water weight on her. She's a teeny tiny thing.

My other two daughters are built like me, but she’s like my mother. She is a teeny tiny little thing. She came in at 120 pounds and she was up to almost 170…
Yes, her thighs were huge and she had no ankles. She sat in the chair one day because we thought, *If you get walking maybe that'll help the fluid move*. And her back hurt her and she went to touch her back and she got so scared because there was so much (fluid). When I looked I got scared because there was so much fluid and her skin was so wrinkled. I thought, *Oh my God -- oh my God*. And the dialysis…you know they think this is just okay to do a dialysis treatment. First of all, she was deathly afraid of the catheter. After the first couple days when she was on the dialysis machine she got severe chills. Her fever spiked. Shaking, shaking, and shaking for the whole two hours. The whole time she was on it. They had to put blankets on her. I couldn't get too close because they had to keep this whole area sterile. They took ten pounds of water off after the first treatment. And the second one took off twenty pounds of water. And oh my gosh, that night I thought she was crashing. She had the one catheter, but they pulled out her IV sites. She was shaking. She was heaving. She said, ‘I can't do this anymore.’ She looked like she was going to collapse. Thank God I do have friends here.

Oh, it was awful to see her going through that. As a matter fact, Dr. Rodriguez was on that night and I told the nurse Dawn. ‘Call and get an IV line in her. I think she needs something.’ They had to give her some SPA. I think it was just too much, too fast. And he actually came in. He said he had heard the panic in Dawn's voice. And by the time he got here to the hospital she had turned around. They had an IV in her and had given her SPA and they gave her Tylenol for her fever. It was 15 minutes of terrible (torture). And she said, ‘Oh my God Mom. If I ever had cancer and this is what chemotherapy does to you, I would never take chemotherapy.’ And the next day they wanted her to go through a third treatment and she refused. She said, ‘I can’t go through that again. Not today. I
need one day break.’ And that worked out good because her numbers started coming
down. She followed up with Dr. Joseph and she was discharged after two weeks. [And
they never knew what caused the initial infection].

As a nurse…as a mother, there certainly was something wrong. That didn't happen
because of nothing. But the doctors did tell me that sometimes it just happens.

Sometimes people do go into acute renal failure. They never did mention any risk
factors, but they said for certain reasons they turn around 100%. But they couldn't
guarantee anything. They said at this point we can’t guarantee but at this point they're
saying she should be free and clear. But you never know. Maybe a stress to the body
down the line, if she gets pregnant or whatever? Another strain on the body isn’t going to
do something to them.

And afterwards she wanted to get back to student teaching but was so tired. ‘Oh I’m
never going to be able to do it,’ she said and I said, ‘Oh, you’re going to do it.’ And
when she got home she could not get her energy back. And the Doctor said that this is
expected. He said, ‘I cannot tell you what an insult she had on her body. When they say
it is like getting hit by a Mack truck. It was worse. It was worse for her.’ And when she
had all that weight on her I said, ‘This is what it is like when you are pregnant except
toward the end when you’re waiting for that baby. But you don’t have the surprise of a
baby.’

Again Jane lauds her peers for the support they provided her. She is akin to the thinking
that if you help others…when you need help…they will help you also. And this help she
believed was a major factor in helping her to overcome this tremendous hardship.
That was in February. It was awful, but everyone was so wonderful here. Like I said, and I think, well, they talk about Karma. What goes around comes around. Everyone just bent over backwards from the doctors to the nurses to everybody. Just being there with all kinds of help, which was so nice. And that's all you need when you're going through something like that. Just a kind word or someone peeking in. What can I do? Like I said, the doctors were so good

When Jane went through this heart wrenching experience in her own hospital, the hospital where she worked almost daily, she had an opportunity to not only observe but to experience nursing and health care first hand. And in the middle of this devastating situation Jane allowed herself to think of her patients. And from what was a terrible experience Jane extracted from it learning, learning which would help her to be a better nurse.

That was when I took a leave of absence. And I said, lying in bed with her because she had gotten these shaking chills, and nothing would warm her...and at one time I was lying there, I thought, Oh God this is what it feels like to be a bedridden patient? Staring at these four walls. You can go stir crazy for God's sake. And that's was something I thought. You lay there thinking…and some of the patients you don't get to go in and talk to…you don’t get to go in and reposition them. Some can’t move or even can pick up their arm, let alone roll over.

And she had the ability to see even more what it's like, how important the little things in nursing are…how much they mean. And as seems to be a strong trait in her career, she uses this new found knowledge to make her nursing care that much stronger, that much better.

(And when my daughter was in the hospital I saw how important little things are). Oh yeah, just the washcloth at night to wash their face. Or just the ice water. And you think
just don't have time to be filling water pitchers because they are taking their pills. And oh my gosh that water, (how important it is) and if you are having a bad day you sometimes just want to say, take them [the pills], just take them [laugh].

Jane believes her nursing career has cycled forward in a positive uphill fashion basically fueled by all of her experiences in nursing. And the diversity of these experiences have enabled her to be the nurse she is today.

I think the experience...just the experiences in nursing helped me so much. Just going to different floors...you pretty much can handle anything that comes your way. At this point in my career you've seen a lot. Whether it is a disease, an unruly patient or... My God, we had to care for an obese patient of 500 pounds. And I think we call ourselves, some of the nurses I work with, over the years, the seasoned nurses because you've just seen so much. You know how to cut corners correctly. And some nurses will call a doctor for an IV renewal before they even come on IV rounds. And it's something that you know, not to call them for an IV renewal because they will be here soon. So save yourself a phone call and save yourself the time. Like I said things that you learned over the years...I think it does help a lot...experience helps. And like I said, I feel so sorry for these new girls coming on. I have such an advantage since I have been here from 81 when I graduated and adding and adding and adding on. Like when they are walking in new and it's just, 'Whew'... it's a big order to take on. And, you know, people say, 'How did you know to do this or do that?' Well it's just through experience that you will know that this is what happens. And you know the doctors over the years and they know you. Just different things like Dr. Cee, the other night was in and he wrote for two units of fresh frozen plasma tonight. He never wrote for the type and screen and he never wrote
units he wrote the U and that is a big no-no. You have to write the word out. And it was 10 o’clock when they figured it out on the chart, because the chart was laying there and they had not taken the orders off. I just said, ‘I’ll just write it as a verbal order,’ because you need a type and screen if he wants a transfusion. And he just made the mistake of writing the u [not units]. But as it turned out he called on another patient and because you’re always covering your butt I said, ‘Look, you know there’s a verbal order on the chart that I wrote…’ He said, ‘Thank you so much, thank you so much.’ You get to know what you can do and what you can’t. You are certainly not going to renew an IV without asking. I think that comes with experience.

Again Jane’s relationships and knowledge of coworkers is a trait which enables her to feel confident and serve as a mentor to others.

I do have a good rapport with a lot of doctors. And I think that’s another thing. Someone will say, ‘Who is that and what’s their name and what kind of doctor are they?’ And that’s a big thing to get under your belt. Well he’s with GI or he’s a neurologist. And they, the new nurses go to a psychiatrist and ask for an IV renewal. And you just say, ‘No, no, no, no, no. And you just get used to whom to ask for what from. It seems to come natural after a while. And then there is that awful handwriting. And people will say, ‘Oh my God that’s chicken scratch. It says nothing.’ But over the years you learn just to know.

When asked about any defining moments in her career Jane hesitated and contemplated before she answered. She defined these moments as both positive and negative. Negatively she gets overwhelmed by the general stressors of the profession.
Um, I don't know. I don't think anything…except like I said, a stressful day.’ Oh my God,’ you say to yourself on those days, ‘What am I doing in nursing? This may be a negative event in my life.

This might be a negative moment in my career.

And the defining moments which were positive in her career tend to be a shared respect of her nursing care from others. Peers both in medicine and nursing recognizing her competence and accomplishments…these rewards seem to be critical to advancing and supporting her career in nursing.

And the positive I think is the respect from the doctors. Having the doctors respect you. Twice being approached to be an office nurse. And being approached and asked if I'd be interested. And being asked to be a supervisor on my floor, in particular. My assistant head nurse said to me, ‘I'd like to take this head nurse position coming up and the head nurse really wants you to take my position.’ And I said, ‘I only have a two year degree.’ ‘Oh all you have to do is go back to school and take classes.’ And it just didn’t seem right. I often say to them, ‘I enjoy being an Indian, I don't think I want to be a chief.’ I just don't think I want to be a paper pusher and walking with a clipboard. I know that's a very important job and somebody is probably very well cut out for that but it is just not something that I would enjoy. Especially on 3 to 11. I know they need supervisors here and they are constantly saying, ‘Oh Jane, you would be good at this and it's a pay raise.’

Without question, the gratefulness of her patients offers her a sense of accomplishment which is beyond comprehension.

And I was thinking of something, I think of the positive things. You know your patients. You seem to enjoy your job. And they complement you about being a good nurse. And
that's nice. It makes me feel like I'm doing my job. And you do, you just hope you can do it 100%.

And Her Advice to Other Nurses is Golden

Even with these accolades, Jane does not allow herself to make career decisions totally based on others views of her. She is strong enough in her professional being to balance the pros and cons and continue to move in the direction that she personally believes feeds her professional being the most.

But why would you leave something that you enjoy!

I like bedside nursing. Not yet it hasn’t gotten to me. I don’t know how much longer I am going to be able to do it but hopefully a good couple of years yet.

When asked what advice she offers to other nurses, new and seasoned, to foster in them the enthusiasm that she feels daily for her career, she shares the following.

I don't know like I said…I don’t know if it has a lot to do with the personality. It's just a hard question for me to answer because I don't think there's any clear answer for that. It is a tough question. I think that everyone goes into nursing for different reasons.

Jane believes that people entering nursing need to understand the multidimensional aspects of nursing before they decide to enter it as a profession. It is, to Jane, much more than just giving nursing care at the bedside. If care is to be effective, it encompasses significant communication.

And I think if you are truly going into it to be there to take care of the patient not just at the bedside  but also calling in lab work and making sure doctors know that this is going on, or that's going on and increasing communication with the family and the patient and the doctor…because a lot of times, a doctor flows in and flows out and you have to say,
‘Now wait a minute, what’s going on?’ and basically stop and talk for a few minutes, then this is the profession for you. Because communication has a lot to do with it. Increased communication is so important.

Jane seems to feel that there is an intangible sense of caring which will help nurses to truly value what they do and to be good at nursing. Being good at nursing seems to encompass some intangible trait beyond just wanting a job.

I don't know. I don't know. I think sometimes you can’t put yourself first. And I think sometimes that's what has to happen. And people will say, ‘Well you know Jane you’re on break now, so go!’ But if I have something to do for the patient, I put that first.

I wish I had a good answer for that. But I think, I think it's in a person. Like I have said I have trained so many girls and I've seen them. And there are some that are great on the computer or whatever. And I see how they approach the patient. And are they actually caring for them or are they just here for the job? I don’t know but I think this is important in nursing.

When nurses get so frustrated with the health care system and nursing Jane offers this practical advice which is focused on enabling them to realistically maximize their contribution while minimizing stressors they have little control over. Knowing the difference seems to be the essential piece.

I just have to tell them to try to do your best. To go along with everything they are telling you. You're not going to be 100% in everything just to try your best. You try your best to cover everything as best you can. And you find sometimes that if you're in a patient room too much you have to slack on your charting. And you find well, they're
certain days that you do not have to be at the bedside as much and you can take your
time with your charting and get your care plans caught up.

And to understand that one cannot do everything is one of the most valuable lessons Jane
believes one could learn about nursing practice. Jane’s advice related to ways to cope with the
overwhelming situations that many times face nurses into realistically approaching each day one
task at a time and let other people help whenever possible.

And like I said, the teamwork does help. Don't get too overwhelmed. Try not to be too
overwhelmed with everything because if you look at the big picture right when you walk
out of report you say, ‘Oh my God. It's like I'm walking into a war zone here.’ but you
just take one step at a time. You handle one situation at a time because you're only one
person. Of course, try to prioritize and that's probably really the best thing I could say.
That's basically what I try to do. And there are times when you feel you have to be in 10
places at the same time. But you know you can’t. So attempt to delegate work. And you
don’t want to sound like, you will hear some people say, “Oh they’re abusing the aid.
They have her doing their work,” but if the aids available to do a bath for you take her up
on it. I think just things like that that…delegate. Like my good friend tells me, ‘You are a
good delegator.’ But you have to be careful; it is all in the approach. Because some
people you can really turn them off and say, ‘Go do that bath.’ Instead of, ‘if you have
time I'd really appreciate it.’

Jane’s overwhelming advice to all nurses is rooted in her own approach to learning in
both nursing and life in general. Nursing is a profession, much like life, which is constantly
evolving. Without the slightest hesitation she tells all nurses, new and seasoned, never be fearful
of asking questions. Questions enable nurses to provide better care as they serve as a means of increasing nursing competence.

And there's something you learn every day…and don't ever be afraid to ask. If you never saw that med or what is it for, research it and ask. You learn something new every day. And I say, ‘Oh that’s something different. I have never seen that or heard of that’…a different lab test or whatever. And that's the nice thing about nursing…you're always learning. I think some people are afraid to ask question. I don’t know if they are afraid it is going to make them seem dumb or look dumb, but no, you have to. And I said it's funny because I think that's what it is. Once you do it you say, ‘Oh that wasn't so bad.’ And every day you’re learning new stuff.

Summary

This chapter presented the unique stories of six exceptional nurses. These stories highlight the many characteristics each nurse possesses as well as the values which shape their practice of nursing. Studies devoted to exceptional nurses are virtually nonexistent in nursing. Therefore these stories do provide an invaluable backdrop for understanding the career of exceptional registered nurses. However to enhance an even more global understanding of what makes exceptional nurses exceptional, chapter five explores the essence of all six stories, analyzing both the commonalities as well as the differences across narratives.
CHAPTER 5. CHARACTERISTICS OF EXCEPTIONAL NURSES

Chapter five moves these stories to a new level and makes sense of the concept of exceptionality. This chapter extracts from each nurses’ narrative the intrinsic and indispensable properties that serve to characterize and identify their exceptionality while, at the same time, joining these characteristics into a common story of the professional lives and values of this genre of exceptional hospital nurses. Supported by excerpts from these narratives, it is hoped that this approach to narrative storytelling will enable the reader to better understand the characteristics of exceptionality as it relates to a successful career in hospital nursing for the six exceptional nurses in this study.

As one reads each narrative and views their essence for deeper meaning it appears that throughout the narratives of these six exceptional nurses numerous and unique characteristics and traits appear and transcend individual narratives, rising to the surface as one reads or listens to each nurse story. These traits are much like cotton threads, possessing general qualities of likeness in characteristics such as wholeness and functionality, while, at the same time, possessing unique qualities each to itself. When woven together intertwine and blend to produce a product much more magnificent and unique than the sum of the threads. A cloth depicting in totality not only the meshing of the individual threads but the synergistic relationship of each to the other. It is hoped that the blending of these narrative stories of the exceptional nurses will produce such a product which all may view in its totality and uniqueness as the career trajectory and qualities of the exceptionality of hospital nurses. Figure 10 is a diagram of these multidimensional characteristics of an exceptional nurse extracted from this study. It is intended to guide the reader through a discussion of the exceptionality of the nurses in this study.
It’s All About Care and Caring - for Patients - for Others - for Self - for the Profession

Care as a form of literary use in the English language dates back to the 12th century. While antiquated, this term seems to hold a strong connotation even in today’s modern world.

Figure 10. Diagram of the Multidimensional Characteristics of an Exceptional Bedside Nurse
Used as a noun care means to protect or charge, in this syntactic form the word care seems to exude a meaning of beneficence. Care also, if not even more so, is used as a verb. When used in its verb format, care or caring is defined as “to feel interest or concern or to have a liking, fondness…” As a transitive verb which denotes the act of…being concerned about,” care and caring retains the beneficence of its noun format yet moves forward and by virtue of the action nature of all verbs, connotes dynamic movement focused toward a positive situation. Although no definition of caring includes the terms positive or negative, the inclination, most would agree, is toward the positive. This definition of caring, focusing on caring in its most dynamic and global sense, resonates with the exceptional nurses in this study and is exemplified in their approach to their professional careers, and for that matter, their personal lives. This dynamic and global approach to care and caring seems to find application in not one or two but four major aspects of their lives.

First and foremost caring defines the participants’ nursing and their patient care. In this application, care deserves nothing less than the highest regard from each and every one of the nurses in this study. Along with their patients, these exceptional nurses also cared strongly for their peers. These patient and peer relationships were so important to their being as professionals that many times they determined their relationships with other health care stakeholders, none the least of which were doctors, peers and the administration.

Caring was applied globally to their practice of nursing. Many of their relationships with peers and especially new graduates seemed on the surface to be adversarial but when looked at beyond the obvious one discovered that these relationships actually culminated in their care for not only their patients but the profession of nursing. Many times these two concepts were so intertwined that it was difficult to extract their individuality. And lastly, they cared for
themselves and their families. This to me was so insightful and so much a trait of all the exceptional nurses. Ensuring that their professional lives met their personal and professional needs as well as the needs of their families was tantamount to their career satisfaction in nursing.

The diagram below, Figure 11 provides a visual representation of the aspect of caring as it impacts the exceptional nurses in this study. Because caring occupies a tremendously significant part of their professional being, it is important to understand that the areas of caring are not all equal. Without question, their commitment and care for their patients transcends the four areas of their caring and provides the foundation for a large part of decisions, actions and feelings in their professional lives and careers. The size of the individual circles in Figure 11 denotes, though not exact in size but more an estimation for emphasis, the importance each area plays in their professional lives and their careers as nurses. This diagram is intended to depict the same story told by their words, however the graph affords me as the researcher the ability to retell their story, again from their own narratives and in their own words but in a more concise form.

