The Pennsylvania State University

The Graduate School

School of Behavioral Science and Education

RECONNECTING WITH YOUR PASSION:
AN ACTION RESEARCH STUDY EXPLORING HUMANITIES
AND PROFESSIONAL NURSING

A Dissertation in
Adult Education
by
Melissa J. Snyder

© 2012 Melissa J. Snyder

Submitted in Partial Fulfillment
of the Requirements
for the Degree of
Doctor of Education

May 2012
The dissertation of Melissa J. Snyder was reviewed and approved* by the following:

Edward W. Taylor  
Professor of Adult Education  
Dissertation Advisor  
Chair of Committee  

Elizabeth J. Tisdell  
Professor of Adult Education  

Cheryl Dellasega  
Professor of Humanities and Women’s Studies  

Julie Kearney  
Special Member  
Assistant Professor of English and Humanities  

William Millheim  
Professor of Education  

Gary Kuhne  
Graduate Program Officer for Adult Education  

*Signatures are on file in the Graduate School.
ABSTRACT

The purpose of this action research study was two-fold. The first purpose was to examine the process of how nurses engaged in a professional development program that drew upon reading and creative writing related to their lives and work as nurses. Secondly, this study examined the nurses’ perspectives on how their involvement in the process and professional development program related to changes in their personal and professional lives. Transformative learning theory provided the theoretical framework for the study which considered the views of nurses regarding the use of reading and writing strategies. The action research study involved eleven registered nurses from a variety of practice specialties and levels of career satisfaction who were enrolled in an eight session professional development program. The findings of this study were based upon the data collected from pre and post participation semi structured interviews, field notes, journal entries and creative writing pieces completed throughout the program.

The findings of the study were focused on three key areas including the nurses’ views of reading, writing and group work, the most useful reading and writing strategies used to assist nurses in reconnecting with their professional values and ideals, and the influences of participation in this action research study on the nurses’ career satisfaction and well-being. The findings suggest that specific humanities based strategies can effectively assist nurses in identifying their core professional values and ideals while also helping to improve career satisfaction and well-being. Additionally, the study provides insight into the process of action research as a methodology while also supporting the role of transformative learning theory in the professional development of nurses.
# TABLE OF CONTENTS

Acknowledgements...........................................................................................................x

Chapter 1. INTRODUCTION.................................................................................................1

  Background of the Study.................................................................................................1

  Factors Influencing the Retention Nurses.................................................................2

  Strategies to Retain Nurses.........................................................................................6

  Professional Development in Nursing..........................................................................6

Arts in Healthcare............................................................................................................8

Use of Arts in Adult Education.......................................................................................10

Statement of the Problem...............................................................................................13

Purpose of the Research.................................................................................................14

Guiding Research Questions..........................................................................................14

Theoretical Framework...................................................................................................15

  Mezirow’s Perspective................................................................................................17

    Disorienting dilemma................................................................................................17

    Critical reflection......................................................................................................18

    Action.......................................................................................................................19

  Kegan’s Perspective..................................................................................................20

    Informational and transformational learning.........................................................20

    Lifespan development and new epistemologies...................................................21

  Cranton and Dirckx’ Perspectives..............................................................................22

Research Design..............................................................................................................24

Methodology..................................................................................................................25
Section 2: Nursing and Professional Development

Current State of the Nursing Workforce

Nurse retention

Moral distress

Professional values and professional nursing practice

Section 3: Medical Humanities

Narrative

Narrative and nursing

Space for reflection

Shared experiences

Promoting well-being

Arts in Healthcare

Summary

Chapter 3. METHODOLOGY

Qualitative Research Paradigm

Action Research

Assumptions of Action Research

Addressing the Limitations of Action Research

Background of the Researcher

Participant Selection

Action, Data Collection and Analysis in the Action Research Process

Action

Data Collection

Observations
Documents........................................................................................................121
Data Analysis....................................................................................................123
Verification......................................................................................................124
Summary...........................................................................................................127
Chapter 4. FINDINGS......................................................................................128
Section 1: Who are the Participants?..............................................................130
   Darla...........................................................................................................130
   Leslie.......................................................................................................133
   Becky.................................................................................................134
   Margie.................................................................................................136
   Tiffany.................................................................................................138
   Penny.................................................................................................139
   Georgia.............................................................................................141
   Regina...............................................................................................142
   Beatrice..............................................................................................144
   Anna.................................................................................................146
   Cathy...............................................................................................147
   Why Participate?..................................................................................149
Section 2: The Process..................................................................................151
   Recruitment Phase...............................................................................152
   Researcher Facilitated Phase.................................................................162
   Participant Facilitated Phase.................................................................170
   Post Participation Phase.................................................................180
Section 3: Reading and Writing and Group Sessions.................................182
Humanities and Arts in Healthcare ........................................ 255

Section 3: Addressing Limitations and Directions for Future Research .......... 261
  Limitations ........................................................................ 261
  Suggestions for Future Research ....................................... 264

Section 4: Personal Reflections ........................................... 264
  Summary ........................................................................... 268

References ........................................................................... 270

Appendix A Recruitment Flyer ............................................ 284
Appendix B Recruitment Script ............................................ 285
Appendix C Session Formats .................................................. 286
  Session One ..................................................................... 286
  Session Two ...................................................................... 287
  Session Three ................................................................... 288
  Session Four ..................................................................... 289
  Session Five ...................................................................... 290
  Session Six ....................................................................... 291
  Session Seven .................................................................... 292

Appendix D Pre-Participation Interview Guide ............................. 293
Appendix E Post-Participation Interview Guide ......................... 294
Appendix F Participant Information Sheet ................................. 295
ACKNOWLEDGEMENTS

I will forever be indebted to my family for their constant and unwavering love and support throughout this process. I thank my children, Addie, Evan and Samantha for being such independent and capable individuals. You are by far my greatest accomplishments. I am so proud to be your mom. Thank you to my husband, Steve, for so selflessly giving me time to complete this project. You are the best!
DEDICATION

This dissertation is dedicated to my parents, Robert and Dorothy Haas who taught me that hard work and perseverance are the keys to success.
CHAPTER ONE

INTRODUCTION

The purpose of this chapter is to provide an overview of an action research study that explores the use of humanities based strategies to assist registered nurses in reconnecting with their professional values and ideals. This chapter will first provide the background for the study, including its purpose statement, followed by a description of the conceptual and theoretical frameworks guiding this research. An overview of action research methodology will be provided, and the significance, assumptions, and limitations will also be discussed. Finally, this chapter will conclude with a list of terms and concepts important to the study as well as a summary of the remaining chapters included in this text.