**Figure 11. Traits of Exceptional Nurses: Caring**
The figure also allows the reader to view in aggregate, the relational nature of each area of caring in the career trajectory of the exceptional nurses in this study.

At this time caring will be examined from the lens of these four perspectives: patient, peers and families, the nursing profession and self. Examples of each will be provided from the nurses’ actual narratives. Validation of how these exceptional nurses operationalized caring across these global areas will be presented within the context of what will be one aspect of a grand narrative of the characteristics and traits of exceptional nurses.

*Patients: The Heart of Nursing Care.*

Unanimously the exceptional nurse participants like, well I would actually have to say love, what they do as a nurse at the bedside. These feelings that run deep in their professional being are key characteristic of their practice, so much so that they are quick to tell new nurses that if “you do not like what you are doing in nursing,” problems may surely be on the career horizon. Brenda tells it like it is for her, “I enjoy taking care of the patient…that was my rush in life.” Sali adds, “I love the bedside…I like taking care of people.” And her belief is that patients will not know what meds you’ve given them but “doing” as Sali says, “those extra little things is important…they’re looking for those little things that you do for them. And that is what [the patients] care about. And that is what I like to do.” Jane relates a story of an older gentleman who was neglected, disheveled and appeared uncomfortable in the bed. She tells “how bad she felt” and how easy it was to tend to the patients needs and make him and his wife comfortable. Like the other exceptional nurses, Jane takes pride in the kind of care she delivers, “and you know it just seems like the little things…you fluff somebody’s pillow or you walk in and they are at the foot of the bed…” These exceptional nurses prefer to give their own nursing care. One does not find them spending the day noting orders or doing paperwork beyond what is
minimally required; they work to spend their time at the bedside with the patient. Brenda shares the kind of nursing care she values, “And I like to do a lot of my own nursing because by doing a bath or walking the patient you get to know them and you can assist them better.”

When asked what professional and personal traits others saw in them as an exceptional nurse, the nurses unanimously responded “care and caring.” Brenda noted this clearly when she said, “I’m very caring and very caring to my patients and their families.” Eileen adds, “I think mainly because I care about the patients…but I go the extra mile. I feel like I treat the patient as someone you care or love.” Many touted the fact that they did so many extra things for their patients, special tasks that made them feel good and cared for. Brenda talks of caring for one young woman who was dying in the hospital from cancer with minimal family support. She proudly related how she would find the time to shave her legs and, contrary to hospital policy, allow her to bring her dog into the hospital. She was willing to risk retribution and put whatever extra time and effort it took to help make her patient feel cared for. And when her patient indicated that “she did feel that caring,” this made all the difference for Brenda as a nurse!

Exceptional nurses excelled in the area of patient relationships. They became so positively connected to their patients that they actually befriended them. Brenda actually became so close with her patients that she attended the weddings of her patients’ families. She tells poignant stories of the care for her patients. She relates a story, “We took care of one’s father who had cancer and we became very close…we went down to the shore and they invited my family to dinner.” While Brenda is quick to share that she is not afraid to get involved. She feels this is one of the issues with the new nurses, “they do their job and they don’t get involved.” At times she actually questions herself, “Maybe I’m wrong for getting so involved with the patient where you’re going to weddings and …to funerals…but to me, that’s what it’s all about.”
A number of the nurses in the study were offered opportunities in nursing away from the bedside and to move vertically on their career trajectory to positions commonly viewed as advanced positions in nursing; however, none ever took the offer. To them nursing at the bedside is the quintessential position in nursing. Brenda tells it in a way that is so understandable, “I filled in here and there…not that I couldn’t do it but that’s just not what I wanted out of nursing. I wanted the fulfillment of seeing very ill people come in and nursing them through the rough times…and that’s where I get my joy, being there with a patient.”

These nurses had strong opinions about nursing. They had no trouble identifying nursing as a profession and for that matter a profession essential in health care. Sali relates,” I always wanted to be involved in nursing…not just come and collect a paycheck. Kind of to raise the bar on nursing. I believe nursing was a profession. And I think nurses and I think nursing care is essential. Nurses try to meet people at their level where they need to be… I think it’s a wonderful career… it really is.”

To further strengthen their satisfaction in nursing all the exceptional nurses specialized in an area of nursing that resonated with them as professionals. They absolutely found their niche, one in gastrointestinal nursing and the ER, two in general medical-surgical nursing, one in oncology, one in cardiology and one in ICU. They believed specializing and working in an area of nursing that resonated with who you were as a nurse was an essential aspect to the success of their career. Specializing afforded the nurses an opportunity to care for the patients they most enjoyed while at the same time allowing them an opportunity to grow and become nursing experts in this one area. By virtue of this approach, their stress level is decreased. Because specializing is viewed as tantamount to decreasing stress and to supporting a successful career in
nursing, their advice to new nurses encourages finding their niche and nursing specialization as soon as possible after beginning a nursing career.

Although much pride centers on the physical nursing care these exceptional nurses provided, they are holistic in their views related to their patients and understand the patient’s needs extend well beyond the physical domain. They see the patient as a “whole being” and as such focus their care on both the physical and psychological domains enabling them to provide patient centered holistic nursing care. Sali provides insight into this area of nursing when she tells us, “A lot of people admit to just having experience with tragedies in their lies…but they just need to talk… and I listen.”

Care about Self: Work-Life Balance.

Without exception the nurses in this study see nursing as a very stressful profession, both mentally and physically. Ashleigh sees it most especially as “extremely physically and emotionally draining.” She believes “It takes your whole person…your whole being. And if you are an emotional person…it’s even worse. Nursing is a challenging career.” Jane astutely sees it as getting harder the older one becomes, “…it’s hard physically as you get older.” But she is quick to point out that, “mentally I think that’s the worst of it. You go home thinking of things. You go home dreaming of things.” Sali was so stressed with the demands of her career that she was forced to leave her position and change hospitals. Without question, nursing and health care are exceptionally stressful environments and the exceptional nurses agree, it is more stressful today than it was in the past.

However the exceptional nurses in this study understood that these stressors, always present and ever evolving, could have a lasting negative effect on their careers and their lives.
So to cope with the reality of these constant stresses in health care these exceptional nurses expressed definite coping strategies, all focused in one direction, caring for themselves.

Ashleigh provides a glimpse of this coping when she shares, “and you get frustrated. There are days when you think I could be a computer programmer. When you come home hours after your shift and you think, what the heck, but that’s just the way life is. But then you learn from these days and you go, “I’m going to try not to let that set of circumstances happen again.”

Others suggest techniques they use for decreasing stress. High on the list is getting away and going on a vacation. As Jane tells it, “And sometimes you need the sea air just to clear your head and veg out a while. And…you need to rejuvenate yourself. You come back and you’ll be good at things or better. For others, spirituality played a role and for one person, believing in fate played a role.

However, when it came to support from others, few of the exceptional nurses used their family as a source of support or to decrease their stress. Ashleigh explains it best when she says, “I don’t think our families, unless they’re in the nursing field, can truly understand. They don’t understand that this is a very trying time because it’s mentally draining as well as physically.”

Jane exemplifies this same view when she shares, “I am not one to bring my work home.”

Finding work-life balance is an essential part of their career quest. When their career infringed on their personal lives or did not resonate with their professional goals, they were courageous enough to change it. Equally important to these nurses was the personal satisfaction they received from their work. If their work was not rewarding, this served to decrease their professional being, causing stress in the exceptional nurses. When the stresses of life and nursing threatened to alter their ability to cope and affected their nursing care, the nurses in this study were wise, wise enough to understand, and brave, brave enough to understand that they
needed to act. “If you are not happy in nursing and/or if you do not enjoy performing the nursing you are doing, then you must, you must muster up the courage to change.” And as Sali tells it, “nursing is a stressful profession and you’ve got to like what you’re doing. You’ve got to like helping people. And the care and the devotion and all that has to be there or else you’re not going to be happy.” Not an easy task for many, for many are afraid to change and move, however, as their career progressed and stressors set in and road blocks occurred, without question, the nurses in this study had the fortitude and determination and courage to change their career direction and focus in a new area. Driven by a desire for professional satisfaction, work-life balance and the desire to make a difference in others lives, the exceptional nurses changed the focus of their careers as a major stress reducer.

Brenda worked with people “that are not happy with what they’re doing. Yet there they are there because they don’t want to do anything else, but they are not happy.” And Linda says, “You have to love what you are doing…and if you don’t then you need to move… and if you really don’t ‘love’ what you’re doing in nursing, look into other areas… you really have to look for your niche and if you really love it… you’re going to stick with it.” And Ashleigh further supports this “I just think no matter what profession…you have to love what you do. I think that is important…to find an area that’s your true passion.” And Eileen advises new nurses, “And if you like it, stay there. But if you don’t move on. If you are not happy and you realize this area is not good for you, then go somewhere else, find someplace different that is right for you.”

The stories of the exceptional nurses create a mosaic of situations where they felt a need to change their role in nursing. Ashleigh moved from a full-time position to a part time position to care for her aging parents, Jane moved from the hospital to a doctor’s office to part-time because she needed and wanted to devote most of her time to her family, Eileen moved to three
different hospitals and then a number of different patient care situations to meet her professional needs and those of her young family, Sali moved hospitals to best meet her nursing needs and implement her professional values, Judy stayed in the same place and moved with her work group as the ‘same place’ always seemed to meet her professional needs and Linda moved when the administration pressured her in her role.

It also appears when their personal lives are in a state of upheaval, they reevaluate their professional lives and their nursing work in an effort to ensure that their professional environment is not only positive and rewarding for them but also not stressful. It appears that at times of personal stress, work stress impacts them more significantly. When their work environment is rewarding and satisfying, it seems to somehow help them cope with their personal issues.

At the present time, two of the exceptional nurses are extremely challenged with stressful personal issues. These issues have caused them to reconsider their professional lives and, not feeling impotent, both turned to action to remedy their stress. One has opted to change her work environment and the second is in the process of professional soul searching as her work environment is not meeting her professional needs and she is contemplating a change. When their personal stressors are great and can impact their professional lives, they do what they feel is needed to make their professional lives rewarding and satisfying. It is as if they use their professional work as a personal stress reliever or, at the very most, as a method of coping with their personal stressors.

Jane probably offers the greatest insight into the career satisfaction of these nurses. When asked, almost in an attitude of disbelief, why she still works at the same place? Why is she doing the same thing after all these years? Why is she still a bedside nurse? She answers,
“Until I get to the point to where it is not enjoyable to me…until the enthusiasm isn’t there anymore…this is what I enjoy doing and this is where I will be. If I didn’t feel this way…I don’t think I would be here. You really have to like what you’re doing…especially what you’re doing today in health care.”

Whether by chance, desire or default, having the courage to change your career in nursing to meet your own personal, professional and career needs is viewed as an essential component to a successful career in nursing. These exceptional nurses seem to understand that if one does not enjoy what one is doing professionally, it can impact all aspects of one’s life. This insight is an essential component which enables them to continue in nursing when others cannot. It prevents them from falling prey to the tremendous stressors experienced in health care in the past, present and future while providing them with a sense of empowerment for their professional career. This empowerment seems to provide them with a sense of purpose and satisfaction for their contributions to health care which they are able to internalize as “making a difference” and which lasts over the lifetime of their career. Caring for one’s self as a professional and a person seems paramount to coping with the stressors of health care and nursing.

Caring for Others-Family and Peers

All the exceptional nurses cared deeply about their family and their family took precedence in their lives. As nurses, mothers and daughters, they cited the needs of their families as dictating their career path on a number of occasions. Family caused them to defer and change their careers sometimes causing stress in their professional lives. However, they were without question, pleased to be in a career which afforded them the flexibility to care for their family while working in a career which fulfilled them professionally.
Nurse Peers

Caring for and being cared for by friends is an essential part of their nursing career. A major aspect of the exceptional nurses in this study is their connection to their nurse peers. Driven by a solid and healthy respect for the worth of nurses in general, they value their peers and would consider no other way of interacting with them than with respect and cooperation. When faced with challenging issues most exceptional nurses turn to their peers for support. By far the major source of support for these nurses was their peers, most especially their nursing peers. Both working and retired, they found nursing friends were their best source of support. They understood best what they were going through and seemed to be able to offer them the best advice. Without exception, these exceptional nurses used their peers effectively to cope with the stressors of their career.

Covertly there is a realization that nursing is a profession that is not fully understood by those outside of nursing. Faced with professional dilemmas they understand that few people should or could provide guidance, save those who have gone through it, save those who are also nurses.

Inherit in this thinking seems to be a sense that nurses habitate a special space on this planet…a space which intersects with selected few special persons, their nursing peers and friends, but which runs parallel to many others. From this view one can sense camaraderie of sorts, a camaraderie which evolves into a sincere and authentic respect and caring for other nurses.

These exceptional nurses tell a story of their professional peers and friends which weaves a web of caring and concern for each other. Nursing friends are there for each other and they care about each other. Next to patient care, having peer friends seems to make all the difference in their career. Jane tries to explain it when she says, “it has a lot to do with who you work
with…it’s all about everyone working together. I think it has a lot to do with teamwork. And when you say to them, ‘Look I’m fading over here…They anticipate your needs and do the care for you.” Eileen shares her similar sentiment for team support when she says, “I loved working in a team. And I was always a team member. You get a lot done …if they needed something I would be there for them, work together and help each other…and I love to work with people who work together.” The narratives of the nurses in this study are filled with personal accounts of professional friends and the positive role they play in the lives of these nurses. Ashleigh identifies that the team helps so much with coping with stressors. “We commiserate together. I have several close friends, we kind of cry on each others’ shoulders. If we see one of us having a bad day we’re there for them. No matter what there is to do, Jane feels her teammates are essential to coping. So much so that she tells the new nurses, “don’t be afraid to ask for help. There’s a lot of people who don’t want to and they try to do everything themselves and they get stressed out. “Jane feels “if you help others…when you need help…they will help you also.” To further emphasize how important helping each other is, these narratives seemed to emphasize the consequences for not helping each other, “…you have other nurses that help, it’s a great thing. It’s better and believe me, the nurses that always sit there and never move to come and help anybody, nobody wants to help them.”

**Doctors**

Even though they work together in health care, their relationship with the doctors is ambiguous, to say the least. Sort of a love-hate type of scenario! All the exceptional nurses voluntarily listed doctors within their narratives in both a positive and a negative light and this tells me in general that doctors do play a significant role within their career. The nurses in the study appear to deal with doctors in ways they never would deal with others; they seem to care
enough for doctors and their role in health care that these exceptional nurses were willing to allow the doctors to act many times in inappropriate ways. Likewise, the nurses value their relationships with the doctors and they garner the respect of the doctors. Each narrative addressed this relationship. To each exceptional nurse, the respect of the doctors adds an increased relevance and importance to who they are as a practicing nurse. Yet they are clear, except for a random occasion, few can count on the doctors for support.

Ashleigh explains it this way, “Oh there are many physicians whose attitudes are less than kind…when they’re frustrated. They take it out on you. And then you have a few that are so very good…I feel that I have a good rapport with them. And I feel that if worse came to worse I could probably name a few that would be in my corner and come to bat for me.”

*Caring for the Nursing Profession.*

Though the exceptional nurses in this study personally value their role as a nurse, they are far from egocentric in their approach to the profession of nursing. They nurse from a global perspective and exude a commitment, one might almost say an ownership, for the profession of nursing, both now and into the future. They want what they view as the best for the profession. And to this end, collectively, the exceptional nurses in this study expressed great concern for and about the new nurses who are just out of nursing school. One can sense that they are not merely criticizing these new nurses but that the concerns voiced moves to a deeper level. In reality, they seem to express a level of concern focused on worry, vis a vis a state of caring, for their profession of nursing. It is as if they can sense that the loss of those traits they deem so important to nursing and which they believe many of these new nurses do not possess, will bode poorly for the future of nursing, and even more so and more importantly, for the care of their patients.
The exceptional nurses have identified these new nurses as different from them in a number of key ways which, surprisingly, never encompasses intelligence, knowledge, confidence and/or skill mastery. There appears to be a few intangible traits which transcend all others which the exceptional nurses believe are not present in these new nurses. Because of this, these new nurses have been identified as a group who may not be able to and/or may possibly not want to care for the patients in the same way as the exceptional nurses. Not necessarily focusing on competence, skills or extraordinary intelligence, for they know experience will help these nurses to grow in these areas, the exceptional nurses are looking for grander, deeper more internal traits which seem to be much harder, maybe even impossible, to attain. They see nursing as a combination of many deep, internal, personal values; not really what one knows, but who one is as a nurse. This is tantamount to them, synonymous with the meaning of nursing. Since this caring aspect of nursing seems to be missing in those new to the profession, this causes grave concern.

Linda says, “They socialize too much. You know. You’ve got to direct them…they have a tendency to steer away from focusing…instead of being with the patient…And we were not taught that way and sometimes it’s frustrating to see.” Ashleigh further identifies the problem when she shares, “…kids today…they are so different…to them it’s just a job…I feel they don’t have the same feeling…they are a little hard core…they’re just not feeling it.” And Jane sees the problem is that they “do not help and join in.” They ask, ‘What, you want me to do what?’ They stand around and talk amongst themselves.” And even more so, Brenda is concerned for the welfare of the patients: “And some are just there for the paycheck…where others you can see the sincerity and you know…they, they’re becoming the kind of nurse that they should be versus just being there for the money.”
The exceptional nurses in this study value their nursing education and when they observe that the new nurses are not educated in the same basic ways, it is yet another reason for concern. Jane feels that their nursing education may be at fault for their lack of caring and relates “but I don’t think these kids are getting what they have to do.” Although no one has the answer, others are insightful enough to speculate that these changes in the new nurses may be due to generational differences. “It’s different today… I’m still trying to figure out the new generation. They are young and we are like their mothers…but you know it’s just, I can’t put my fingers on it. It’s just something different, different…it’s a generation thing?”

Stress in nursing and health care is causing many to leave the profession of nursing, and causing concern in the exceptional nurses since this stress has the potential to affect an exodus of present and new nurses. This concerns them as they care for their profession. Joining together the exceptional nurses shared their common advice for nurses who are stressed out about nursing and who, if history holds true, may potentially leave the profession of nursing.

Brenda feels by getting involved in nursing, by specializing and finding their niche…this may work to decrease their stress. Eileen agrees, they need to find their niche. She urges, “Yes in the beginning it’s good to get that experience to go to medical-surgical…but then…you have to decide…where you fit and what you like.” Linda adds further support to her exceptional peers, “If you want to be in nursing, nurse. You have to have that drive to overcome a lot of those challenges with the nursing shortage. I just think that you really have to look for your niche and if you really love it, you’re going to stick with it.” And Ashleigh offers sound advice which is both pragmatic and idealistic, “Give it a chance and try different areas. You have to take some time off, don’t give up, keep learning and believe in yourself. And accept that everyday will not be a great day…but worth it in the end. And understand good nursing care
garners the rewards which make it all worthwhile. Look for rewards daily…small things equal big rewards. They are not all ‘aha’ moments."

And ultimately the exceptional nurses commitment to caring is exemplified in their personal commitment to new nurses and peers. Every one of the exceptional nurses has served as a mentor to other nurses. They want these new nurses to succeed and to be the nurses they feel will strengthen the profession of nursing. And to this end, they will do what is necessary to help their peers to grow and succeed. Brenda “does a lot of work with a lot of new employees that come on.” And she does so enjoy it when the new nurses approach it as a positive experience. However, she does want them to grow and if for some reason the chemistry is not present, Brenda understands this and will ask others to mentor select new nurses in order that the new nurses get the best experience they can. But when they do connect as mentor and mentored, Brenda is very pleased and describes the outcome of such a relationship: “so it’s nice a year later when they come up to you and you are there, you know, mentor…they become your friend.” And in the end it works as a positive experience for both the mentored and the mentee.

Sali is as protective of new nurses as she is of her patients. She, along with so many of the exceptional nurses, have empathy for the new nurses, for she seems to remember those days…those novice days and what it was like when you were a new nurse on a challenging nursing unit. And after relating a story of a new nurse who suffered undue humiliation when she was asked to bring a bedpan but became confused and brought a basin instead to a patient’s bedside in an emergency, Sali relates, “Well you know she was just scared. We should give them more of a chance…we’ve all done it. When we look back…I will never forget some similar events in my own life.” And she has “…mentored a number of students as a preceptor”…and she is clear about it, “I really like to work with them.” Jane also remembers
what it was like being new, and she remembers thinking, “Oh my gosh, I don’t know if I can do this; I’m just not good enough to do this. But I guess it comes from experience.” She has great empathy for the new nurses and is proud to say, “I’ve done a lot of mentoring which I love…I love to do it.”

And Ashleigh not only serves as a mentor but attempts to influence and mentor new nurses by her own practice. Ashleigh does “try to remain cool and calm (when in demanding clinical situations…” she says, “I want to show people that when you’re in a crunch and you need me this is what I can do. And I think people see that and they say, ‘If she can do it, I can do it.’ This helps others.” She is without question an empathetic role model for novice nurses.

*Life-Long Learning: The Strong Influence of Nursing Education and Nursing Experience*

The career trajectory of the exceptional nurses is consistent and follows a similar path. Their careers moved forward on a horizontal plane, a path which one might call…laterally linear. Accurately encompassing the wholeness of their career, this phrase not only defines their career growth but logically depicts the dynamic direction of their career movement. Unanimously internalized and driven by the collective agendas of the exceptional nurses in this study, each nurse clearly believed their career trajectory in nursing moved forward on a longitudinal axis directly proportional to the amount of learning and, for the most part, experience they were exposed to. This career trajectory overwhelmingly supported the success of their nursing careers.

Interestingly, without exception, the lateral orientation to a successful nursing career that each exceptional nurse shared does run counter to the vertical nature that most would attribute to their personal career success. Acceptance of this lateral movement reflected in their view that advancement in their own personal competence was synonymous with advancement in their
career, served to provide these exceptional bedside nurses with a positive sense of who they were as professional nurses. Career rewards revolved around what each perceived as their expertise, and aligned closely with their ability to make a difference in the lives of their patients. They incorporated learning into every aspect of their career and took every opportunity to afford themselves the ability to learn and grow. In the end this approach did make them capable of providing the best patient care possible. This humanistic view of career success intertwined with quality patient care is what has kept them at the beside providing rewarding patient care and feeling very satisfied about their contributions.

Learning, an essential part of their professional being and career, was also seen as an indirect mechanism to decrease stress. Seen as a means of supporting their own practice they advise new nurses of its importance in fostering career competence but also as a mechanism to decrease the stress of nursing. Many, such as Ashleigh, believe their advancing learning in nursing actually affected their total being, making them a stronger, more positive person. She attributes her experiences and learning in nursing with not only making her a better nurse but actually a different person. Her learning helped Ashleigh to “Even come out of my shell. Going from being such a shy person, to the person I am today.”

Age is another factor which the exceptional nurses believe should not enter into the learning equation. Even though five of the six exceptional nurses were in nursing over 24 years, none believed age should impact this learning. These nurses embodied the concept of life-long learning. Some were more overt with their advice, such as Eileen and Linda, and others were more covert by their actions and approaches to nursing care and learning. Eileen explains this concept so well when she shares, “But I feel like I want to do more. There’s more to learn…to me age isn’t an issue. I’ll always want to keep learning.”
Formal Education

Without question all the narratives addressed the issue of formal education, vis a vis returning to advance one’s credentials. All understood returning to school was an issue which would help them to advance; but regardless, none felt strongly enough about it to return to school. Of the six nurses, only Eileen returned to school formally for an advanced degree and only at a time when she felt she could not advance herself through other channels. Giving up her employment she was unhappy with where she was working and in her narrative she tells us she returned to school because she, “… thought that that would help me.” In reality, a few, such as Linda, felt very guilty about not returning to school, however, she never did complete a course of advanced formal education. Clearly formal education was not valued as a means to career success in nursing.

Continuing education as a method of formal education and learning was high on their list of priorities. As Sali said, “Any educational programs that I can get to and any continuing education, I go to. I like to keep up and stay knowledgeable about everything.” Many of the exceptional nurses attended primarily those programs offered by their professional organizations and their place of employment, and only two belonged to their professional organization and attended continuing education offerings outside of the work environment. Although they see the absolute importance of advancing their learning, surprisingly few seemed willing to invest personal money and time into this effort.

Nursing Education

Without question, their initial nursing education played a significant role in the professional lives of these exceptional nurses. Their narratives reflected a lasting influence of their nursing education on their nursing career…years after graduation from nursing school and
years after working in nursing, they listed their nursing school education as a defining event in
their nursing career.

Regardless of their nursing educational preparation each seemed to possess a strong
ownership of who they were personally as a nurse, complete with their own professional sense of
accountability for the quality of nursing care they deliver. Not only did the exceptional nurses
believe they learned the basic skills needed to be a good nurse and provide what they
unanimously believe is the “only way to do nursing care,” vis a vis exceptional bedside nursing
care, but they all believe they learned how to become a nurse. Much broader, more global than
just knowing the correct medication names or the correct medication administration techniques
or the correct way to dress a large surgical wound or detect an infection hiding beneath the
surface in new surgical patient, but rather those intangible traits that encompass, in their mind,
the correct way to nurse.

Over and over these exceptional nurses lauded their nursing school and the education
they received for providing them with a strong foundation in nursing. Their nursing education
played a paramount role in their being a professional nurse; so much so that one could read
between the lines in their narrative when they shared their life experience and easily see their
pride. Ashleigh, left little to interpretation and openly shares her sentiment about this when she
notes, “I can remember when I graduated from nursing school, how proud I was. I couldn’t wait
to put my picture in the paper with my cap… Oh my God, I was so proud!”

Their choice to enter nursing school and follow a career path in nursing was influenced
by a number of factors. Although a few were influenced by the nurse they saw on television, the
majority were influenced to become a nurse by events and persons within their family and their
lives. Except for the negative influences of Eileen and Ashleigh, family influences were
generally positive and helped them to choose a career in nursing. However, whether positive or negative, these experiences seemed to drive these exceptional nurses toward their career choice. Jane and Judy were influenced by their aunts who were nurses to become a nurse; Ashleigh, after an experience with a family member in the hospital, knew nursing was for her; Linda, influenced by her family experiences and the birth of her siblings, felt nursing was the career for her; and Sali entered nursing because, as a profession, it resonated with the traits she valued in her mother. Surprisingly, once these nurses entered nursing school and began their nursing career, they did not cite their family as playing any type of significant role in their ability to succeed. Only Ashleigh, in her attempt to prove her mother wrong, attributes her mother as a factor in her success in nursing school.

Emphatically, these exceptional nurses believed the way they learned to nurse was the best way to nurse. Because of this belief, they unanimously noted a significant difference in the education of the nursing students today. Ashleigh relates, “We were taught so much different. And I think that was the best way to go. And I really think we got a good education. I mean that’s what gave me the ability to do the basics.” Jane agrees with Ashleigh that her nursing education was the right way to nurse and her concern emanates from the students of today not learning nursing the right way. She says, “But today it is so much easier.” Students must “Learn it the right way and then you can improvise.”

Informal Experiential Learning

The largest segment of learning for the exceptional nurses in this study clearly came from their nursing experiences. They embrace experiential learning to such a degree that, no matter how experienced they are in nursing or what length of time they have worked in nursing, they still believe and embrace the concept that experiential learning is an essential component of
which they are as nurses and how they practice nursing. Unanimously the nurses not only believed that nursing experiences made them a better nurse and helped them to grow professionally, but many even believed that these experiences helped them to be “a better person,” it “made them strong.” And As Sali says, increased “confidence comes from experience.”

Because of the significance professional experience did play in their lives, their advice to all new nurses was resounding, “never be afraid to ask questions.” Asking questions, which can be viewed as a professional weakness when you have worked in a career for a substantial period of time, to these nurses was tantamount to learning and growing professionally. They were not the least bit insecure about asking questions as a means to the end of performing the best nursing possible for their patients. Each and every exceptional nurse, took every experience nursing afforded them and used it as a growth experience. Eileen changed nursing positions frequently but used each to increase her knowledge base in Oncology nursing; Jane worked on multiple nursing units with different people and used these diverse experiences to learn and grow from; Linda was involved in her professional nursing organization and afforded herself every opportunity and experience to expand her knowledge base. And the benefits do pay off by embracing this approach to learning. “Their insecurities lesson with time and you do feel.” as Ashleigh says, “…that over the years she felt a lot more confident.”

And still others learned from their mistakes. Lisa is so honest and expresses this learning from mistakes so eloquently when she relates “I don’t think there’s anyone out there who hasn’t made a mistake…” and she goes on to offer her advice “…just to learn from a mistake. That is what it is all about.” And Ashleigh sums this approach up so well when she shares, “I just feel that you learn by your mistakes and you learn by just doing.”
Time as a Factor of Learning

The message is the same from all the exceptional nurses: experience is quintessential to becoming a good nurse, and feeling comfortable and confident about nursing. They did it, they know it, they have lived it and they believe it is this experience which has afforded them their success in nursing. Yet interrelated to this professional learning is the factor of time. All cautioned, time is needed for growth; the more experiences nurses are exposed to the more they will grow professionally and, as these exceptional nurses have experienced, the more confident they will be in their ability to care for their patients and make a difference. These nurses are emphatic in their advice to new nurses who become frustrated with nursing, “give yourself time to grow.” Experiences do not or cannot occur without the passage of time and experiencing one’s share of both positive and negative professional life events will culminate in genuine professional growth.

But experience is both an inconsistent and a slow teacher affecting all in an individual way. The nurses in this study overwhelmingly believed that new nurses have little patience and want to know how to be a good nurse from the start. They feel this, more than other factors, contributes to the stress and lack of satisfaction among new nurses. They caution, nursing has a pecking order and one needs to give it time to feel confident, to know what to do and to be able to meet individual patient needs.

Jane cautions, “And I think some of the new nurses do, they want to do everything right and want to be a good nurse. But it takes time…” Sali is very committed to nursing and knows firsthand that experience is an essential strong teacher. She relates her story, “My knowledge base has increased a lot with experience. When you come out of nursing school you have a great foundation but you need to develop that critical thinking. To put it all together. You’re
definitely putting it together with time. Definitely you get better with time in nursing. Therefore
she joins her peers when she tells new nurses “get out there and get your experiences…learn as
much as you can.” Brenda sums up this problem so well when she says, “I say give it time…but
they want instant rewards.” And this may truly be the rub.

Exemplary Attitude

The exceptional nurses in this study believed their approach to nursing and nursing care
was the norm and by no means did they see themselves outside the norm in nursing. When these
nurses were asked what traits others saw in their nursing practice as exceptional it was uncanny
how many identified similar, if not identical traits, related to patient caring. Ashleigh
exemplifies this when she says “I don’t do my job for somebody to watch me. I try to do the best
that I can do every day and treat everybody the same…try to take my time. I do take my
time…but…I always try to have my patients look as good as they possibly can. I try to make
them as comfortable as I can. I’m attentive to whatever and people do notice that.”

Optimism and Pragmatism

A positive attitude transcended the life of each exceptional nurse and seemed to guide not
only their personal but professional lives. Brenda explains this attitude, “and you’ve got to
accept what comes down the line. And if somebody shoots you down one day, you just sort of
let it roll off your shoulder and just move on and learn from the experience. And you know
you’re going to have good days and you’ve going to have bad days…when you think ‘I can’t
take it anymore’ you’re going to cry but then you’re going to laugh and say, this is what I wanted
to do and this is all that it’s supposed to be.”

Their career narratives tell stories of life events which indicate a positive approach to
nursing and life in general. Unanimously these exceptional nurses have learned to cope with and
ultimately accept difficulty and even defeat. They are pragmatic in their approach to life as well as their career and work to turn defeat into a challenge, rather than failure. Though not easy by any means, this attitude has enabled them to accept the worst, not be complacent, and grow from it. This is a trait to be admired and which truly does help these nurses cope with the many frustrations of nursing and health care.

When things are frantic and so busy, Brenda tells the nurses to “Go with the flow and things will get better. Things will always get better. They can’t get any worse…I try to be positive.” Eileen’s advice is positive, “Block out as much of the negative. Stay focused and go with someone who is going to teach you the right way.” And Sali sees the positive in all situations and capitalizes on what she does, “I am so glad I am in nursing. I love what I do. I am very glad God directed me in this path.”

Value Driven

Without question their nursing career is value drive. An internal locus of control seems to dominate these nurses. They are very willing to go to great lengths to accomplish what they believe is consistent with their values. Even though these values run counter to administration or the consensus of their peers, these exceptional nurses are willing to challenge the status quo and accept the consequences of their actions. Their stories of their careers in nursing exemplify their value driven nature.

Brenda relates how she will compromise but only to a point, only if she “knows that you are not going to harm anybody or do something that is totally wrong. I wouldn’t sacrifice something like that.” When faced with going against administration and using overtime she says, “I would rather stay an hour later and be cancelled [retribution] than to say that I did something wrong because I had to do it to get out of there. I would not do that.” Jane is so
focused on her values that she actually crossed a picket line of her peers to provide the nursing care she believed was right. This was not easy and when she did she lost some friends but she realized...“being a nurse, it was for me and regardless of who’s going to spit on me or do something to my car, I’m still going in there... it sort of made me think. This is what I always wanted to do. It really made me know I made the right career choice.” And Sali, working on a unit with unsafe staffing, worked to effect change but when it did not happen and she believed the health of her patients was in jeopardy, she became jobless to make a point and effect the change she knew was needed for her patients. She relates, “others would say, my license is on the line and worry about losing their license in this situation” but Sali said, “Forget the license, the care and welfare of the patient is on the line.”

Over and over the stories of the exceptional nurses paints a picture of caring professionals who placed the welfare of their patients above their own. Their prime mover in nursing had nothing to do with time off or money, it has everything to do with being able to provide the nursing care they value and the nursing care they believe would benefit the patient the most.

These nurses are driven by the care of their patients, “and they are not afraid to complain and run counter to administration. . .” Sali often, “complains about different things that I don’t think are acceptable standards of care...I want things done right. I’m always looking out for the patient. We need be a patient advocate.” And Jane chimes in, “I think the most frustration thing about it is actually not having the time to get in there and give the care you want to. And you go home thinking, I should have turned him one last time, he was dirty.” When, as a cost cutting measure, sterilization techniques were far from adequate where Linda worked, she refused to follow directions and challenged the status quo. She was reprimanded and forced to prove her point which she willingly did, driven by her convictions and the credo “do not harm.” In the
end, though far from easy, the hospital adopted her views. Some would look at this as “she won” but Linda clearly looked at it for what it truly was, “the patient won.”