Background of the Study

The United States is in the midst of a shortage of registered nurses (RNs) that is expected to intensify as baby boomers age and the need for health care grows. To address this shortage, more than one million new and replacement nurses will be needed by 2016 according to the U.S. Bureau of Labor and Statistics (2007). A shortage of this magnitude would be twice as large as any nursing shortage experienced in this country since the mid-1960s (Buerhaus, P., Staiger, D., & Auerbach, D. 2009). Although the current downturn in the U.S. economy has led to an easing of the nursing shortage in some parts of the country, the issue of a long range shortfall of nurses to meet the demand and retention of experienced nurses remains critical (American Association of Colleges of Nursing, 2010). The factors influencing this shortage are multi-dimensional including
fewer new nurses entering the profession (Health Resources and Services Administration (HRSA), 2004), the aging of the current nursing workforce with 55% of surveyed nurses reporting their intention to retire between 2011 and 2020, a 12% shortfall in the number of nurse educators needed to educate future nurses (American Association of Colleges of Nursing, 2009), and insufficient staffing. These trends play a significant role in raising the stress levels of nurses, impacting job satisfaction and driving many nurses to leave the profession (Buerhaus, P., Donelan, K., Ulrich, B., Norman, L. & Dittus, R., 2005).

Healthcare organizations are placing a greater emphasis on the retention of highly skilled and knowledgeable professional nurses. Recent studies put a dollar amount on the face of nurse turnover. Jones (2005) estimates costs between $10,000 and $60,000 to replace a departing nurse while others estimate as much as $42,000 for a medical/surgical nurse and $64,000 to replace a specialty nurse (Strachota & Normandin, 2003). Retention requires a two-fold approach of first recognizing the problems driving nurses to leave the profession, and also implementing interventions to avoid nurse turnover.

Factors Influencing Retention of Nurses

Developing innovative programs to address nurse retention requires that health care organizations and nurses understand why nurses choose to leave the profession. Nurse turnover tends to center around several key factors including inadequate staffing perpetuated by the current nursing shortage (Letvak & Buck, 2008), increasing workplace stress (McVicar, 2003), and the inability to provide quality patient care desired by the nurse and expected by the patient (Maben, J., Latter, S. & Clark, J., 2007). As these factors persist and infiltrate the day to day work of nurses, the term “burned out” is
commonly used by nurses to describe their professional status. In the fast paced, complex healthcare environment, it is not surprising that nurses are experiencing burnout. However, feelings labeled as burnout, stress, emotional exhaustions, and job dissatisfaction may actually be symptomatic of moral distress. Moral distress has been defined as “the painful psychological disequilibrium that results from recognizing the ethically appropriate action, yet not taking it, because of such obstacles as lack of time, supervisory reluctance, an inhibiting medical power structure, institution policy, or legal considerations” (Corley, M., Elswick, R., Gorman, M., & Clor, T., 2001, p. 250-251).

Although this definition focuses on external constraints within the nurses’ work environments, Pendry (2007) expands this focus to include internal constraints resulting from nurses’ belief systems. For example, many nurses base their personal value systems on achieving the best patient outcomes by providing optimal care. They may feel powerless in achieving this goal while working in understaffed units with poor morale and minimal support. This environment is in direct contrast to what the nurses believe to be the right way of practicing. Therefore, moral distress involves “the physical or emotional suffering that is experienced when constraints (internal or external) prevent one from following the course of action one believes is right” (Pendry, 2007, p. 217).

Moral distress may not be the term used by many nurses to describe their feelings of stress, burnout, and dissatisfaction, but it exists in many aspects of their nursing practice. In retrospect, I have experienced moral distress within my own practice as a registered nurse though at the time I was unaware of this concept. I was caring for a child with acute myelogenous leukemia who was not responding to conventional treatment and the child’s condition was declining quickly. As the primary nurse for this
patient for several weeks, I had witnessed the suffering and pain this child and his family had endured. I also understood and respected the religious beliefs of this Amish family. As is typical among the Amish, the family believed that the outcome of this child’s disease would be God’s will and they were ready and willing to accept whatever the outcome might be including the death of their eldest son. The medical staff was not ready or willing to embrace this possibility. Rather than recognizing the family’s beliefs and suggesting hospice care for the last few days of the child’s life, the oncologists recommended a transfer to another medical facility several hours away where the potential of a clinical trial existed. This was an extreme hardship for the family and for the boy. Just a few days after the transfer, the child died in a hospital setting surrounded by a staff of strangers since his Amish family did not have transportation to make the trip. Throughout the weeks of hospitalization, I had provided excellent care to this boy and his family, but in the end I couldn’t help but feel that I had failed them at this most critical time. I was unsuccessful in advocating for hospice care. My inner conviction told me that this family could have been better served by discontinuing the futile efforts of clinical trials and focusing on symptom relieving end of life care. This is the experience of moral distress.