And Ashleigh, driven by a desire to alleviate what she believes is patient abuse by administration, has not only joined her union peers in protesting these problems but will retire and has plans to personally not only speak with administration and share her views but also share her views with others by writing letters to the editor.

Problem Solving

Using this positive and pragmatic attitude enabled the exceptional nurses in this study to be consummate problem solvers can be best described by such terms as: open, focused, straightforward, honest and pragmatic. These nurses are not afraid to address issues, rarely shy away from difficult situations and rarely harbor grudges. Their problem solving skills are centered on solutions not problems, and this approach to problem resolution takes their problem solving skills to an entirely new level.

These exceptional nurses shared a belief that complaining serves only to identify problems. Gossiping and talking behind one’s back is taboo to this group of nurses. Eileen says it best, “I’m just going to go there and tell her straight out and we will try to work things out together…and I always take them aside and say, this is a problem. I can’t stand people who talk about other people. Don’t talk about your co-workers. And don’t try to put other people down. If others make a mistake, help them!” She is focused and positive and does not like complaining: “Don’t stay there and complain, go to the person and talk with them.”

These nurses are positive and assertive and able to see the “big picture” in many problem situations. Sali is positive and very assertive and clear, “When I have a problem I voice it.” They work hard to take the emotionality out of a situation and not jump to conclusions. They do
not believe in dysfunctional whining. When Sali sees people complaining she tells them to “be the change you want to see.” She challenges them, “What can we do about it?”

And they are honest about the fact that the general approach to problem resolution by nurses can be dysfunctional and can make the problem larger. Jane agrees, “Nurses’ approach to problems can be equally dysfunction as administrations.” Everyone griping about it amongst themselves…instead of trying to solve it in a different away, they tend to make a bigger problem out of it.” Therefore the majority of the exceptional nurses seem to believe in a more solution focused, open and honest method for problem resolution. These exceptional nurses believe they must be a part of the solution rather than just the problem. Sali alludes to this more positive effect on change when she relates, “maybe if you put it [the problem] in a constructive way…maybe your voice will be heard. It works sometimes and sometimes it doesn’t, but you know, what ...keep trying? If you really want to see changes, you got to keep trying."

Valuing and Celebrating Rewards

Without exception the exceptional nurses in this study believe the greatest rewards in nursing come from hands-on care and interacting with the patient. This is clearly the prime mover in their nursing career. All the exceptional nurses did feel their work was important and they do believe they are making a difference. Although they do realistically address the reality of the negative aspects of nursing, few of the exceptional nurses focused on the negative aspects of nursing as a profession in their narratives. Except for reference to the very challenging situations in nursing and health care, they are very proud to be a nurse and garnered a lot of satisfaction and reward from making a difference in someone’s life. Nursing was dealt with on a personal level. Rarely did they express the feeling of professional impotence or lack of
empowerment. Their professional rewards were paramount to their professional being and seemed to support them in who they were as not only professionals but worthy people.

Therefore, doing what they wanted to do and what they liked to do and what provided them with satisfaction was essential. Each believed that when they were in the situation where they felt they belonged they did make a difference and when they make a difference, it provides them with the food for their professional being, rewards. If they did not like what they were doing professionally or if it did not provide them with the satisfaction they needed they would have changed it. These nurses were dynamic, action people, they did not mull over decisions and sit around and contemplate but rather, they tended to do something about a situation.

Patients

Of all the rewards they could possibly attain in a career in nursing, they value most the reward they obtain when they are making a difference in their patients’ lives. In their own words, the following quotes come from the narratives of these exceptional nurses:

Because you can go for months and have a very bad time and then you could have somebody say, ‘Thank you, that was the best backrub I ever had. Or thanks for talking to me, I really appreciated it.’ And you know, that means so much. And then you think I was the person that was supposed to be here at this time, to do that.

Brenda tells a similar story,

you know every week someone says to me, ‘thank you for what you’ve done’ then I know that what I’ve done…they appreciate it. And that’s the reward…

And when Eileen’s patients tell her,

‘Eileen, I’m so glad you’re here because I feel safe that you’re working with me’…and that just makes it all worthwhile.
Ashleigh addresses how rewarding it is to provide quality care,

   It’s because I know again it all depends on you, it all falls on you, on your shoulders.
   When you know you’ve done the best that you can do. When you’ve developed that
   support with someone, it’s just not necessarily the patient, it can be the family, you just
   get that bond. Somehow that happens and that is what keeps you going…when the
   patient tells me ‘that’s the best bed bath that I’ve ever gotten’…and they’ll say, ‘thank
   you…thank you so much for such good care.’ I feel so fulfilled.

**Doctors**

Even though the major reward for these nurses comes from their patients, significant
others also provide rewards which they also view as important to their professional being.
Respect has a large impact on the lives of these exceptional nurses.

   The respect of the doctor’s they work with is a very important aspect of their professional
   being. When these nurses are asked for their opinion by the doctors they work with, this
   experience provides positive rewards for all the exceptional nurses. They explain it like this,
   “… that the doctors trust me enough to come to say…ugh, what do you think?” This experience
   seems to elevate them to a level of increased respect. This respect seems to provide them with a
   reward less than and different from the reward provided by their patients however, approval
   from the doctors seems to provide an actual validation in their ability to provide competent care.
   When the doctors “respect your opinion…you know they trust you to take care of their
   patients.” This respect served as a sense of pride in the exceptional nurses.

**Peers**

Without question they all verbalized respect for their peers. Even though Ashleigh
worked in the ICU her whole life she sees no hierarchy to nursing care. She so respects others
abilities. “In the course of my career...I was pulled to a regular floor and I give those girls so much credit...I think they have a hard job. Working, running those halls and giving medications.” Their relationships with their peers, their interactions and the collegiality they share are a sense of much reward for many of the exceptional nurses. They not only professionally depend on each other but many are involved in each others’ personal lives. Brenda relates it so well when she shares, “We have our own families, but we also have...we also see our family at work. Basically more than we see our family at home. You know and if there's a problem we are there for each other. Be it personal or professional problems everybody sort of just chipped in with everyone else and lends a hand. Everybody is open to suggestions or comments, or they're just there to listen to somebody if they have a problem or something.” And Linda also feels the same way and tells it like this, “But I have to say that the team we had there in the lab, the physicians and nurses worked so well together. And there was so much mutual respect. And it was such a wonderful, wonderful experience...you were like a family.”

Although none of the nurses actually verbalized the fact that their peers respected them, likewise none verbalized the fact that they did not. There seems to be a mutual caring and respect among the teams these nurses worked on. This group cohesiveness provides personal rewards for them each day at work.

Nursing Profession

Lastly, the rewards they felt from being a member of the nursing profession encompasses the many positives of a career in nursing. Touting these positives the exceptional nurses clearly identified some very consistent rewards of a career in nursing. From pay to hours to opportunities these nurses could see beyond the surface to some very real benefits of becoming a nurse. Jane starts by saying, “The nice thing about nursing too is that you can do so many
different things.” All of the exceptional nurses have taken advantage of this until they found their home in nursing. Sali shares that a major reward is that you can choose where you want to be in nursing. She moved around until she found where she felt she belonged, ‘I especially like those [cardiac] patients that come in unstable and…you’re rushing them emergent to the cath lab…I love those patients.” Likewise, nursing affords the opportunity to do what they love in life, taking care of patients, and to top it off, they can attain a good salary for doing what they love. And they can do it more often when they need money. Overtime is a real plus to many, “…I’m fortunate to have the opportunity that if I need a few extra bucks I could pick up overtime in nursing. And the money is good. I know the girls who need a new refrigerator or are going away on vacation or need a couple of extra bucks…they take overtime. It’s cheaper for the hospital…”and this becomes a win-win-win situation for the patient, the nurse and the hospital.

Lastly, nursing as a career affords them the ability to meet their work life needs. Shift work and alternate work patterns are a reality. These approaches have allowed many nurses to tailor their professional work to meet their individual personal and/or family needs. To these exceptional nurses, nursing affords them a melding of a rewarding and stable and respected career with their professional and personal needs as nurses.
CHAPTER 6. DISCUSSION AND CONCLUSIONS

While Chapter five focused on an analysis of the narratives to allow for greater applicability, chapter six focuses on this same analysis within the context of the research findings concerning nursing careers, exceptional hospital nurses, nursing satisfaction and nursing retention. Since exceptionality related to a career in bedside nursing is not prevalent in the nursing literature, the focus and intent of this study is to positively impact the nursing shortage by adding to the body of nursing literature related to nursing careers, exceptional nurses, nursing satisfaction and nursing retention. This chapter will discuss the research findings as they relate to the areas outlined in the conceptual framework of this study. Within this chapter each aspect will be analyzed as it relates to the current adult education and nursing literature. Implications for nursing as a career and profession and suggestions for future research will also be discussed.

Discussion and Relevance to Existing Research

Nursing Careers

The first defining question posited in this research study and also a significant aspect of the literature review was: How do exceptional nurses perceive their career tenure in nursing and what stories will they tell to describe their individual careers?

In a time of nursing shortages in general, and shortages of hospital nurses specifically, the retention of nurses has gained much interest. Understanding nursing careers can more fully add valuable insight into the important area of nursing retention. Unfortunately the literature on nursing careers is noticeably scant. There are a select few authors who have completed research on careers in nursing, but their research has been limited in its application to the career stages of nurses.

The research on nursing careers posits that nursing careers frequently take a forward, linear movement and are frequently highlighted by skill mastery, job involvement and time in
career (Belovich, 1997; Meehen, 1995). Starting as novices, nurses move forward at a predetermined time frame, become more competent based on time in nursing then decline as their career nears an end. This approach tends to support a very linear orientation of hierarchical, sequential and quantitatively different characteristics of a career in nursing; one career stage generally is accomplished prior to moving on to the next.

While the exceptional nurses in this study did speak of forward moving and linear careers based on increased competence fueled by lifelong-long learning, they did not necessarily see their career in nursing as sequential, in fact they advocate for career change when needed to provide career satisfaction. They do not see their career trajectory as moving forward to the point where they are ready to leave nursing. Their career narratives more closely resonate with the work of McNeese-Smith (2000) and to a lesser extent Shinduhl-Rothschild (1995) when they advocate the same forward and linear career movement as the previous authors but also understand that a career in nursing needs to be more flexible, advocating that latitude is needed in nursing careers to allow nurses to move recursively back to more positive times. These authors suggest that control over nursing practice is the most prevalent factor in many nursing career stages. This entire premise fits perfectly into the career models of these exceptional nurses.

Without question they see their career as flexible, focused and determined solely by their nursing career satisfaction. If as their career moves forward they feel they are not satisfied with nursing and/or their nursing career choice is not meeting their needs and the needs of their families, the exceptional hospital nurses in this study advocate change, changing one’s career within nursing to an area of nursing which positively resonates with them. Then as suggested in the research, the nurses in this study agree one should stay in this career until they are competent
and feel control over their career choice and practice (McNeese-Smith, 2000; Shindul-Rothschild, 1995).

The careers of these nurses seemed to follow a career trajectory which moved them on a horizontal path from novice to expert but which kept them at the bedside, a path which is consistent with the literature on nursing expertise (Benner, 1984). They were not afraid to move back to a quasi-novice role and once again assume the career trajectory they had before. This approach to their nursing careers was rewarding to them as well as consistent with their commitment to lifelong learning and enhancing their career satisfaction. The career approach of the exceptional nurses in this study is a dynamic, open, honest and courageous approach to nursing career mobility which, for them, works to foster stress reduction while increasing nursing satisfaction in their career, thus enhancing their retention in nursing.

**Nursing Satisfaction and Nursing Retention**

A global nursing shortage is a current reality. If this nursing shortage is to be alleviated, retention of nurses in nursing seems a plausible approach. Because nursing satisfaction has been positively correlated with nursing retention outcomes (Aiken, et al., 2003; Beurhaus, 2000), approaching nursing retention from the lens of nursing satisfaction seems both logical and pragmatic.

A number of researchers have analyzed those factors that enhance nursing retention from what I like to call a back door approach. Rather than focus on nursing satisfaction, they explore the missing pieces of the puzzle and focus on identifying nursing career factors, which, when absent, primarily negate nursing dissatisfaction therefore cause nursing satisfaction. Wages and benefits (Brewer, Kovner, Greene & Cheng, 2008; Hegney, et al., 2006), inability to provide what the nurse perceives as quality nursing care (Hall & Doran, 2007), increased patient
complexity (Hall & Doran, 2007), workforce environment (Ulrich, et al., 2006), autonomy and the ability to independently make clinical decisions (Duffield, Pallas & Atiken, September, 2004), effort-reward imbalance (Stordeur, D’Hoore & the NEXT-Study Group, 2007), decreased resources impeding the work of nurses (Nedd, 2006), lack of value for nurses’ contributions (Bakker, et al., 2004; Summer & Townsend-Rocchiccioli, 2003; Ulrich, et al., 2006; While & Blackman, 1998) and disrespect (Ulrich, et al., 2006) are key factors which, according to research, have caused nurses to be dissatisfied with nursing. Removing or remedying each or all them is viewed, albeit myopically, as therefore causing nursing satisfaction.

This study did not subsume this negative causation premise, when bad things are absent, good things will naturally happen, but rather chose to explore the issue of nursing retention from a more neutral or positive position related to the career characteristics of exceptional tenured hospital nurses. The narratives the exceptional nurses in this study shared not only focused on the factors which tended to make each of them exceptional nurses (See Figure 10) but, in a cyclical feedback fashion, how these same factors as well as making them exceptional affected their nursing satisfaction positively. This positive satisfaction with nursing came full circle, and ultimately fostered their exceptionality. Each nurtured the other in almost a symbiotic and synergistic exchange.

The literature and research on actual nursing satisfaction is more relevant to the stories of the exceptional hospital nurses in this research study than the literature on nursing retention in general. Just as the nurses in this research study believed that nursing satisfaction is correlated with their ability to provide the nursing care they value to their patients, the research on nursing satisfaction shows that nursing satisfaction is correlated positively with nurses actively providing nursing care (Sochalski, 2006). Their views were consistent with the findings seen in the nursing
literature which supports the premise that nurses are ultimately satisfied in nursing when they provide the best nursing care possible, and that nurses valued most the ability to “make a difference” (Brennan, 1997; Perry, 2005; Perry, 2006; Chiara, 1993). Making a difference in a patient’s life was one of the major factors the exceptional nurses in this study cited as affecting their career satisfaction.

Consistent with the literature in nursing, the career satisfaction of the exceptional nurses in this study was compounded by their positive views of nursing as a career (Brennan, 1997). The fact that nursing affords them an opportunity for work-life balance, enables employment in a place that satisfies them, provides them with peers and friends, provides them with rewards in life from patients and peers and affords them an opportunity to increase their income, were all important factors contributing to their nursing satisfaction.

Yet counter to so much of the literature about the nursing profession, the exceptional nurses in this study had a positive view of nursing as a profession and a career choice. For years much of the nursing literature has focused consistently on the negative and oppressed nature of nursing as a profession. Abounding in the literature is the view that nursing has a poor self image and due to social and political forces, it has been labeled as an oppressed profession (Carlson-Catalano, 1992; David, 2000; Melosh, 1987; Muff, 1984; Reverby, 1987; Roberts, 1983, 2000). Considering these contextual factors, a number of authors have speculated that nurses devalue their contribution and affected by decreased self-esteem, self-hatred, and a lack of pride in their own group, participate in horizontal violence and passive- aggressive behaviors (Roberts, 1997; Friere, 2000; Summer & Townsend- Rocchiccioli, 2003).

These negative views of nursing are diametrically opposed to the beliefs, attitudes and actual behaviors of the exceptional hospital nurses in this study. Without exception, the
exceptional nurses in this study generally viewed nursing and the work of nurses through a positive lens. While having worked in nursing anywhere from 14 to 35 years, the exceptional nurses in this study clearly admit nursing is not a panacea. All agree that nursing can be a frustrating profession with increasingly complex demands placed on it at a time when the support from nursing administration is not only less than optimal, but actually obstructionary; however, they are very proud of their role as a nurse as well as the profession of nursing. They feel they make a difference in the area of health care and the lives of their patients. Their narratives do not tell a story of nurses plagued by a low self-esteem and a lack of pride leading to self-hatred but rather a group of exceptional nurses who value the nursing care they deliver as meaningful and who love the work of nursing.

At this point one must take pause and consider the possibility of two other factors when analyzing the opposing views of the nurses and the extant literature on nurse satisfaction. First the nurses in this study were chosen for their exceptionality and retention in nursing. Although satisfaction in nursing was not used a discerning criteria for participant selection in my study, it does seem highly likely that those who stay in nursing and are exceptional nurses might also be satisfied with the profession. This fact must be considered when interpreting this data. Second, many of the comparison studies were focused on nursing dissatisfaction and used a quantitative, deficit model for data collection. This approach would not discover new knowledge but would only validate existing negative traits. This could provide a valid rationale for such strong support of the difference in my study and extant literature.

The role of a male-dominated, patriarchal, health care system has been attributed in the literature time and time again to the lack of power and influence by nurses leading to oppressed behaviors in nursing (Hutchinson, et al., 2006; Muff, 1984, Reverby, 1987). The ability of the
exceptional nurses in this study to deal with these stressors because of their increased confidence in their own ability to nurse, coupled with their commitment to serve as a patient advocate, has enabled them to transcend many of these patriarchal influences and to problem solve these situations in a pragmatic way. Fueled by their desire to provide the best nursing care possible, they do value their own contributions allowing them to understand more clearly their role as not counter to, but complementary with the doctors. The patient satisfaction they receive from providing quality nursing care serves as both a positive and a neutralizing force when they interact with these patriarchal doctors within the health care arena.

Yet the exceptional hospital nurse participants in this study do relate that the respect of the doctors does matter in their professional careers. Though not always blatant in the narratives of these nurses, the belief that a compliment from the doctors in the form of a consultation regarding a patient’s care provides them with a personal feeling that they are competent, runs strongly throughout their narratives. The opinions of the doctors relative to their competence, somehow matters more than their peers. This type of thinking seems to indicate less a need for approval than a sense of validation of their worth in the health care system. In this respect the hierarchy and patriarchy of health care seems to still be alive in this group of nurses, however, not on the negative career altering level of importance that the research indicates.

Although oppression in nursing has been identified by a number of behaviors, a number of authors (Freshwater, 2000; Hutchinson, et al., 2006; Jackson, Clare & Mannix, 2002; Longo, 2007; McKenna, et. al, 2003) cite horizontal violence as the most common trait of oppression seen in the profession of nursing today. Defined as hostile and aggressive behavior exhibited by individual or group members toward another member or group of members, horizontal violence is generally non-physical, inter-group conflict manifested by overt and covert behaviors of
hostility. Identified as a concept in nursing over 37 years ago (Ashley, 1976; Frère, 1970, 2000), horizontal violence still remains a negative issue affecting nursing, nursing students and new graduates (Longo, 2007; McKenna, et al., 2003) and ultimately affecting nursing retention (McKenna, et al., 2003).

The narratives of the exceptional nurses in this study runs both counter to and parallel with these literature views of horizontal violence in nursing. Although they never actually name it as such, their personal narratives indicate that as nurses they are aware of the presence of horizontal violence in nursing. In Sali’s narrative she relates an incident of horizontal violence when a student, by ignorance and inexperience, brought a basin rather than a bedpan to the bedside of a crisis ridden patient by mistake. This incident was spread far and wide in the hospital and was blown so far out of proportion by the nurses on the units, that the student was severely demeaned by one innocent mistake. Likewise, by virtue of the fact that the exceptional nurses in this study clearly relate how hard they voluntarily work to make a respectful environment for their peers, and work to prevent dysfunctional methods of handling peer issues, it indicates that they are aware of some very negative, disrespectful and dysfunctional methods of interacting, albeit horizontal violence.

Likewise, the approach the nurse participants in this study use to counter this type of horizontal violence is consistent with a positive method of addressing oppression in nursing suggested by a number of researchers (Buerhaus, 2000 in Matheson & Bobay, 2007; Friere, 1970). Possibly because they work in the same areas of nursing for an extended period of time, possibly because of their personality and their interpersonal interactions, possibly because of other yet to be identified intangible traits these exceptional nurses possess, no one knows for sure, but one thing is for certain, they do not dislike, disrespect or devalue their peers or partake in horizontal violence.
Contrary to the literature on horizontal violence and oppression in nursing, these exceptional nurses truly value their relationships with others. They talk about the nurses they work with as their family. They relate how their relationship with other nurses has helped them to cope with professional stressors. Willingly, they admit that they care about and value their peers, and that they are there for each other for support as needed.

The exceptional nurses in this study, by virtue of their refusal to take part in horizontal violence, and their willingness to admit its presence, vis a vis their approach to other nurses, demonstrate consistent, positive views of addressing nursing oppression. Their narratives relate incidences where they worked against horizontal violence for others and when others instituted similar actions for them. It appears from their narratives these were times that had a great impact on not only their nursing careers but their professional lives.

So much of the literature indicates that nurses are insecure about their role and that their image of nursing is not positive (Neal, 2002; Watson, 1999), and a number of studies indicated that nurses would not recommend nursing as a profession to others (American Nurses Association, 2001; New York State Survey of Registered Nurses, 2003). However, the exceptional nurses in this study indicate just the opposite, they do value nursing as a career. Their pride in nursing started back when they graduated from nursing school. As Ashleigh relates, “...when I graduated from nursing school I could not wait to put my picture in the paper,” and it seemed to continue throughout their career. The narratives of the nurses in this study share stories of when they made a difference in someone’s life and when their work was meaningful to others. When they share these stories, as the researcher and audience, one can easily sense their pride in their role as a nurse and a member of the profession of nursing.
These exceptional nurses exuded a sense of contentment with the own personal nursing care, a contentment which provided them with a personal sense of pride. Without question their locus of control was internal. They appeared so comfortable within their professional being, so much so that as the researcher, I speculate their rewards came internally from their patient interactions and their own personal and professional values rather than, to any great extent, from external sources. Although very pleased to be part of my study, their humility indicated to me they did not need my validation to fuel their professional ego. It was so surprising to me that after I completed the narratives, I experienced great difficulty setting up a second interview with each of them. When I was finally able to contact them, some six months after they received their completed story for review, approval, and/or change, most had not even read their own story. They seemed to not really be concerned about what I had written about them. Their personal rewards seemed to come, as was indicated in their narratives, from their patients and this took precedence in their career.

*Education*

The nurses in this study indicated they strongly value education. They believe learning is an essential part of their exceptionality. They unanimously and consistently spoke of the role of continual learning as essential to their career success as a nurse. Although all the exceptional nurses value informal or experiential learning, the narratives of these exceptional nurses indicated they generally believed formal learning was a positive thing to enhance their learning. However, their actions indicate they did not value the role of formal education in their own professional careers. Only two of the nurses valued formal learning to the extent it moved them to present or future action. Since two of the nurses hold bachelor’s degrees, two associate
degrees and two diplomas in nursing, they are not anywhere near the end of their educational credentials therefore, there is much room for advanced formal education in their career.

These actions related to formal education of the exceptional nurses in this study do not run counter to the general views of nursing and formal education, past and present. Presently all the major practice disciplines in health care, medicine, physical therapy, occupational therapy and pharmacy, have come to a common consensus and require a practice doctorate degree for entry level into the profession. This sends a clear message that to practice a profession, advanced education is needed. Unfortunatley, nursing does not. Throughout its history nursing has devalued education as a parameter for qualtiy practice and patient care. According to the latest statistics from the AACN (2004) the educational level of registered nurses in the profession of nursing is: 13.9 % hold a diploma from a hospital nursing school, 36.1 % hold an associate degree, and 50 % hold a bachelor’s degree or advanced degree in nursing. When the educational criteria to qualify for the same RN licensure, is a bachelor’s degree, an associate degree and a diploma in nursing, is it any wonder nurses do not value advanced education? Even though this approach to nursing education is problematic for image, role and recognition of nursing within the spectrum of health care, the behavior of these exceptional hospital nurses is consistent with the educational views and actions of the current profession of nursing.

Considering the influence the exceptional nurses in this study placed on their nursing education as a basis for who they are today as nurses, the fact that they did not value advancing their formal education does seem surprising.

To make it even more interesting, the exceptional nurses in this study were all nominated by nurse educator key informants. Nurse educators who themselves hold advanced nursing and
other degrees, two hold doctoral degrees, two hold master’s and one actually has two master’s
degrees, did not nominate any exceptional nurse participant based on educational criteria.
The fact that nursing educator key informants did not use education are a criteria for
exceptionality is not only very interesting but to me worthy of further study. Could this behavior
by nurse educators shed light on the lack of formal education within nursing?

Resiliency

Although the focus of this study was not to examine how resiliency specifically affected
the careers of these exceptional nurses, the analysis phase of this study did explore if resiliency
was present within the career narratives of these exceptional nurses. Without question the health
care environment today is very challenging. One merely needs to listen to the current news
accounts of health care and the proposed need for health care change to understand that in the
present economic climate in our country; health care is stressful (Lamm, 2003). The exceptional
nurses in this study were open, honest and shared the reality that nursing is stressful on many
fronts. Their stories shared accounts of patient populations becoming more complex adding to
the demands on hospital nurses, making nursing more demanding physically and mentally than
probably anytime in its history. Administration, many times unwilling to expend the energy to
understand nursing and patient care, are being been accused of making uninformed unilateral
decisions which many times negatively impacts health care, nursing and patient care adding to
the health care stressors for nurses. Nursing is a stressful profession and the complexities and
uncertainties impacting it today make it an adverse environment to work in.

Using the definition of resiliency by Fraser, et al. (1999) as a trait of people who have
overcome and/or cope with adversity, the concept of resiliency seems to coincide with the
professional narratives of the nurses in this study. These exceptional hospital nurses seem to be
a select group of nurses who have been able to not only overcome the adversity of health care and survive but to thrive in hospital nursing today. They have not only taken this adverse environment and coped with it effectively enough to be satisfied with nursing as a career, but have actually been able to use it to foster their own professional growth. So many of the aspects of the careers of these exceptional nurses does mesh with the concept of resiliency.

When one reviews the literature on nursing retention and the myriad of factors leading to nursing dissatisfaction, it is difficult to believe that anyone could make this health care environment work for them. But the exceptional hospital nurses in this study seem to naturally take the stress of the workplace and successfully cope with it. These exceptional hospital nurses do believe they make a difference in health care; they do not feel impotent related to the direction of their career in nursing. Such an attitude is not always common in nursing but such an attitude can actually, according to the literature, add much to nurses’ empowerment (Simoni, et al., 2004) and their career success. The fact that these nurses have thrived in this health care world of adversity tends to pique one’s interest. Their narratives, focused on their nursing careers, provide invaluable information on what characteristics they display and use to cope. Because of this, their narratives are unique and worthy of telling for they have, as Tusaie and Dyer (2004) believe, “valuable knowledge to share” (p.4), knowledge that few others have focused on.

The narratives of these exceptional nurses portray a group of professionals who not only feel they make a difference in their own patient’s care but they also believe they have a sense of personal control over their own professional career. Their beliefs correlate positively with the work of Simoni, et al., (2004). They are open to addressing issues with administration, pragmatic enough to know when enough is enough and courageous enough to know when to
change their work to decrease their own stress and increase their effectiveness as nurses. Driven by a personal sense of caring for themselves, their profession and their patients, they seem driven to make nursing work as a career.

Resiliency is a rather neophyte concept in nursing and as such no definite identified traits of resilient nurses have been identified (Jackson, et al., 2007). However other disciplines have completed research on professional careers and resiliency and this was used for comparison data. Used as both an outcome and a process, some of the following traits have been identified as resiliency characteristic of other professionals, most notably teachers, which have enhanced their career satisfaction and retention: autonomy, collegiality, leadership, spirituality, support systems, workload, and spiritual support (Ahrens, 2001). The exceptional nurses in this study collectively addressed all of these traits in their narratives in varying degrees.

In priority of impact collegiality and support systems were key points in the careers of these exceptional nurses. They valued and were valued by their peers in ways which made a significant impact on their professional, and for some, even their personal lives. They considered their peers their other family, and understood the tremendous role peers played in decreasing the stressors in the health care environment.

While spirituality and spiritual supports were indicated, directly and indirectly, in the narratives of the hospital nurses in this study, the majority did not seem to speak to this area as significantly impacting their career. However many, in a cursory way, identified aspects of spirituality which they used in their daily lives and their nursing care. When one reads their narratives once can see, covertly, that spirituality may have had an impact on the lives of many of these exceptional nurses.
Autonomy and leadership were concepts which the narratives of the exceptional nurses passionately expressed. These nurses were value driven and I believe they indicated stellar leadership skills in ensuring their practice was autonomous and within the context of their professional and personal value systems. One crossed a picket line, one challenged hospital policy and achieved a much needed change in a procedure, one quit a nursing position with no employment to go to make a statement related to unsafe care, one changed work environments to ensure her personal objectives were met, and one was willing to move clinical roles to address her family needs and therefore stay satisfied with nursing. These nurses were willing to do what they believed was required to meet their patient needs in their own individual way. They were focused and value-driven patient advocates. This, to me, portrays stellar bedside nursing leadership.

The exceptional nurses in this study likewise displayed many of the resilient traits seen in the literature. They tended to be problem confronters, able to reduce stressors and attain a positive work environment, had a good self-esteem and positive self-image, were self-directed, self-confident, learned from experiences, and were without question, positive people who bounced back and learned from adversity (Siebert, 2006). The explanations these exceptional nurses presented throughout chapter five demonstrates in great detail the presence of these traits. The exceptional nurses in this study were excellent problem solvers, worked consistently and almost subconsciously to reduce their stress levels, were devoted to experiential learning, were pragmatic and positive professionals and were self confident with a good sense of who they were as a professional. All significant traits of resilient people.
Narratives

The narratives of these exceptional nurses will add to the stories of nurses. Since the stories of exceptional nurses is a relatively new genre to nursing, these stories will provide a start to understanding yet one more segment of the culture of nursing in the United States. Because we learn from stories, how people live their lives is useful on many levels.

When addressing the nursing shortage more than individual learning is essential to effect resolution. The stories of these exceptional nurses may serve as a stimulus for change within the profession of nursing through their ability to present nurses with a positive, productive, effective and yet counter point of view to standard nurse practice.

Administration

Consistent with much that has been written, the nurses in this study find administration obstructionary, disrespectful and on so many occasions ignorant to the needs of nurses and patients. There seems to be a disconnect, and just as Forsyth and McKenzie (2006) and O’Brien-Pallas, et al. (2006) believe, the exceptional nurses in this study strongly believed that administration has virtually no idea of their needs. Somehow administration seems to give the impression that nursing does not understand or does not hold the same values they do. However the narratives of these exceptional nurses did not indicate this thinking, rather it indicated just the opposite.

Consistent with the literature, the nurses in this study cited time and time again how administration went out of their way to ignore them. Although some mentioned it more than others, there was consensus among the exceptional nurses about the negative effects of administration on both their care and patient care. This incongruence in thinking between the exceptional nurses in this study and administration is so obvious, that a number of the nurses have, consistent with their pragmatic problem solving approach to problem resolution,
recommended specific methods to decrease this incongruence. A number did suggest that administration just needs to “come down [to their unit] for a day with them” as a method of helping administration to understand more completely not only the nurses’ views, but their [administration] own lack of insight related to patient care. Clearly the concern of the nurses is for the needs of the patient.

In Figure 12 this lack of insight by administration is depicted by a schematic which I drew from the narrative of one of the exceptional nurses. It is based on the exceptional nurses’ views, and is intended to highlight the shortsightedness of administration as, in an effort to save dollars, they refuse to allow an adequate amount of time or staff to provide adequate quality patient care. While administration views decreasing overtime for nurses as a bottom-line cost-cutting issue independent of other issues, the exceptional nurses see it as a cost-increasing multidimensional issue. The thinking depicted by the exceptional nurse indicates her big-picture proactive, critical reflective approach to life, nursing care and public safety. As opposed to the lose-lose-win approach of nursing administration Ashleigh’s approach focuses on a win-win-win approach for the patient, the nurse and the hospital.

Consistent with the literature the exceptional nurses in this study also believe that nurse executives are in positions to make a difference in the work environment (Piko, 2006) as well as the lives of nurses…a significant difference. Even though studies have shown that the lack of nurses’ empowerment (Kane-Urrabazo, 2006) has caused a decreased effectiveness in nurses and hampered their ability to grow professionally, the nurses in this study did not exhibit this. These nurses never felt impotent, never felt unempowered. They displayed a sense of increased self-efficacy which seemed to be supported by their ability to problem solve effectively. Their ability to problem solve was pragmatic and straightforward, enabling them to take a stand with
administration when they felt it was needed.

Guided by strong values, the exceptional nurses in this study surprisingly, are in no way demoralized by administration but wise enough to see the significant role administration can and could play in the professional lives of all nurses as well as patient care. Clearly these nurses do not address every issue that arises with administration, they are selective, but when the issue does run counter to quality patient care, they are more than willing to suffer consequences
personally and professionally in order to not compromise their values. Because of their internal locus of control and focus on patient outcomes, they were comfortable confronting administration as needed.

The empowerment in these exceptional nurses is also validated by their willingness and courage to change their work environment as needed to make their professional life more meaningful, their patient care more effective and their stress level decreased. Some of the exceptional nurses have changed work environments many times while others have stayed in the same area of nursing for 30 years. To maintain control of their practice, to assure they are making a difference, and to increase their satisfaction, these exceptional nurses are courageous enough to move, change and begin again.

Connection to Adult Education

The connection of narrative and storytelling and adult learning seems a natural leap of faith. Stories were chosen as the main vehicle for data collection in this research study as stories are a powerful learning tool for all age groups, most especially adults. When the story of Adam and Eve or the story of Little Red Riding Hood come to mind we think in commonalities and learn in specifics. We extract from stories that which has meaning for us and that which fits into our being. As Mary Catherine Bateson (1994) reminds us, “Our species thinks in metaphors and learns through stories” (p.11). Stories offer information and insight to the reader.

The research abounds with support for narrative story telling as a basis for both adult learning and development (Clark, 2010; Rossiter, 2002). Stories are dynamic, unique performances that provide knowledge transmission. Today in adult education, stories are quickly evolving as a methodology for human development (Rossiter, 1999). They serve as an understanding of one’s personal self and work to make meaning (Clark, 2010; Rossiter and Clark
Since stories have a past, a present and a future, “stories not only help us to understand our past but give meaning to our present and impact the direction of our future” (Rossiter, 1999, p. 64).