While nurses may be unable to name experiences of moral distress, they can clearly cite symptoms that affect them emotionally, physically, and spiritually (Pendry, 2007). Unfortunately in the current healthcare environment, there exists a variety of professional and organizational constraints that prevent nurses from implementing their ideals and values in contemporary nursing practice. Ideals represent the core values held by members of the nursing profession. They are not ideals that are unachievable, but
rather they represent the values and aspirations of professional nurses (Maben, J., Latter, S., & Clark, J., 2007). Nursing education is underpinned by strong values and ideals such as individualized holistic care, ethical responsibility and accountability, and a practice based on research (National Council of State Boards of Nursing (NCSBN), 2004). It is the desire of most nurses to practice in a way that is congruent with these values and ideals. Regardless if the situation fits the definition of moral distress or if they are simply unable to practice in a way that fits their values and ideals, there are implications for nurse retention. Fifteen percent of nurses reported resigning a position due to experiences of moral distress (Corley et al., 2001). Similarly, in studies looking at factors related to moral distress such as stress, burnout, emotional exhaustions, and job dissatisfaction the number of nurses leaving a position increases to 33% in a study focused upon nurses under age 30 (Aiken, L. Clarke, S., Sloane, D. Sochalski, J., Busse, R., Clarke, H., et al., 2001) and to 57% when studying nurses in their first career position (Bowles & Candela, 2005). Other studies have found that providing a fulfilling work experience that supports the values and ideals of nurses can help retain mid-career nurses (Coshow, S., Davis, P., & Wolosin, R., 2007). In environments where there was adequate staffing, a culture of support, and an opportunity for nurses to practice in alignment with their professional values and ideals, nurses were more satisfied with their careers. A high quality work environment retains and motivates staff, reduces burnout and moral distress and achieves better outcomes for patients (Aiken et al, 2002; Coshow, S., Davis, P., & Wolosin, R., 2007; Maben, J., Latter, S., Clark, J., 2007). It is imperative that healthcare organizations recognize each of these issues when creating programs to
address issues of nurse retention. Innovative programs are required to address the factors leading to nurse turnover.

**Strategies to Retain Nurses**

Commonly used strategies to address nurse retention focus on a combination of financial incentives and scheduling flexibility. Increased reimbursement for off shift work, flexible scheduling options, paid time off, and reimbursement for continuing education programming are common incentives used to retain nurses (American Association of Colleges of Nursing, 2009, Letvak & Buck, 2008). These traditional strategies provide additional benefits designed to make the position more appealing, but do not address issues such as moral distress or the incongruence between practice and the nurse’s professional values and ideals. These efforts have not produced the results needed to assure an adequate nursing workforce (Letvak & Buck, 2008). Considering the tremendous expenses of these interventions, cost has become one of the most critical issues facing healthcare organizations. Thus, strategies that enable healthcare organizations to simply maintain their skilled labor force by addressing the underlying issues leading to nurse turnover have their own measurable economic benefits. Healthcare organizations are beginning to recognize that more creative approaches are needed to retain nursing staff.

**Professional Development in Nursing**

Increasing nurse retention and satisfaction by creating a culture of professional development in health care institutions is one way to combat the nursing shortage (Cooper, 2009). Professional development refers to a constant commitment to maintain
specific skill levels and career paths. This commitment is designed to ensure that a nurse’s skills and knowledge are current and relevant (Lannon, 2007). Professional development allows nurses to increase skill levels and to advance their competence. Competence implies that a nurse is accountable to society for an ongoing commitment to remain current and safe in the profession of nursing (American Nurses Association, 2000). Professional development can be as specific as skills training or as broad as enhanced professional development. Professional development requires a personal pledge to lifelong learning (Lannon, 2007).

Professional development is significant to nursing and health care institutions. Meaningful professional development opportunities offered at places of employment may increase nurse retention (Ulrich, Buerhaus, Donelan, Norman, & Dittus, 2005). In a national survey, 64% of the nurses who planned on leaving their positions in the next three years responded that they would consider staying if their employer offered more opportunities for professional development (Ulrich et al., 2005). Though retention efforts such as sign on bonuses, paid time off, and tuition reimbursement have been somewhat effective, many experienced nurses stop working around age 53 (Buerhaus, 2007). Retention efforts are essential to help maintain the nurse work force (Ulrich, et al., 2005).

Erenstein and McCaffrey (2007) determined that encouraging professional development and increasing professional development opportunities for nurses leads to a positive work environment and may increase nurse retention. Furthermore, professional development also increases job satisfaction. This is important to health care institutions because nurses who have higher career satisfaction levels have been reported to provide quality, safe, cost-effective patient care (Perry, 2008). Nurse satisfaction rates can be a
predictor of turnover rates (Sochalski, 2004). Employers who understand this relationship can take purposeful action to promote job satisfaction and retain their nurses (Perry, 2008).

**Arts in Healthcare**

The availability of an arts in healthcare program was found to be a major consideration for healthcare staff when seeking employment or considering whether to remain in their current position (Staricoff, R. & Loppert, S., 2003). Such programs integrate the arts, including literary, performing, and visual arts and design into a wide variety of healthcare settings for therapeutic, educational, and expressive purposes. These programs can take on many forms including book clubs, creative writing publications, or musical groups designed and organized by healthcare staff. Specifically, arts programming can create a less stressful work environment for nurses and other healthcare professionals and engagement in these programs can help to establish relationships and connections between patients and professionals (State of the Field Committee, 2009). Each of these benefits leads to improved career satisfaction - a major factor in nurse retention.

The arts in healthcare is a relatively new multidisciplinary field dedicated to “transforming the healthcare experience by connecting people with the power of the arts at key moments in their lives” (State of the Field Committee, 2009, p. 1). The field of medical humanities has paved the way for the growing interest in the arts in healthcare movement in the United States. Medical education has taken the lead in recognizing the arts as a powerful tool by incorporating the arts and humanities into medical curriculum
and nursing is following suit (Dellasega, C., Milone-Nuzzo, P., Curci, K., Ballard, J., & Kirch, D., 2007; Hooker, C., 2008. The study of medical humanities utilizes the humanities as tools to embrace the complexities of human existence through the deliberate exploration of the human side of medicine focused upon such areas as the patient’s experience of illness, the social and cultural issues surrounding illness and health, as well as the moral dimension of the physician-patient relationship (Hawkins, Ballard, & Hufford, 2003, Dellasega, 2007).

Though nursing has not developed its own field of nursing humanities, the influence of medical humanities on nursing education and practice is becoming notable. For instance, the arts in healthcare scholars are developing a body of knowledge that shows promise in the use of arts programming as nursing recruitment and retention tools. Studies have proven that integrating the arts into healthcare settings helps to “foster a positive environment for caregivers that reduces stress and improves workplace satisfaction and employee retention” (State of the Field Committee, 2009, p.1). The arts can enhance the skills of nurses by improving their observational, diagnostic, and empathic abilities. It helps them to understand patients in a different way and connect with them on a more humanizing level (Charon, 2004; DasGuptas & Charon, 2004; State of the Field Committee, 2009). With rising healthcare costs in the United States coupled with the need to retain nurses, research into the influence of arts programming as an opportunity for nurses to reconnect with their core values and ideals, recognize and address experiences of moral distress, and create a healthy work environment can have a tremendous impact on our struggling healthcare system (State of the Field Committee, 2009).
Though much of the discussion regarding the use of humanities based strategies to improve well-being and levels of satisfaction are based on anecdotal evidence, there is convincing empirical evidence based on the work of James Pennebaker (Pennebaker & Beall, 1986). In his early work, Pennebaker developed an emotional expression task that required study participants to write about a traumatic experience resulting in improved health and reduced numbers of health care visits. Since that seminal work, researchers have found improved mental and physical health as the result of various expressive writing activities with a wide range of populations including support group participants, medical students, prisoners, and individuals with mental health disorders (Baird, 1995; Bolton, 2004; Dellasega, 1999; Lepore & Smythe, 2002; Smythe, 1998; Gortner, Rude & Pennebaker, 2006). This research supports the potential use of humanities or arts based strategies as tools to address the stress of nursing practice and to improve the levels of career satisfaction and well-being.

Use of the Arts in Adult Education

To understand how the arts and humanities encourage learning and meaning making, it is important to recognize that the arts have been used in various fields of education including adult education. Many of these studies and discussions center on the use of various humanities approaches to foster transformative learning, a prominent theory within adult education. Fostering transformative learning is about creating an environment where change can occur – change in perspective, redefining ideas, and creating new meanings (Mezirow, 1994). It is not about forcing a change but rather about creating a space where change is a possibility. The use of creative or expressive writing and literature has gained significant attention in recent years as tools to foster
adult learning. These approaches recognize not only the cognitive or rational ways of knowing but also the affective, spiritual, and somatic dimensions of learning (Brooks, 2001; Boud, 2001; Clark & Rossiter, 2008; Jarvis, 2006; Lawrence, 2008). Most recently by recognizing the multiple ways of knowing and incorporating arts based strategies into adult education, Stuckey (2009) in an action research study was able to explore the ways in which women make meaning around the diagnosis of diabetes while Clover (2006) studied the creative and anticipatory ways to respond to contemporary social and environmental issues. Each of these studies demonstrated the usefulness of art based strategies to encourage new learning related to complex issues.

Considered arts based strategies, reading and creative or expressive writing provide time for reflection both individually and in group environments. Participating in these activities creates time to consider new ways of thinking and being which are too often overlooked in the fast paced, rational world (Boud, 2001, Clark & Rossiter, 2008). In addition, engaging one’s creativity also encourages new ways of thinking and feeling (Lawrence, 2008). Our dominant Western culture prizes rational-cognitive ways of knowing and many times the emotional and embodied ways of knowing are dismissed or ignored. “To suppress our emotions is not only unnatural; it prevents us from expressing our full humanness” (Lawrence, 2008, p. 66). This is very evident in the world of healthcare and nursing. Though nurses espouse a holistic and individualized approach to nursing care, the reality of healthcare leaves very little time to focus on care beyond technical skills and evidence based knowledge. It is this imbalance that tends to lead to feelings of moral distress or realizations that one’s values and ideals for nursing practice will not be achieved. Mezirow (1994) would identify these situations as potentially
“disorienting dilemmas”. A disorienting dilemma consists of a personal experience which does not simply occur but forces the learner to critically examine his or her assumptions and beliefs that structure how the experience has been interpreted (Mezirow, 1991). The use of writing, drama and other forms of art provided an outlet for moving through these difficult situations and to find new meaning (Lawrence, 2008). For example, a learner participating in a creative writing course designed for health professionals tells the story of a stroke patient who is dealing with the dire impact on his ability to perform the simple tasks of daily living. The student reflects:

I imagined myself in his situation and how helpless I would feel. However, there was nothing much I could do or fix. Sometimes I wonder if being an automobile mechanic would be easier since automobile problems are much easier to identify, and almost everything is repairable. However, there are limits to what can be done for the human body (Hatem & Ferrara, 2001, p. 18).

Feelings of helplessness and the questioning of one’s abilities resound in this piece of writing. It can be speculated that much of this writer’s day was encompassed by rational thoughts about the effects of a stroke on the neurological functioning of this patient and the technical tasks required to meet this patient’s basic needs. This writing exercise may have provided a small space in which the writer could reflect not on the rational aspects of their role but also on how they were feeling. As a result, there may be a change in perspective as these feelings and experiences are honored. The humanities offer a safe environment to explore new ways of thinking, responding, feeling, and acting that may provide new perspectives on professional roles and future behaviors.
Statement of the Problem

This research is aimed at exploring the use of humanities based strategies such as reading and creative writing among professional nurses. Though anecdotal evidence and limited empirical research exists to support the use of arts in healthcare to improve job satisfaction and to promote well-being within the work environment, few arts or humanities based programs are designed specifically to address the needs of nurses. Little is known about the use of these strategies to help nurses connect with their established professional values and beliefs. This is of significance since many nurses begin to describe feelings of stress and burnout when their practices are incongruent with their professional values and beliefs (Corley et al, 2001, Pendry, 2007). These feelings often prompt nurses to leave their profession. The medical humanities and adult education research indicates that humanities based strategies are useful in assisting learners in expanding their ways of knowing to include affective learning (Baird, 1995; Bolton, 2004; Clover, 2006; Dellasega, 1999; Lepore & Smythe, 2002; Smythe, 1998; Gortner, Rude & Pennebaker, 2006; Stuckey, 2009). Despite this research, there is a significant gap in the data based research related to the use of humanities based strategies in the professional development of nurses. Further exploration of the role of arts in nursing is warranted. With the current shortage of nurses, the need to retain a well-trained workforce is imperative; however few financial resources exist to support additional retention programs and current programs are not meeting all the needs that exist. Being a relatively cost effective approach, humanities based programs may be a viable
addition to current retention strategies. For each of these reasons, the time has come to further discover the role of humanities based strategies as tools in the professional development of nurses.