Narratives, because they embody the value of “otherness,” are viewed as a powerful teacher in nursing (Harden, 2000). Stories, rich in quality, not only share information, but teach a lesson. In the literature, many authors support the premise that storytelling is a substantial methodology which provides a framework to teach the art of nursing (Bond, Mandelco & Warrick, 2004; Schegloff, 1997). Giving nurses the ability to revisit and review their practice, stories serve as a vehicle to inform aesthetic knowing in nursing (Leight, 2002) and provide an awareness of the power of the art of nursing (Bond, Mandelco & Warrick, 2004; Garner, 2001; Gordon, 2002; Hudacek, 2000; Hurst, 1995). Farbain and Carson (2002) emphasize the learning that occurs with narratives in nursing when they note, “our view of the place of storytelling in nursing research is that it should be viewed less as a method of collecting data…and more as what it really is, a way of listening to and learning from each other” (p. 2). According to Masson (2005), “nurse’s personal stories not only illuminate and enrich clinical practice but they enlarge the understanding of both the work of nurses and the ‘ourselves’ of nurses” (p. 78). Clearly support is strong for the role of nurse’s stories as not only a valid way of learning what nurses do but a mechanism for teaching nurses what they might do.

As a trait, tacit knowledge tends to be missed when research is viewed through a rational empirical lens. Many times this tacit knowledge is discovered when practice is actually told through a story (Tanner, Banner, & Chelsa, 1993). Stories tend to include all aspects of a situation and highlight the holistic aspects of practice. Based on inductive thinking, narrative
inquiry can actually highlight tacit knowledge as the nurse recounts with clarity the progression of a career in nursing.

The fact that my research on careers in nursing focused on individually defined accounts of the careers of exemplary nurses, it was important to me that the research methodology chosen provided clear latitude for individual variations and tacit knowledge. Narrative inquiry uses the “I,” first person, and owing to its non-foundationalistic orientation, it fits into the design needed. Resting on hermeneutics, narrative inquiry allows the researcher to understand that through discovery knowledge is produced, and it places importance on the use of language for understanding and interpretation of that knowledge. It enables the researcher to view practice (vis a vis careers in nursing) as influenced by history and social political factors (Allen, 1995), as well as other contextual variations. Narrative inquiry, through storytelling, affords the nursing scholar (and reader) special access to the human experience of time, order and change (Sandelowski, 1991, p. 165). It is holistic, personal and descriptive. To me it was an appropriate fit for the study and the learning needs of the adult nurses. The stories of the exceptional nurses in this study have provided learning that has evolved into a threefold application.

First, the audience reading the exceptional nurse stories are learners and as such are afforded an avenue for greater understanding and growth. The audience of this research study can best be defined directly as individual nurses or others reading this research and indirectly as the profession of nursing.

These stories of the exceptional nurses offer invaluable insights into the career of nurses who have somehow thrived despite the daily health care challenges. New nurses, as well as practicing hospital nurses, are afforded realistic stories of nursing from the vantage point of those who have successfully navigated through the maze of a career in hospital nursing. The narratives
in these stories provide not only personal but contextual information. This research allows new nurses entering the profession as well as tenured nurses a valid portrayal of hospital nursing as a satisfying career. Though narrative does not provide the ability to predict it does deepen and enlarge the understanding of the human experience (Rossiter, 1999). When one can “identify with a character who has changed, one can envision and embrace the possibility of change for oneself “(Clark, 2001 in Rossiter, 2002, p. 3). Therefore by hearing true life accounts of the exemplary nurses it is hoped these stories will decrease the dissonance nurses many times experience in nursing by providing them with a realistic picture of the realities and the coping strategies others have used to facilitate their ability to turn adversity into growth during their nursing career. It is hoped that the stories of theses nurses will add to the body of knowledge in nursing and provide a lesson and insight into the characteristics of the careers of those exemplary hospital nurses.

Second, the exceptional nurses in this study have been provided an opportunity to grow. The storyteller plays a dual role of both actor and author of each individual story. Through storytelling, the storyteller has been afforded an opportunity to share those characteristics of their nursing career which have enabled them to be both exceptional and satisfied. If asked to list these traits, they could not, for it is unlikely they truly have a conscious understanding of them; however, during the narrative process and the unfolding of the story each exceptional nurse was enabled the ability to covertly share, through the details of their story, the characteristics that made them exceptional. Since this information is for the most part new knowledge, the story allowed for discovery of this knowledge.

Likewise, storying afforded the exceptional nurses in this study an opportunity to grow and develop. According to Rossiter (1999), developmental progress is shaped contextually and interpreted subjectively. These nurses through storytelling were afforded the ability to reflect on
their own careers, many for the first time ever. Since narrative meaning functions to give form to the understanding of a purpose to life and to join everyday actions and events into episodic units. It provides a framework for understanding the past events of one’s life and for planning future actions (Polkinghorne, 1988, p. 11 as cited in Rossiter & Clark, 2006). This process both enabled them to identify their own career characteristics and to make meaning of each for their own professional growth.

This growth experience was reflected in some very distinct actions displayed by the nurses during the storytelling process. Although this research did not specifically explore how the storytelling process impacted their professional being, from their actions, this could many times be surmised. When Ashleigh was recounting details of her early experiences in nursing she began to cry on a number of occasions. She shared the fact that prior to this she had never thought about these feelings before. Linda reflected frequently back on areas of her life work and during the narrative sessions, spent time to really share aspects of her professional life, almost as if she was doing this more for herself, trying to understand her career more fully, than sharing the details with me. Many reflected back on life events and how these events impacted their nursing career.

Lastly, as the researcher, I personally grew and learned through this process. When information is relevant to us it not only teaches us a lesson but we identify with it. Since I am a nurse I identified with the many aspects of the exceptional nurses’ stories and I must say they impacted me in numerous ways. Since so much of nursing is tacit knowledge only through methods such as storytelling can this information be unveiled.

This was the first time personally and/or professionally I worked with storytelling. I personally learned from this research the significance of narrative in one’s life. As my research
progressed, my life story changed and with it my ability to use narrative as both a research tool and a personal strategy for growth.

*Implications to Practice*

Nursing shortages in general, hospital nursing specifically, continue (AACN, 2004). The literature cites little change in the dissatisfaction nurses feel for their profession. (Aiken, et al., 2003). Retention in nursing is being affected by the exodus of hospital nurses (AHA, 2007). These changes are affecting the image of nursing. The literature demonstrates that health care shows little sign of positive change within the near future (Aiken, et al, 2001). As the largest group of health care providers, nursing as a profession, must mount an effort to work for change within this health care milieu; no one will disagree with that. Their efforts are not only essential but of paramount importance.

*Nurse Exceptionality and Nursing Retention.*

The career histories of satisfied nurses seem to be scant within the nursing literature and the stories and characteristics of dissatisfied nurses seems overwhelming. After reviewing the nursing shortage literature, it is obvious that a positive nursing career leads to increased nursing satisfaction, increased retention of nurses and ultimately improved patient outcomes, respectively (Aiken, et al., 2003; Beurhaus, 2000). Strengthening the nurses’ role at the bedside can do much to maximize their career in nursing and ultimately serve as both a valuable retention strategy and an approach to career building. Knowing that selected hospital nurses have a career path which has enhanced their nursing practice and increased their satisfaction in nursing, is clearly a relevant premise to explore. Though conducted on a very limited sample of nurses in only three different hospitals and by no means generalizable, this study of exceptional hospital
nurses does begin to add to the literature which focuses on understanding the key characteristics of a successful nursing career and ways to navigate through a career in nursing to attain, maintain and retain a satisfied career in nursing.

By focusing on exceptional hospital nurses, this sample was purposeful. Although the key informants were not limited in their ability to choose a nurse who liked nursing, inherent in their exceptionality as nurses was the fact that the research participants most likely did not dislike nursing. This sample selection served to allow the nurses in this study to share those traits which not only made them exceptional but which also enabled them to stay satisfied in nursing. It provided the reader with suggestions at the very least and methods, at the very most, of ways they might emulate the behavior of these exceptional hospital nurses and impact their own practice. Much more than a study whose results tell nurses what is problematic about nursing and what validates their dissatisfaction or what may in the future cause their dissatisfaction, this study provides some very interesting insights which the reader can use in their own practice to enhance their satisfaction and ultimately increase their retention in nursing. Though the format of this research is not by nature of its methodology generalizable, it does, as all narrative inquiry, provide the reader with data they may apply to their practice as they personally feel necessary (Streubert & Carpenter, 1995). Ultimately, I believe it might affect nursing by positively enhancing nursing retention and impacting the nursing shortage more positively.

*Nursing Careers and Nursing Satisfaction*

Many of the career stage models of nursing, as highlighted in the research of Belovich (1997), Meehan (1995), and to a lesser extent, Shindul-Rothschild (1995) are basically sequential, linear and hierarchical. They assume nurses in their careers start as novices, move
forward at a predetermined time frame, then decline in their career as they progress and age. The careers of the exceptional nurses in this study disputed this premise. While they did become more proficient as their experience in nursing increased, they did not indicate that their interest in nursing waned as they continued in nursing. Although a number alluded to the fact that as they aged, and the nurses in my study were aging, nursing became physically harder, they did not indicate a need to become complacent and not learn anymore. They did not indicate that they declined mentally or competently, but rather they talked dynamically about their career.

This research lends support for a better understanding of career stages in nursing. I contend that basing career competence on age and time in career may be a shortsighted approach to the current picture of nursing careers and nursing retention. Presently the culture of nursing, influenced by seemingly unending technological advances, generation X nurses, a revolving door approach to work in general, and chronologically older novice nurses, does not fit this linear, sequential model. Nor does the attitude of the exceptional nurses that one should change one’s career focus if one is not happy or fulfilled. These new demographics of a nursing career beg the question of the role longevity and other factors play on nursing career accomplishments and/or satisfaction.

In an age where changes in not only health care and health care careers but in all careers are occurring at such a rapid pace, understanding better what constitutes career stages in the current workforce world of nursing and health seems likely to provide information which may enhance nurse retention better. Nursing careers are becoming much more recursive than longitudinal. In reality approaching a career in nursing from this recursive stance could shed a different light on the needs of future nurses.
Key to satisfaction in hospital nursing, according the nurses in this study, is working in an area of nursing where one feels satisfied. Therefore to retain nurses, nursing administration, rather than forcing nurses to work in areas of nursing based solely on hospital needs, might be served better if they were open minded enough to allow new nurses to explore different areas of nursing until they find an area which resonates with them, their niche. This can be a win-win-win situation, for the nurse, for the patient and for administration. The point one needs to take away from this discussion is not that as a nurse one needs to change their nursing career at selected times in their career trajectory, or, for that matter, that they actually ever really need to change at all, however, based on their individual professional satisfaction, they can decide the career trajectory that provides them with the most acceptable career rewards and satisfaction. This approach is a big picture approach which is focused on nurse retention.

This study provides information of a possible change in the approach to nursing careers which may support nursing satisfaction while assuring hospital retention. Focusing and supporting nurses satisfaction as a criteria for career success rather than time on a specific unit and a solution to nursing dissatisfaction may enable nurses to move beyond the confines of one unit more easily and in a more focused and empowered way while enhancing their satisfaction. Rather than leaving nursing or moving to other areas of nursing in one facility to evade nursing dissatisfaction, viewing mobility within health care from a positive nursing satisfaction point of view may empower nurses by providing them the latititude and support of new options for enhancing nurse’s satisfaction and patient outcomes.

Hong Lu, While and Barball (2005) suggest that today the “lack of a comprehensive model of job satisfaction in nursing is a major shortcoming. [They believe that] the absence of this robust causal model incorporating organizational, professional and personal variables is
undermining the development of interventions to improve nurses’ retention.” Without question, further research on the variables which promote nursing satisfaction in specific areas of nursing is needed. This will provide a valuable basis from which to develop specific interventions which may actually positively impact nursing retention and help to alleviate the nursing shortage.

Resiliency

Resiliency is a concept which has not been explored to any great extent in nursing. In recent years there has been much interest in the ability of others to overcome personal hardships and adversity and continue not only to survive, but to thrive. Much of the research in nursing, past and present, has painted a bleak, very stressful, almost hopeless image of nursing in an extremely adverse health care environment (Lamm, 2003; Muff, 1984; Reverby, 1987). Because of its public prominence, the professional adversity in nursing seems to mimic, though on a lesser scale and more sustained degree, the adversity people many times face in their lives in general. If certain select people in life in general can overcome this adversity, we need to ask ourselves, why can’t nurses?

The fact that nursing is a stressful profession is strongly documented in the literature (Hall & Doran, 2007; Hodges, Keeley, & Grier, 2005; Lamm 2003; Ulrich, et al., 2006) and clearly supported by the exceptional nurses in this study. Nurse burnout and work-related stress are actual dimensions in hospital nursing. Much of the research on resiliency indicates that resilient individuals are those people who somehow have an ability to not only deal with stress but make it work for them. Earvolino-Ramirez (2007) believes that the “outcomes and consequences from resilience are effective coping, mastery and positive adaptation” (p 78). Therefore, nurse educators and nurse administrators would do well to embrace the concept of resiliency and its meaning for nursing and nursing education while focusing on methods,
strategies and interventions to enhance it. If resiliency can be developed and enhanced in hospital nurses then nurse retention might be increased, hospital stress might be decreased and the nursing shortage impacted positively. Jackson, et al., (2007) strongly support this concept when they say

…combating these adverse effects (stressful environment) through minimizing vulnerability and promoting resilience has the potential to impact positively on nurses’ daily experiences …it is not only possible but favorable to build resilience as a strategy for assisting nurses to survive and thrive… (p.7).

Overwhelmingly, the resiliency research literature is focused on non-work force concepts. Select few studies have been done which examine non-age or context related stress and resiliency development. Ahrens (2001) in her study of teachers is one of the few who identified the traits resiliency as collegiality, leadership, spirituality, support systems, workload, and leadership. Also, in a concept analysis of resiliency conducted by Earvolino-Ramirez (2007), the author found the general defining attributes of resilient persons to be flexibility, positive relationships/social supports, self-esteem/self-efficacy, sense of humor, high expectancy/self-determination and rebounding/reintegration”(p. 76-77). My study also provides characteristics and traits present in the exceptional nurses in this study which seem to coincide with the traits of resiliency cited in the above research. Life-long learning, a positive attitude, value driven approach to life, a sense of humor, positive relationships, leadership, self empowerment, and a pragmatic attitude appeared to be traits of the exceptional nurses throughout their career and enabled them to cope with this maze of adversity in health care and nursing. Although open to further validation, the characteristics of these nurses seem to support the literature and provide a starting point for building resiliency in nurses.
By focusing on these traits, administration and nursing education can begin to understand more clearly the multidimensional aspects which fuel not only exceptional nurse’s but which help to foster resiliency in nurses and support their retention in the stressful work environment of hospital nursing. By fostering and developing each trait through programs and approaches, nurse resiliency may be enhanced, nursing satisfaction increased and nursing retention maximized.

Although minimal research has been completed documenting interventions to enhance resiliency in nursing, the concept is emerging in the literature (Adams, Camarillo, Lewis, & McNish, 2010; Bone, Camarilla, Landry, & DeLucia, 2007; Hawksley, 2007; Hodges, Keeley & Grier, 2005) however it is strongly related to existing nurse burn-out and methods to minimize this. Methods to proactively develop resiliency are yet to emerge. If one truly looks at resiliency as a concept which can be developed (Henderson, 2007), then nursing education as well as nursing administration must embrace and develop this concept. Although not theory based, adult education methods to enforce successful problem resolution, develop and support realistic professional goals, empower nurses, encourage social supports and positive professional interactions, increase flexibility, support nurses roles within the profession of nursing and enhance appropriate humor may do much to develop resiliency in nursing students and nurses. And as Earvolino-Ramirez (2007) suggest, “development and application of (resiliency) strategies can capitalize on unique opportunities for promotion of positive adaption” (p. 81).

Nursing Success

Consistent with the discussion on resiliency, nursing administration can do much to retain nurses in nursing. Rather than a one size fits all approach to nursing rewards and nursing excellence, the data from this study indicates that a personal goal-oriented approach to nursing satisfaction and nursing rewards may very well be a viable approach to individual nursing
success. Each exceptional hospital nurse in this study has unique needs related to their career in nursing. Some of the exceptional nurses have children and need to work at certain times and in certain positions in nursing, others care for older parents and need to change work hours, still others value membership in their professional organization and need time to address these obligations at work and all need flexible time to care for their patients within the confines of the hospital. Not only does nursing experience and education make nurses exceptional, but being able to meet their own and their family’s needs may add even more than education at times to exceptional patient care. While basic criteria for nursing performance is essential to assure a minimum level of nursing and patient care, nurses’ individual performance needs to be focused on individual goals.

The exceptional nurses in this study are value driven, focused and driven by professional goals. Though not all hospital nurses have the traits of the exceptional nurses in this study, and some need more direction than others, building in enough latitude within a goal focused career minded performance plan may accomplish two objectives. It may enhance and empower those nurses not presently using this approach to their nursing career satisfaction, thus enhancing their own growth as a professional. And second, for those nurses who identify with the exceptional nurses in this study, it will support their exceptionality and nursing satisfaction.

Likewise if hospital nurses are to remain at the bedside and become exceptional, rewards for exceptionally and excellent patient care need to support horizontal rather than vertical movement within nursing. As opposed to a reward system, both fiscal, tangible and intangible, which offers rewards to nurses who move vertically up the ladder in hospitals, many times taking them away from the bedside, administration needs to find ways to reward and advance nurses who choose to stay in a longitudinal, horizontal and/or recursive career track at the
bedside. This approach can not only reward nurses but provide incentives to be recognized for their bedside care.

The exceptional nurses in this study support what the literature conveys about nursing administration (Forsyth & McKenzie, 2006; O’Brien-Pallas, et al., 2006), therefore administration must value input from the nurses. My study indicated that when exceptional hospital nurses cannot provide the nursing care they believe is necessary, they will leave. These nurses are only tolerant of the views and policies of administration to the point where administration’s views do not run counter to quality patient care. Therefore administration must begin to understand more fully what nurses’ value and how their decisions affect quality patient care. It behooves them likewise to validate their decisions, popular or not, with a caveat on how it will impact patient care.

Hospitals need to include nurses on all committees. Not just administrative nurses, but bedside nurses on the front line of health care also need to be able to provide input. Under the rubric of quality patient care, this tactic alone will not only begin to increase a dialogue of understanding among those who work for quality patient care but it may expand and inform decision making as administration and nursing begin to understand each other on a more collegial basis.

Role of Education

The exceptional nurses in this study attributed much of their exceptionality as nurses to their nursing education. Therefore it appears nursing education does play a significant role in the professional development of nurses. The exceptional nurses in this study believed that their exceptionality as nurses and good nursing care is general is attributed to more than psychomotor competence…they placed heavy emphasis on the nursing skills of caring, relationships, lifelong
learning, attitude, problem solving skills and professionalism. Because these traits transcend the basic competencies of nursing, and in fact, do not even address the positivistic focused behavioristic curriculum of many nursing schools, it behooves nursing education to begin to embrace these characteristics as potential threads within their nursing curriculum.

At present, nursing schools continue to focus a large segment of their curriculum on learning basic nursing skills. While so essential to practitioners in all areas of nursing, too often nursing education stops at the mastery of these tasks. While I am not advocating without research that nursing education teach other than the basic skills, I am suggesting that the findings of this study recommend that many factors beyond the basic skills need to be considered when educating future nurses. Factors more than cognitive knowledge seem to play a large part in the long term satisfaction and retention of nurses. From this study I would recommend that nursing education consider focusing on higher order skills as well as personal internal growth in order to enable nursing students to navigate through a personally satisfying career in nursing.

The career narratives of these nurses, as well as the recent professional and popular literature, are clear about the fact that nursing is a stressful profession and this stress promises to continue into the future. When students enter the work world after nursing school, is it any wonder why reality shock occurs? Students not armed with the tools necessary to navigate a stressful, complex career in nursing almost seem doomed to failure. Not once did the exceptional nurses in this study indicate that they expected competence in the nurses graduating from school; they were clear, this will come with experience and time. They expected those intangible traits that focus these new nurses in the direction of exceptional patient care. Nurse educators need to better understand this role and maximize its use to provide the nurses of tomorrow with those skills needed to successfully navigate a career in present day nursing.
Nursing education, driven by the need to have students pass a license examination and cling to the medical model of skill acquisition and mastery, is challenged to provide learning related to what is essential for success for licensure versus what is necessary learning for a satisfied career in nursing. The exceptional nurses in this study clearly emphasized an approach which focuses on career success and life-long learning with individual competence and mastery imbedded in these traits. If the data from my study provides any relevance, nursing education would do well to focus their curriculum on individual student learning related to the following career traits: professional satisfaction; methodologies to attain life-long learning; use of practice experience to enhance professional growth and learning; interpersonal skills; conflict resolution strategies; strategies to enhance empowerment and develop resiliency; and the importance of caring. When these learning strategies are emphasized, I cannot help but believe that skill mastery and competence will naturally develop.

*Caring for the Profession*

The nurses in this study valued their profession, were proud of being a nurse and were willing to work to make patient care the best it can be. Four did belong to their specialty nursing organizations but none belonged to the American Nurses Association, their professional organization and the national voice of nursing. Even though this lack of membership is consistent with the profession of nursing as nationally only about 6% of all nurses belong to the American Nurses Association (Nelson, 2009), it is a finding which does significantly impact nursing. Most professional organizations gain their influence on professional issues and practice by a number of factors, not the least of which is membership numbers.

Though many factors can influence the encouragement to join their professional organization to me nursing education and nursing administration can and must play a large role.
As the exceptional nurses in this study indicated, their nursing school played a large part in who they were as professionals. Nursing education can play a significant role in the values these young nurses possess, not the least of which is their membership in their professional organization. If membership and involvement in activities related to professional organization membership are fostered in nursing school it might have a lasting effect on nurses. Nursing education, to me, should accept this challenge.

Limitations and Implications for Future Research

The results of this study did provide some invaluable insights into the characteristics of exceptional nurses, however there are a number of suggestions I would make for future researchers in this area.

Key Informant Selection

This study of exceptional nurses was guided by a number of research questions. The main research question for this study, “What are the characteristics of the careers (career stories) of 15 year exemplary, exceptional hospital registered nurses who work directly with patients in acute care facilities which have enhanced their retention in nursing and enabled them to provide exceptional care?” has served as the overarching direction for both the actual narrative session and the narrative analysis. This question was answered by the individual narratives of the nurses who were nominated as exceptional by a variety of key informants. There was no structured criteria for the key informants therefore I chose people whom I knew were knowledgeable about nursing and nursing care and who had been associated with nursing, not only for a long period of time, some more than 20 years, but who had worked with many different and diverse hospital nurses from many diverse areas of nursing and hospitals. My intent was to assure that I was not choosing nurses nominated by a key informant who had limited exposure and limited diversity in
health care, such a nurse who had only worked on one unit their entire career. While I am comfortable that this outcome did happen, I am concerned that by convenience, I chose all the same type of key informants, nurse educators. Though some of the exceptional nurses I do know personally and have validated that others would also agree with the fact that they are exemplary and exceptional, I am concerned about some of the rationale for participant choice by the key informants.

The exceptional nurse selection was based on three required and a number of open-ended and flexible criteria which I provided to each key informant (Appendix A). The intent of this semi-unstructured approach to key informant nomination was intentional and based on my desire to allow the key informants to add to the little known and little validated characteristics of exceptional nurses. To this end the criteria that I suggested they consider when nominating the exceptional nurses was: a registered nurse, is employed in a hospital and provides direct care to patients for a minimum of 15 years and displays outstanding, praiseworthy nursing care deserving of imitation and also displaying one or more of the following: serves as a model for other nurses - someone others would want to emulate, displays enthusiasm for the career of nursing, displays continued growth in nursing as evidenced by completion of advanced education and/or expert nursing care, and may or may not serve on hospital committees, mentor other nurses, and/or serve as a preceptor for nursing students and new nurses. All key informants were given the opportunity to add any other criteria they individually used to nominate a nurse for the study as an exemplary registered nurse.

The key informants were polled to determine what specific criteria they used to choose their exceptional nurse nominee. All of the key informants were primarily educators, five were actually nurses educators. Even though all of the key informants were educators and all held at
least a master’s degree in nursing, two actually held doctoral degrees and one held two master’s degrees, none chose education as a criteria for exceptionality; it never seemed to enter the delineation process.

When the key informants were polled about the criteria used to choose these nurses, a number of the key informants indicated congruence with a number of criteria such as the quality of the nursing care they delivered; however high on their list was the fact that they were great mentors to nursing students. While mentoring is a significant part of nursing, I question if the fact that the exceptional nurses may have been chosen because they worked with their student nurses and this may have biased their choice. Though no set criteria exists in the literature to determine those nurses who are exceptional, it would be worthwhile to examine if the exceptional nurses chosen by non-nurse educators would be chosen for similar criteria and would have similar exceptional traits. As the researcher I would suggest that additional research, choosing key informants from bedside nurses and non-educator key informants might provide results which provide a broader picture of the criteria nurses use to determine exceptional nursing.

Exceptionality

Likewise, to further delineate the view of exceptionality and what constitutes an exemplary nurse, additional studies need to be completed. A review of the literature indicated that there is no consistent definition or criteria of exceptionality as it relates to nurses. More studies completed on not only nurses but exceptional nurses will help to determine the criteria for exceptionality in bedside nursing. This will not only add to the definition of what makes an exceptional nurse but provide data concerning what enhances their exceptionality. Because the data from this study indicates that exceptional bedside nurses appear to be satisfied and
committed to bedside nursing, additional information directed at this group of nurses will provide additional data on nursing retention and when delineated, how to enhance that exceptionality.

Though Perry (2005, 2006) and Hudacek (2001) did earmark valuing compassion, caring and making a difference as important aspects of the nurses in their studies, other specific characteristics of these nurses and their career were not explored. In order to promote nursing retention, future studies are needed which focus on the aspects of nursing careers which actually promote and develop caring, compassion, and making a difference in nurses, thus possibly enhancing nursing satisfaction and nursing retention.

Likewise the findings of my research were very consistent and positive. The data was obtained through two basic narrative sessions. Although the relationship during the narrative sessions for both the researcher and the participants was positive, I question if there was adequate time to develop a trusting relationship. Once a relationship over time develops people are more willing to share openly and honestly not only the positive but also, feeling comfortable and safe with a person or researcher, more of the negative. I would suggest possibly duplicating this study on a longitudinal basis to determine if the story of these nurses’ changes as the researcher-participant relationship develops over time. This approach may provide valuable and additional information about the exceptionality of the subculture of hospital nurses.

Criteria for Participant Selection

No age limit was placed on the participants in this study and a very general criterion of 15 years in nursing was listed as a time frame for the participant selection. Fifteen years was chosen arbitrarily to assure that the nurses in this study had been in nursing a long enough time to experience enough adversity to impact their career. After reviewing this research I am
concerned that my inclusion criteria, while providing me with nurses who have experience in nursing, may have limited the age of the participants. All of the participants were well over the average age of the average nurse today which is 46.8 years old. Although, the data from this study does provide valuable insight into exceptionality and retention of nurses, I am concerned the age of the participants in my study may narrow the findings to one group of nurses. Even though nurses younger than 46.8 years of age can extract valuable information from this study on methods used to decrease stress and attain satisfaction and retention in the profession of nursing, age seems to be a dependent variable which I did not expect to factor into this study.

I would highly recommend, considering the fact that generational differences today in our culture seem to be much more delineated than they were in the past, duplicating this or a similar narrative analysis with a group of nurses who are in the lower half of the nursing age spectrum and/or less than 15 years out of nursing school might provide data which can be used for a broader understanding of this concept. Considering the generational differences, this approach might provide data about the careers of exceptional nurses across age spectrums while also exploring the effect of time in nursing and/or age on nursing careers. This may ultimately provide data which might be used to retain new as well as seasoned bedside nurses.

Careers

Changing career directions seems to be a current trend in careers in general in our society. The National Labor Statistics indicate between 1978 and 2008 the average college graduate will have 11.3 jobs during their career (Bureau of Labor Statistics, 2010). Even though the exceptional nurses in this study worked on the same units and institutions for a many years, they are committed to changing careers and work environments based on professional and personal need. Research on nursing careers is an area ripe for future research. Exploration into
the effects of career change on nursing career satisfaction and nursing retention needs to be considered. If as demographics predict, nurses choose to change specialty or practice areas throughout their careers based on the advice of these nurses and/or the demographics and values of our society, they may have needs relative to continuing education, competence, lifelong learning and relationships which are very much different from nurses on a sustained longitudinal career tract. Therefore, new research on the needs of nurses who do choose a recursive career in nursing may provide some invaluable insights into their specific needs and ways to best facilitate their change. Since the objective of this change is to foster satisfaction with a career in bedside nursing, it is important to understand how this can best be accomplished. This research can provide direction for approaches to fostering success in a nursing career within the 21st century and could be beneficial to enhancing nursing satisfaction and nursing retention.

*Horizontal Violence*

Contrary to so much of the literature, the exceptional nurses in this study did not participate in horizontal violence. This is a very interesting finding and one I believe should be explored more. Since horizontal violence has gained such prominence in recent years in nursing and has been viewed as a negative aspect of the profession of nursing, nurses who do not participate in this type of behavior may have invaluable insight into this aspect of nursing. A study of these nurses may offer a broader view of the cause and effect of horizontal violence and potential methodologies used to counteract its occurrence.

*Advanced Education*

The fact that nurses do not value advanced education and credentialing has been an area which has plagued the nursing profession for centuries. I believe as a profession by merely accepting this situation as the way it is, we condone it and accept it. At present limited data
exists on why as a profession we do not take on a more proactive approach to formal advanced nursing education.

AACN (March, 2010), the voice of baccalaureate and advanced nursing education is proactive relative to this agenda. They have published a worksheet which addresses the need for a more highly qualified workforce and suggests that efforts to legislate and facilitate a move to higher education in nursing by lawmakers, an increase in seamless articulation agreements; and innovative educational programs, may start this effort (AACN, March, 2010). But more needs to be done to coax nursing to accept the need for a more educated workforce.

Brightest on the horizon, in recent years, are the studies which validate that patient outcomes are actually improved when nursing care is administered by nurses with advanced degrees (Aikens, Clarke, Cheung, Sloane, & Silber, 2003; Aikens, Clarke, Sloane, Lake, & Cheney, 2008; Friese, Lake, Aiken, Silber, & Sochalski, 2008; Estabrooks, 2005; Tourangeau et. al., 2007). This research validates the fact that advanced education in nursing does make a difference in patient care and patient outcomes. However we are only on the cusp of this research and more studies related to this concept need to be completed. This data can provide valuable support for advanced education in nursing and provide the missing link to the positive and substantial role nursing education can play within the context of the future of health care. Additional research exploring the lack of support for advanced degrees in nursing may offer valuable insight into this phenomenon and may possibly suggest avenues to be used to break this complacent attitude.

Resiliency

The nurses in this study appear to share traits which are similar to other resilient professionals. Few studies have been completed which explore the role of resiliency in nursing.
Since nursing as a career is both stressful and adverse, behaviors which would foster an ability to deal with this adversity in positive ways would do much to benefit nursing satisfaction and nursing retention and the nursing shortage. Further research exploring the characteristics of resiliency, the role of resiliency and methods to foster resiliency in hospital bedside nursing will add valuable information to the body of knowledge which defines nursing satisfaction, impacts nursing retention and works to resolve the nursing shortage.

**Nursing Education**

Nursing education plays a large role in not only the lives of the exceptional nurses in this study but all nurses. Nursing education at present is focused on process and success in undergraduate nursing schools and tends to be narrowly applied to one major outcome, nursing licensure and successfully passing the nursing licensure examination on the first attempt. Since all focus wanes after licensure, it appears new graduates are left to their own and the skill of the health care institutions where they are employed to find their role within the adverse, almost toxic health care maze of today. Most survive and are retained in nursing however longitudinal research which addresses the factors which may contribute to the career success of new nurses may do much to inform nursing education on the role they might play to enhance nursing retention.

**Final Reflections**

When I started my dissertation I floundered…I could not determine the topic. I was blatantly aware of the real and impending nursing shortage affecting the nursing profession and patient care and I knew I wanted to do something to help. I knew I wanted to explore the profession of nursing…no, professional nursing…no, nursing retention…no, why nurses seemed to feel so unempowered. I somehow believed that if nurse empowerment could be enhanced,
nurses would feel more positive about themselves and then maybe stay in the profession. As I researched the topic I began to discover the fact that so much of the research related to nursing as a profession and nursing empowerment focused on the negative aspects of the nursing profession. I began to feel pessimistic and began to believe that this negative research focus might actually be a factor which was causing nurses to look negatively at themselves and their profession; I know it was affecting me in this way.

As I have learned to do for my own spirituality and being, I wanted to turn my back on this negativity and look to the positive nature of nursing. I refocused my research and decided to look at nursing not through a cloudy problem-focused lens but through a bright and sharply focused lens. I set out to look for those in nursing who were not the disgruntled and dissatisfied nurses but those who were excellent nurses, the satisfied nurses. By doing this I hoped they might somehow tell me what it was in their professional lives that enabled them to give exceptional care and want to stay in nursing. When I discovered that little nursing retention research had been done in nursing related to this positive approach, and when I shared this topic with others and so many nurses were interested in hearing about the careers of these nurses, the die was cast and the topic for this study came to life.

As my research progressed and I conducted the narrative sessions, I felt I was “looking in a mirror.” When the nurses would share their views about nursing and their careers, I could identify with them. I shared many of the same views they did. Being a nurse enabled me to be an extremely empathetic research tool during the narrative sessions yet it also enabled me to be a very biased participant during the session. I had to consistently work at not allowing my own views to guide the narrative sessions, while effectively working to interact and enable each nurse to develop their own narrative.
Throughout the process I was so impressed by the exceptional nurses who participated in this study. While I resonated with their views about nursing, I was in awe over their ability to make their career work for them. The fact they were so internally focused and value driven not only surprised, but impressed me. They were so patient focused and strong in their convictions…their professional rewards were intensely internally focused.

When I analyzed the narratives of these nurse I was struck by the fact that anyone would be fortunate, so fortunate, to be taken care of by any of the exceptional nurses in this study. I was honored to have met them and even more honored to be able to share their professional lives with others. The information they imparted in their stories was not only informative but insightful into a world of nursing few others have been privileged to enter. I feel a definite privilege and a commitment to each of the nurses as well as the profession of nursing to share their stories. While interesting to read, these stories provide a glimpse of an aspect of nursing which prior to this few have been fortunate enough to view. My hope is that by reading the stories of these exceptional nurses, nurses of all ages and career stages will be able to discover not only something new in the lives of the storytellers but something new in their own professional lives which will strengthen their nursing career and possibly enhance their own exceptionality. I know it has mine.