**The Purpose of this Research**

The purpose of this action research study is two-fold:

1. To examine the process of how nurses engage in a professional development program that draws on reading and creative narrative writing related to their professional values and ideals.
2. To examine the nurses’ perspectives on how their involvement in the process and program relates to changes in their professional roles.

**Guiding Research Questions**

Based on the purpose of this study, this research will be guided by the following questions:

1. How do nurses view the use of literature and writing as tools to reconnect with their professional values and ideals?
2. What reading or writing strategies do nurses perceive to be most useful in helping them reconnect with their professional values and ideals?
3. How does engagement with literature and writing influence career satisfaction and well-being in nurses?
The theoretical framework for this study is transformative learning.

Transformative learning theory has contributed to the field of adult education for nearly three decades and continues to be a well-recognized theory of adult education. Based on the seminal work of Jack Mezirow (1991), the development of transformative learning has grown beyond the early emphasis on cognitive dissonance to include other aspects of the human experience (Ettling, 2006). Human beings make meaning as they engage with the world, therefore the theory views learning through a constructivist’s lens (Cranton, P., 2006). As a result, individuals construct knowledge based on their experiences and interactions. Transformative learning occurs when there is a transformation in one of our beliefs or attitudes (a meaning scheme), or a transformation of our entire perspective (habit of mind) (Mezirow, 2000). The process of knowledge construction includes eleven steps as outlined by Mezirow (1991). Four of these steps are critical components of the process of perspective transformation: a disorienting dilemma, critical reflection, rational discourse and action (1991). Through the engagement with the humanities, a space is created to begin this process with the possibility of transforming one’s frames of reference (meaning schemes, habits of mind) to become more “inclusive, discriminating, emotionally capable of change, and reflective so that they may generate beliefs and opinions that will prove more true or justified to guide action” (Mezirow, 2000, p. 8).

Transformative learning theory is based on several key assumptions that directly inform this study. First, individuals construct reality based on multiple truths (Mezirow, 2000). Nurses function in a complex and rapidly changing environment where beliefs and ideals are constantly renegotiated. Nurses cannot always be assured of what they know
or believe. Second, life experiences stimulate learning (Mezirow, 2000). The rich life experiences of nurses provide a vast opportunity for continued learning. Third, critical reflection is essential for learning to take place (Mezirow, 2000). In the fast-paced world of nursing, it is important to find opportunities to reflect upon one’s values and ideals and their alignment with actual practice. And finally, learning occurs through cognitive processes as well as through extrarational ways of knowing (Cranton, 2001, 2006; Cranton & Roy, 2003; Dirkx, 1997, 2000; Kegan, 1994, 2000). The extrarational refers to feelings, emotions, imagination, and creativity; all concepts too frequently absent in formal education experiences (Cranton, 2006). Though these theorists build upon the foundational work of Mezirow whose focus had been on cognitive or rational ways of constructing knowledge or transforming a perspective; their subsequent perspectives of transformative learning recognize that individuals construct knowledge in ways other than through rational processes (Kegan, 1994, 2000; Cranton, 2006; Dirkx, 1997, 2001). Specifically, the extrarational includes concepts of authenticity (Cranton, 2001, 2006), individuation (Cranton, 2006; Cranton & Roy, 2003; Dirkx, 2006), soul (Dirkx, 1997, 2000; Cranton, 2006), and the development of new epistemologies (Kegan, 1994, 2000). The work of a nurse involves cognitive and affective dimensions; therefore the learning needed to meet the challenges and demands of this profession must also address the cognitive and affective or extra-rational ways of knowing. An overview of the three lenses of transformative learning theory is provided including the perspectives of Mezirow (1991, 1994, 2000), Kegan (1994, 2000), the combined theories of Cranton (2001, 2006) and Dirkx (1997, 2000).
Mezirow’s Perspective

Transformative learning is defined as learning that transforms problematic frames of reference – sets of fixed assumptions and expectations (habits of mind, meaning perspectives, mindsets) – to make them more inclusive, discriminating, open, reflective, and emotionally open to change (Mezirow, 2003). To accomplish learning, Mezirow (1991) proposes a multistep process of perspective transformation. Four components are considered to be critical to the process of transformative learning including the disorienting dilemma, critical reflection, reflective discourse, and action (Mezirow, 1994, 2000). Each of these components are also critical to this research study.

Disorienting dilemma. The first phase, disorienting dilemma, in Mezirow’s process of a perspective transformation consists of a personal experience which does not simply occur but forces the learner to critically examine his or her assumptions and beliefs (meaning schemes) that structure how the experience has been interpreted. This is the disorienting dilemma (Mezirow, 1991). The practice of nursing provides countless moments when scientific knowledge and past learning seems insufficient to confront the challenges of individual human needs; when practice somehow falls short of the professional values and ideals established in nursing education and utilized in prior clinical experiences. According to Mezirow (1991), the process of perspective transformation will only take place when the nurse lives the experience and begins to question her responses and assumptions. This lived experience can take the form of “real life” situations or through various forms of literature and art. The literature and writing serve a dual purpose by provoking a disorienting dilemma through which new learning is
constructed while also offering insights into the disorienting dilemmas that nurses face each day.

**Critical reflection.** For transformative learning to occur, the person must move from the point of recognizing the disorienting dilemma to critical reflection. Critical reflection refers to questioning the integrity of one’s assumptions and beliefs based on prior experiences (Mezirow, 1991). This process begins as a self-assessment of why I do what I do. The work of critical reflection is usually very autonomous and can be associated with feelings such as fear, anger, inadequacy or shame as the learner questions his or her previously unexamined assumptions (Mezirow, 2000). Literature and writing form a context through which nurses have the opportunity to critically reflect upon the knowledge they have learned through formal education, clinical experiences, and personal lived experiences. Nurses need to understand their own motivations and the needs of their patients to deliver quality care. This time of self-assessment may stimulate a deeper understanding that would force the questioning of previously held assumptions and ways of viewing the world.