When I started my doctoral education I had no idea where this path would lead me. It has not been a smooth journey but rather the road which led to this end has been dotted with many rough spots and many detours. As when one sets out on an important and exciting journey and with anticipation and determination expects, based on the GPS prediction, to arrive at a specific time, life threatening family illnesses, my own illness and surgery, and professional challenges to name a few life events have made my journey much longer and more frustrating than expected.
Yet, as a person who does believe that all things do happen for a reason, these life events did teach and transform my being. Throughout this process, I know I have grown in ways I never would have, had the journey not been as tortuous or windy. While the ability to overcome these life events has transformed me as a person I believe it is the support and understanding of my advisor, my faculty, and my family and friends during this rocky ride which has taught me as much, if not more, about the educational needs of adult learners, vis a vis myself, as the classes and research courses I have completed. So in this respect I do not look back with wonder on this research process… I am fortunate life unfolded as it did. It has not only enabled me to grow but it has transformed me into a new person.
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APPENDICES

APPENDIX A: Key Informant Letter

Dear Fellow Nurse,

My name is Donna Ayers Snelson and I am conducting a research study entitled, “Careers of Exemplary Registered Nurses: A Narrative Analysis.” My research will collect the career stories of exemplar tenured hospital registered nurses who are working in hospital nursing for a minimum of 15 years. The purpose of this research study is to look at the career stories of those nurses who have not only survived but have thrived within the present day health care environment. It is hoped that these stories will offer invaluable insights into the career of nurses who have somehow thrived despite the daily health care challenges. By hearing true life accounts of exemplary hospital nurses it is hoped these stories will decrease the dissonance new nurses many times experience when entering the profession by providing them with a realistic picture of not only the realities but the coping strategies others have used which served to facilitate their ability to turn adversity into growth during their career. It is hoped this study will contribute information which may be used to positively impact the present global nursing shortage.

In order to determine who will participate in this research, I am asking nurses such as yourself, to read the criteria listed on the Participant Nomination Form, and to nominate a peer they believe meets this criteria and therefore, is an “exemplary hospital nurse.” Once you nominate a nurse, I ask that you provide this person with the letter attached so they can contact me if they choose to participate. All information will be kept strictly confidential and there will be no risk by participating in this study to the person you nominate or yourself as the nominee.

Thank you very much for your participation in this selection process. Please feel free to contact me with any questions.

Yours truly,

Donna Ayers Snelson
dsnelson@misericordia.edu
570-760-5623 (M)
570-868-3588 (H)
Participant Nomination Form

The following criteria has been identified as qualities of exemplary hospital registered nurses for the study, “Careers of Exemplary Registered Nurses: A Narrative Analysis.” This research will collect the career stories of exemplar tenured hospital registered nurses who are working in hospital nursing for a minimum of 15 years. The purpose of this research study is to explore the characteristics and life stories of exceptional nurses who work directly with patients in acute care facilities for at least 15 years.

While all the following criteria can apply to the nurse you nominate it does not need to. I ask that your nominee display at minimum of Criteria 1, 2, 3 and 5 below. However, Criteria 4, 6, and 7 may be present in many nurses but absence of any/or all of these criteria will not affect participation of your nominee in this study.

_____1. a registered nurse
_____2. is employed in a hospital and provides direct care to patients for a minimum of 15 years.
_____3. displays outstanding, praiseworthy nursing care deserving of imitation.
_____4. serves as a model for other nurses - someone others would want to emulate.
_____5. displays enthusiasm for the career of nursing.
_____6. displays continued growth in nursing as evidenced by completion of advanced education and/or expert nursing care.
_____7. may or may not serve on hospital committees, mentor other nurses, and/or serve as a preceptor for nursing students and new nurses
_____8. Other (Please feel free to add any other criteria you used to nominate this person as an Exemplary Registered Nurse): ________________________________

I would ask that you provide your nominee(s) with a copy of the attached letter. If they are interested in participating I ask that they contact me directly and I will make arrangement to meet with them at a convenient time and place to discuss further the details of my research.

Please return feel free to contact me with any questions at:

Donna Ayers Snelson
dsnelson@misericordia.edu
570-674-6357 (work)
570-760-5623 (mobile)
Dear Potential Research Participant,

You have been nominated as an exemplary nurse by your peers in nursing; therefore I would like to invite you to participate in a research project entitled: *Careers of Exemplary Registered Nurses: A Narrative Analysis*. My name is Donna Ayers Snelson, and I am the principal investigator for this research which is being completed in fulfillment of the requirements for a degree at Pennsylvania State University.

The purpose of my research is to gain insight into nursing. Through storytelling, my study will highlight the career stories of exemplary hospital nurses, such as you, focusing on their individual career trajectories. These personal stories of exemplary nurses who remained in nursing and continued to grow professionally will frame a story of the practice of not just tenured nurses, but nurses who, given the chance, would do it all over again and choose the same career path. I am confident this information will add to the body of knowledge of nursing careers in a significant manner.

I do want you to know that participation is strictly voluntary and all stories will be kept confidential. Your present employer has no connection with this research and all research activities will take place outside of your place of employment at a site convenient to you. Should you have any questions about this research process please feel free to contact Dr. Patricia Cranton, my advisor, at:

Dr. Patricia Cranton, Visiting Professor
Pennsylvania State University
Room 331 Olmsted Bldg., 777 West Harrisburg Pike, Middletown, PA 17057
717. 948.6450 / Pac23@psu.edu

I welcome sharing with you further the details of this exciting nursing study in order that you may consider all the details before making an informed decision about participation.

I would be honored to speak with you about your participation in this research. My contact information is listed below. Please contact me and I will schedule a convenient time and place where we can meet.

Thank you for your interest in this project.

Yours truly,

Donna Ayers Snelson
570-674-6357 (work); 570-760-5623 (mobile)
dsnelson@misericordia.edu
APPENDIX C: Informed Consent Form

Dear,

Your name has been submitted to me by your peer in nursing as an Exemplary Hospital Nurse. You are invited to participate in a research project entitled: *Careers of Exemplary Registered Nurses: a Narrative Analysis*. My name is Donna Ayers Snelson, and I am the principal investigator for this research. The following information is provided to help you make an informed decision regarding whether or not you would like to participate in this project. If you have any questions regarding your participation in this research, please do not hesitate to contact me. My contact information is included at the conclusion of this form. Your participation in this study is strictly voluntary. This research will be used to complete the degree requirements for a doctorate in education at Pennsylvania State University.

**Purpose:**
The purpose of this research study was to explore the characteristics and life stories of exceptional nurses who work directly with patients in acute care facilities for at least 15 years. This study will highlight the careers of exemplary hospital nurses focusing on their individual career trajectories. The terms exemplary and exemplar related to an individual nurse and/or nurses’ career will indicate nurses who continued to grow professionally throughout their tenure in nursing. These personal stories of nurses who remained in nursing and continued to grow professionally will frame a story of the practice of not just tenured nurses, but exemplary hospital nurses.

**Participants:**
Participation is limited to exemplary Registered Nurses who have worked full time in hospital nursing for at least 15 years. You must be at least 18 years of age to participate.

**Research Procedure:**
If you decide to participate you will be asked to complete a Demographic Questionnaire form. You may elect to answer any or all the questions on this form; participation is strictly voluntary. All data will be kept strictly confidential and only aggregate data will be reported to ensure confidentiality.

To further complete this research, there will be two narrative (interview) sessions; each one to two hours in length. The narrative sessions will be conducted at a time and site mutually agreed upon between the researcher and you, the participant. During the narrative sessions, audio equipment will be recording all dialogue.

There will be one person, the researcher, conducting each session. During the narrative sessions, you will be asked specific questions; however, based on responses, additional questions generated during the sessions will be explored. The intent is for the narrative sessions to allow you to share any and all information you feel necessary to relate the story of your career in nursing.

Prior to the second narrative session, you will be provided with a tentative written analysis of the first narrative session. You will be offered an opportunity to review this prior to the second session and you will be encouraged to bring corrections and additions to the second session.
The second session will take place no earlier than two weeks following your acquisition of the analysis of the first session. At this session you will initially be given an opportunity to suggest corrections or additions to the analysis of the first session. You will then be given an opportunity to add further to your career story and/or to share any additional information you believe necessary.

If at any time during either narrative session you are uncomfortable or would like to stop the session, merely share this with myself, the researcher, and the session will be halted or terminated.

**Timetable:**
The time frame for each narrative session will be approximately one to two hours. During each session you will be given an opportunity to take a break at any time you desire. Every 60 minutes you will be provided the opportunity to break from the session for 5 minutes.

**Risks:**
I do not perceive the occurrence of any risks or discomfort to you, the participant, during your participation. However, if at any time during the narrative sessions, you may not wish to continue, the session will be terminated. If at any time following the conclusion of the interview, you wish not have your interview included in this study, your request will be respected and the digital recording will be destroyed. Refusal to take part in or withdrawing from this study will involve no penalty or loss of benefits you would receive otherwise.

**Benefits of this Research to Nursing:**
The purpose of this research study is to explore the characteristics and life stories of exceptional nurses who work directly with patients in acute care facilities for at least 15 years. It is hoped that these stories will offer invaluable insights into the career of nurses who have somehow thrived despite the daily health care challenges. By hearing true life accounts of exemplary hospital nurses it is hoped these stories will decrease the dissonance new nurses many times experience when entering the profession by providing them with a realistic picture of not only the realities but the coping strategies others have used which served to facilitate their ability to turn adversity into growth during their career. It is hoped this study will contribute information which may be used to positively impact the present global nursing shortage.

**Compensation:** There will be no compensation for participation in this project.

**Confidentiality:**
All demographic data, journals and digital recordings of each session will be housed in locked files in the researcher’s office at Misericordia University. All demographic data and digital recordings will be coded and the coding will be kept in a separate place from the data. All transcripts of each session will be identified to the transcriber by data code only. All demographic data will only be reported in aggregate to preserve confidentiality.

Your personal information will not be related to your story. This will be kept confidential. During your story there are any instances which would disclose through events the identity of another person(s), that person will be contacted and permission to use their information will be ascertained through informed consent.
This research is being completed in fulfillment of the requirements for a degree at Pennsylvania State University. The Pennsylvania State University’s Office for Research Protections, the Social Science Institutional Review Board and the Office for Human Research Protections in the Department of Health and Human Services may review records related to this research study.

All digital recordings and data will be saved for ten (10) years following the completion of the research study. At this time, all data and recordings will be destroyed.

Questions, Complaints or Concerns about the Research Study:
Should you have any questions, complaints or concerns, please the advisor of this project contact:
  Dr. Patricia Cranton, Visiting Professor
  Pennsylvania State University
  Room 331 Olmsted Bldg., 777 West Harrisburg Pike, Middletown, PA 17057
  717. 948.6450 / Pac23@psu.edu

Questions about Your Rights as a Research Participant:
Questions about your rights as a research participant may be directed to Penn State University’s Office for Research Protections at (814) 865-1775.

Contact Information for Principal Investigator:
Please use the following information to contact me, Donna Ayers Snelson:
570-674-6357 (work)/ 570-760-5623 (mobile)/ dsnelson @misericordia.edu

You will be provided with a signed and dated copy of this Informed Consent Form to keep for your records.

Thank you very much for agreeing to participate in this research study.

Donna Ayers Snelson, Researcher

__________________________________________________________________________

Your signature below indicates that you have voluntarily decided to participate in this research project as a participant and that you have read and understand the information provided above.

Participant’s Printed Name: ____________________________________________________

Participant’s Signature: ________________________________________________________

Participant’s Initials: __________     Date: ______________________
In my judgment, the participant is voluntarily and knowingly giving informed consent to participate in this research study/project.

Researcher’s Printed Name: _______________________________________________________

Researcher’s Signature: __________________________________________________________

Date: ______________________

This informed consent (IRB#30027 Doc. #1) form was reviewed and approved by the Social Science Institutional Review Board at The Pennsylvania State University on (02-06-09). It will expire on (12/18/10). (JKG)
APPENDIX D: Demographic Questionnaire

Demographic Questionnaire

Directions: Thank you for agreeing to be a participant in my research project, Careers in Nursing: a Narrative Analysis. In order to assure that my research project data collection is as complete as possible, I am very interested in acquiring the following data on all participants in this study. Please answer each of the following questions with either a pen or pencil. Your answers and all of the data you provide will be kept confidential and used only in aggregate reporting. Your participation is totally voluntary and if you decide not to answer any of the following questions please leave them blank. This will not affect your ability to participate in this research study.

1. What is your age? ________

2. What would you identify your Race/Ethnicity as? _______________

3. What is your gender? ___female ___male

4. How long have you been a “nurse?” _______________________

5. In what type of nursing program did you acquire your initial nursing education?
   _____ADN _____Diploma _____BSN _____MN
   What years did you attend this program? __________

6. Did you complete any other educational programs or courses of study since graduation from? nursing school? ______No _____Yes
   If yes, please complete this table (please use the reverse side of this paper as necessary):

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Years of Attendance</th>
<th>Subject Area</th>
<th>Degree/Diploma/Certificate Awarded</th>
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7. Do you belong to any professional organizations? (Examples: ANA, Specialty Organizations such as Oncology Nurses, Critical Care Nurses, etc.)? _____No ____Yes
   If yes, please complete this table (please use the reverse side of this paper as necessary):

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<th>Subject Area</th>
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8. Do you belong or participate in any community/ PTA/ church or social organizations/ activities? ___No ___ Yes

If yes, please complete this table (please use the reverse side of this paper as necessary):

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<th>Name of Community Organization</th>
<th>Years of Membership</th>
<th>Offices Held</th>
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9. Please give a description of your employment history using the table below (please use the reverse side of this paper as necessary):

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<tr>
<th>Place of Employment</th>
<th>Years Employed</th>
<th>Employment Status</th>
<th>Nursing Positions Held</th>
<th>Service to the Organization</th>
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<td>Full Time</td>
<td>Part Time (Please specify hours worked and weeks per year)</td>
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10. Do you attend Continuing Education Programs? ___ No ___ Yes
If yes, please complete this table (please use the reverse side of this paper as necessary):

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<tr>
<th>Basic Topic Area of Programs Attended (such as: Professional, Return to school, Administration, clinical)</th>
<th>Basic Time Frame of Program (may be in hours/weeks/or months)</th>
<th>When Did You Attend Each Program?</th>
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11. During your nursing career, were you ever “mandated” to work? ____No ____Yes

If yes, please complete this table (please use the reverse side of this paper as necessary):

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<th>When were you mandated? (Time Frame)</th>
<th>Reason for Mandation</th>
<th>Actions Taken (Agreed, Refused, Please explain other action)</th>
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12. Do you believe you were ever “mentored” during your nursing career? ____No ____Yes
If yes, in your own words, please share the details of this experience. (Please use the back of this page as needed).

13. Do you ever serve as a “mentor” during your nursing career? ____No ____Yes
If yes, in your own words, please share the details of this experience. (Please use the back of this page as needed).

Thank You Much for Sharing this Information.
Dear ,

The following questions are provided as both a guide and focus for our scheduled narrative sessions. In order that our sessions are as productive as possible, please read each of the following questions carefully. Please remember that these questions will be used as a guide to our sessions. Although we will begin and focus each narrative session with these questions, as the sessions progress and the conversation develops, we have the latitude to move in other directions as needed to assure that your story is as complete as possible.

The primary research question that will be addressed is, What are the issues, events, characteristics and experiences of the careers (career stories) of exemplary tenured registered nurses who work directly with patients in acute care facilities (hospitals) for a minimum of 15 years which have enabled them to remain fulfilled and enthusiastic about the nursing care they provide?

This question will be further delineated by the following questions:

1. What are the reasons exemplary, satisfied and enthusiastic registered nurses “stay” in hospital nursing?
2. How do exemplary registered nurses perceive their careers in nursing and what stories will they tell to describe these individual careers?
3. What are the experiences of exemplary registered nurses who have stayed in hospital nursing for at least 15 years?
4. What are three defining moments in the careers of exemplary hospital registered nurses?
5. How do exemplary registered nurses interact with the administrative structure in the hospital?

Thank you very much for agreeing to join this study. Please feel free to contact me as necessary to clarify any or all questions you may have related to these questions, the research study and/or the narrative sessions.

Yours truly,

Donna Ayers Snelson
570.868.3588 (H)/ 570. 760.5623 (M)
dsnelson@misericordia.edu
VITA

Donna Ayers Snelson

Education:


Wilkes-Barre General Hospital, School of Nursing, Registered Nurse, May 1970.

Professional Positions:

Wyoming Valley Hospital, Intensive Care Nurse.

Mercy Hospital School of Nursing, Instructor, Nursing

Misericordia University, Associate Professor, Nursing

Professional Experience:

Worked at Misericordia University for over 35 years in various academic and administrative positions from Associate Professor of graduate and undergraduate Nursing, to Junior Level Undergraduate Coordinator to Director of the RN Program to Chair of the Nursing Program to Director of the Center for Nursing History.

Selected Professional and Academic Contributions:

Founded the Center for Nursing History in Northeastern Pennsylvania and organized a county wide exhibit of the History of Nursing Education in Northeastern Pennsylvania - 1893 to 2006, Chartered Sigma Theta Tau International Honor Society of Nursing at Misericordia University, President of District #3 PA State Nurses Association, founded Part-time Evening Nursing Program for non-traditional adult learners at Misericordia University. However, I believe, my proudest career accomplishment has been contributing to the education of so many competent, compassionate and caring professional nurses who, after receiving their nursing education at our University, have gone forward in their nursing career and “made a difference” not only in the lives of so many patients fortunate enough to have them as their nurse but also in the profession of nursing.