Three primary forms of critical reflection have been associated with transformative learning including content, process, and premise reflection (Mezirow, 2000) though the distinctions are no longer emphasized in the literature but can be useful when considering the role of critical reflection in learning (Cranton, 2006). Content reflection involves a definition or description of the problem. Process reflection considers the problem solving strategies being used and premise reflection takes place when the problem itself is being questioned. Content and process reflection may lead to the transformation of a specific belief, but it is premise reflection that engages learners in
seeing themselves and the world in a different way (Cranton, 2006; Mezirow, 1997, 2000).

**Rational discourse.** Self-assessment is not the only form of reflection included in Mezirow’s (1991) theory of transformative learning. In addition to this form of critical reflection is the use of reflective discourse to provide a deeper more thoughtful understanding of the issue. Discourse is a central component of human communication and learning. Communicative learning is a premise of reflective discourse and is used when trying to understand what someone means in relationship to concepts that are often defined by context or by the individual (Mezirow, 1994). Reflective discourse provides a special kind of dialogue in which the focus is “on content and an attempt to justify beliefs by giving and defending reasons and by examining the evidence for and against competing viewpoints” (Mezirow, 1994, p. 225). An environment conducive to reflective discourse should include complete and accurate information, freedom from coercion, objectivity, openness to new ways of thinking and feeling, critical reflection, equal opportunity to share and participate, and a willingness to accept this informed, objective, and rational consensus until new perspectives or positions are encountered (Mezirow, 1994). Reflective discourse promotes collaborative learning and perspective transformation.

**Action.** Perspective transformation is not limited to changing the way one views the world, but rather in changing the way one lives within the world (Mezirow, 1991). Action in transformative learning theory means making a decision, but not necessarily an immediate behavior change (Mezirow, 1994).
Mezirow’s theory is consistently critiqued for its overly rational perspective of transformative learning (Cranton, 2006; Dirkx, 2006; Kegan, 2000; Taylor, 2007, 2009). Little attention is given to context including social issues and culture (Clark & Wilson, 1991; Taylor, 2009). This lack of attention to context also overlooks power issues that have implication for the learning environment and the ability to learn (Hart, 1990). For these reasons, it is necessary to consider subsequent perspectives of transformative learning theory that attempt to speak to the limitations of Mezirow’s work.

Kegan’s Perspective

As mentioned previously, Mezirow’s (1991) theory of transformative learning formed the foundation for decades of study and discussion of transformative learning in adult education. Scholars and critics of Mezirow’s original theory have created various new conceptions of transformative learning which they believe have further informed our understanding and application of the theory. Kegan (2000), through his psycho-developmental lens heralds Mezirow’s work but identifies areas that need further definition and explanation. Two of these areas have direct correlation to my study. First, is the distinction between informational and transformational knowing. Secondly, from this perspective, transformative learning extends across the lifespan taking into account the importance of history and experiences in creating an epistemological change (Kegan, 2000).

Informational and transformational learning. Informational learning has a crucial purpose in disciplines and practice. This learning is filled with facts, events, and other forms of rational thought, but it is not the only form of learning needed. Transformational learning is aimed at not only what we know but how we know. This
learning evolves through abstract and critical thinking. Transformational learning considers more complex questions about the facts such as who created the knowledge. Both kinds of knowledge are necessary and have value in the educational process (Keegan, 2000). It is not an either/or position but rather an ability to strike a balance between informational knowledge and transformational knowledge.

**Lifespan development and new epistemologies.** One of the goals of transformative learning from the psycho-developmental world view of Kegan (2000) is to move toward greater self-authoring through continuous, incremental, progressive growth across the lifespan leading to learning that is controlled by the individual. Self-authoring refers to the ability to move away from the values and expectations of others that have been internalized in a noncritical way and towards an internally designed belief system (Kegan, 1994, 2000). The forward movement from one stage of development to the next creates positive changes in learning and a greater sense of autonomy within the learner. Integrated within this perspective is a key concept of androgogy - the value of history and experience. Particular attention is given to past transformations. Though this perspective recognizes that transformative learning is not limited to adulthood, developmentalists have shown through empirical studies that it takes at least the first two decades of life to get to the point of taking on a new epistemology that creates awareness of what is shaping the individual – a move from the being socialized by others to self-authoring of one’s knowledge (Kegan, 2000). The developmental perspective of transformative learning encourages the learner to take on new roles and create bridges between past, present, and future knowledge (Kegan, 2000).
Looking at literature and writing as tools to encourage growth in transformational knowledge and to encourage a change in epistemology offers an interesting and useful perspective. New epistemologies will help learners move from knowledge that controls the learners to learners who control their knowledge. From the developmental perspective of transformative learning, the humanities provide new ways of knowing that currently are not central to formal or informal nursing education.

Kegan’s approach continues to place rationality at the center of this perspective and therefore has some of the same limitations as Mezirow’s theory particularly in respect to culture, society, and context. Kegan’s linear perspective focuses on the growth and development of the individual through transformative learning. Development in this theory moves only in the forward direction and does not address the possibility of regression. In addition, Tennant (1993) warns that “changes are part of the expected life course and should not be confused with actual changes in perspective” (p. 41). It is necessary to confirm that the change in perspective is one that encourages new epistemologies. This is an important distinction particularly when considering the humanities in professional education and practice. Change occurs rapidly in the healthcare environment and change without new epistemologies and new perspectives occur frequently. It would be important to differentiate these changes from actual changes in perspective.

**Cranton and Dirkx’ Perspectives**

Theorists have expanded upon Mezirow’s (1991) early work in an attempt to expand the theory beyond rational ways of thinking to exploration of transformative learning from the affective domain of knowing. The work in this area of transformative
learning theory is growing and shows a great deal of promise for the future understanding of the process of perspective transformation (Taylor, 2007). Directly related to this research study are the extrarational concepts of individuation (Cranton, 2006), authenticity (Cranton, 2006; Cranton & Roy, 2003), and soul (Dirkx, 1997, 2000).

Cranton (2006) demonstrates through her work that transformative learning can be useful in addressing both the rational and extrarational (e.g. feelings and intuition) ways of knowing. By incorporating the extrarational element to transformative learning, Cranton is embracing the idea of individuation as a transformative process. Sharp (2001) describes individuation as a spiral, a journey where the aim is to get back to where one started, but to know where one has been. Essentially, individuals remain who they are, but through the journey of individuation, they come to know who that self is. The journey of individuation requires the opportunity to embrace rational and extrarational ways of learning and meaning making. “At the core of individuation is establishing and maintaining a dialogue with the unconscious dimensions of the self, and this is not rational reflection as Mezirow describes it” (Cranton, 2006, p. 97). The extrarational approach to transformative learning pays attention to the emotional and spiritual aspects of everyday occurrences (Dirkx, 2000).

Closely related to individuation is the concept of authenticity; defined as “the expression of the genuine self in the community” (Cranton & Roy, 2003, p. 93). Authenticity is the need for individuals to know who they are, what they believe, and to act on those beliefs. This development of self-awareness is a transformative process (Mezirow, 2000). Being authentic involves living a critical life, striving for consistency of values and actions, and being genuine with oneself and others (Cranton & Carusetta,
2004). Authentic learning is holistic and considers all aspects of the individual including the cognitive, affective, spiritual, and psychological (2004).

An individual attends to not only the cognitive aspects of an experience, but also to the emotive, spiritual, social, and physical aspects while nurturing soul. Soul encompasses seeing the world and its suffering through our own experiences of emotions while recognizing the relationship between an individual and the world (Dirkx, 1997).

When nurturing soul, one pays attention to the small, everyday occurrences. It is this attention that allows the individual to consider the connections between the heart, mind, and emotions and it is this work that allows the individual to live more authentically (Dirkx, 1997, 2000).

A single perspective of transformative learning theory is inadequate to frame this research study. The use of literature and writing can assist in the connection to not only the rational aspects but also the extrarational aspects of creating meaning. These strategies support the multiple ways of knowing that have become prevalent in the transformative learning literature (Taylor, 2009; Taylor & Snyder, 2011). In the healthcare world where so much attention is given to rational thought and cognitive learning, it is important to take time to attend to the feelings and emotions that too often are overlooked yet remain vital to our human nature. It is these new ways of thinking and knowing that lead to perspective transformation and action.

**Research Design**

The focus of this research lends itself to a qualitative study informed by the action research paradigm. Three key components of qualitative research have been instrumental in the development of this study. First, qualitative research focuses on the participants’
experiences and viewpoints (Finley, 2005). This study is designed to gain insights into
the participants’ experiences and viewpoints regarding the use of writing and literature as
tools to assist nurses in reconnecting with their professional values and ideals. Second, in
qualitative research the researcher is the primary tool for collecting and analyzing the
data (Merriam, 2002). Third, the data obtained through qualitative research is richly
descriptive. The data collected through this study provided detailed descriptions of the
participants, activities, discussions, and the process of the research study. Through
qualitative study, the world is made more visible (Denzin and Lincoln, 2005). Through
this study, I hoped to more clearly see the experiences of nurses as they use writing and
literature to explore their core values and ideals. Specifically, this study utilized an
action research method.

**Methodology**

Simply stated, action research is learning by doing. A group of individuals
identify a problem do something to resolve it, see how successful their efforts were, and
if not satisfied, try again (McIntyre, 2008; Greenwood & Levin, 2007). This study will
provide an opportunity for nurses to come together and create a program using
humanities based strategies to explore their professional values and ideals. Through this
program, the participants will frequently evaluate the experience, make needed changes,
and implement new approaches that may better address their needs.

Several key concepts related to action research make it a useful methodology for
this study. Action research is a collaborative effort. It is a basic premise of this method
that participants can be effective researchers. Therefore, in action research, participants
assume a role of co-researcher supporting an underlying assumption that people learn
best and are better equipped to apply what they learn when they do it themselves. This role is unique to action research. Through active engagement, participants will have a voice to dialogue and share their individual experiences and perspectives. It is through these opportunities that relationship building occurs and the participants become more deeply engaged in the research process (Greenwood & Levin, 2007).

Because the primary researcher and participants are interested in identifying and solving problems within their real world setting, the context and social dimension of action research are of great importance. Considering the impact of the healthcare organization and the individual work environments of the nurse participants was central to the development of this study. In addition to the influences of the context, there is also the need to recognize the influence of the primary researcher as an active participant in all aspects of the research and activities. Not only is the primary researcher responsible for collecting and analyzing the data of the participants, the experiences of the researcher are included in the data collection and analysis. This is a major distinction between action research and other types of qualitative research.

Action research is based on the desire to find solutions to practical problems that will improve education, work environments, and performance (Schmuck, 2009; Reason, 1998). This local focus and intense attention to a problem can lead to change and improved practice. However, there may be limitations to the generalizability of the findings but it is hoped that this research study will provide useful insights prompting replication and future scholarly work.

The overall research design for this study will be based on a professional development program for professional nurses aimed at exploring the use of reading and
writing strategies to assist nurses in reconnecting with their professional values and ideals. Participants will be recruited to participate in this action research study which will take the form of a professional development program thus participants will receive ten continuing education credits for completing the entire program. A self-selection process will be used for recruitment of professional nurses who meet the established criteria.

Once participants are identified, a series of eight sessions will be scheduled. Prior to beginning the group sessions, a pre-participation interview will be conducted with each participant. Each session will focus on a theme related to a core professional value related to the profession of nursing. The participants will identify these values during the first group session. The group sessions will take place in a 90-120 minute time frame. Prior to attending the group session, participants will be asked to read from a list of options provided which focus upon the theme for the session (e.g. empathy, integrity, compassion, empowerment). These readings will include various genres including but not limited to fiction and nonfiction, short stories, essays, poetry, and children’s stories. In addition to the readings, participants will also be asked to complete journal entries and to respond to writing prompts related to the process of the study and to the selected theme.

Participants will have the opportunity to select the writing style for their responses. The group sessions will provide opportunities for discussions related to the readings and writing activities as well as a time for sharing of the written pieces. Initially, the first few sessions will be facilitated by the primary investigator of this study but then the roles will shift and participants will be given the opportunity to take on the role of participant facilitator and the primary investigator will become a participant. This exchange of roles is central to the concept of action research. At the completion of the series of group
sessions, a post-participation interview will be completed with each participant. An extensive variety of data will be collected and analyzed including journal entries, responses to creative writing prompts, field notes, and transcriptions from the audio recorded pre and post participation interviews. Each data point will be analyzed by thematic analysis with member checking utilized to confirm accuracy.

**Significance of the Study**

As mentioned previously, nursing is a stressful profession with a variety of factors contributing to the high rate of burnout and attrition from professional roles. A variety of methods have been employed by healthcare institutions to retain nurses and maintain a stable workforce. These commonly include financial incentives, flexible scheduling options, and various other benefits designed to externally motivate nurses to remain in the profession. Despite these efforts, retention of nurses is difficult and nurses continue to leave the workforce. Few interventions exist that address the internal factors that may contribute to increased stress and burnout such as professional values and ideals that are incongruent with actual practice. Nurses may feel this tension between their professional values and ideals and the reality of practice, but they have few organized resources available to assist them with this issue. In this time of healthcare crisis, it is imperative that healthcare organizations consider creative and innovative approaches to assisting nurses with issues that may lead to a decision to leave the profession. This study has the ability to impact the approaches used by nursing professionals and healthcare organizations to address workplace stress, career satisfaction and retention by providing insight into the role of humanities based strategies such as reading and creative writing. Many of the current programs and retention plans used to retain nurses are very expensive and may be prohibitive to some organizations. This study will provide an
opportunity to implement a more cost effective professional development approach that requires very limited resources. During a time of increasing fiscal responsibility, this may be a very significant factor to consider. In addition, this study may have implications for other professions within and outside of healthcare where stress, burnout, and retention are common problems.

Though much has been written about the use of arts in healthcare to promote the well-being and satisfaction of patients, little attention has been given to the use of the arts in healthcare to assist nurses in reducing stress and burnout. Therefore, this study will also have significance to this new and growing field known as arts in healthcare. The State of the Field Report: Arts in Healthcare (2009) indicates a gap exists in this area and calls researchers to consider the impact of arts in healthcare upon nursing recruitment and retention. Specifically, this study will provide insights into the use of reading and creative writing as strategies to assist nurses in reconnecting with their professional values and ideals. Interestingly, these approaches are frequently used in undergraduate and graduate nursing education to enhance learning; however, there is a paucity of literature related to such approaches in nursing professional development and continuing education. It could be assumed that if the integration of literature and writing into formal, higher education settings assists learners in developing professional values and ideals then these approaches would also be useful in assisting professional nurses in reconnecting with these values and ideals. Therefore, this research would also be useful to nurse educators; especially those responsible for the implementation of continuing education and professional development programs.
The significance of this study is not limited to nursing education but also informs adult education. The study would address the process of perspective transformation as described by transformative learning theorists. This knowledge will build upon the theory of transformative learning which is rich in data that suggests ways of fostering perspective transformation but provides limited knowledge of the actual process of perspective transformation. Recently, there has been an interest in the use of literature and writing within adult education as a way of constructing new meaning through reflection (Brooks, 2001; Jarvis, 2006; Peterson & Jones, 2001). This study will add to the growing body of research within adult education by specifically addressing the practical uses of literature and writing as strategies to assist adult learners in constructing new knowledge and new perspectives. In addition, this study will provide insights into the process of fostering transformative learning through the use of an action research method. Though transformative learning is beginning to recognize the role of extra-rational or non-cognitive ways of knowing, this study will provide additional insights into these concepts.

Finally, as a nurse for over 20 years, I have witnessed excellent nurses walk away from a profession they once loved. Many would say they still enjoyed patient care but were “burnout” or “overwhelmed” by the daily stress of the job. I often considered what might have prevented them from leaving the profession. As a nurse educator, I have committed myself to the development of the future nurses. However, I realize that it is not enough to recruit and educate new nurses, but to also support and retain highly skilled, experienced nurses. I recognize the efforts of healthcare organizations to retain nurses, but my intuition tells me that the solution is not as simple as providing external
incentives. Nurses must be encouraged to look within themselves to create solutions. This study will give me an opportunity to develop an innovative program to address what I perceive to be a common problem among professional nurses – an inability to take time to reflect on one’s practice, accomplishments, and career challenges and therefore losing sight of the professional values and ideals that attracted them to this profession. This project has significantly impacted my role as a nurse and a nurse educator and it is my hope that it will also influence the fields of nursing, arts in healthcare, adult education, and healthcare organizations.

**Assumptions of the Study**

The following assumptions are imbedded in this research:

1. Nursing is a high stress career with constant demands on one’s time and energy.
2. Nursing education seeks to prepare generalist nurses with strong professional values and ideals.
3. Nursing students construct professional values and ideals during their nursing education and professional nurses expect to apply these values and ideals to their professional practice.
4. There is a shared set of values and ideals among professional nurses including but not limited to altruism, autonomy, human dignity, integrity, and social justice.
5. Professional nursing practice is at times incongruent with one’s professional values and ideals.
6. All nurses experience moral distress to varying degrees though they may not use the term moral distress to describe this experience.

7. Reading and creative writing can be used in a strategic way that can foster reflection and learning.

8. Reading and writing have the potential to facilitate transformative learning.

9. Nurses recognize their personal responsibility for continuing education and professional development.

**Limitations of the Study**

Some of the potential limitations of the study include:

1. This study is dependent upon the voluntary participation of professional nurses in a professional development program. As a result, there may be a degree of selection bias in that the professional nurses who choose to participate in the program may do so because of significant issues of career dissatisfaction, burnout, or other negative feelings regarding the profession of nursing.

2. Because this study is dependent upon the consistent participation in several group sessions over the course of several weeks, not all participants may complete the entire program.

3. Though action research is very practical and practice driven, it has significant limitations to its generalizability. However, the study data will provide a rich description of the program development, process, and results based on a combination of careful note taking, interviews, and thematic analysis of projects. This data will be useful for future replication.
4. The participants may have varying perceptions of what they hope to achieve by participating in this program. Their preconceived expectations may influence the process of action research.

5. As a nurse committed to a long standing career in nursing, my involvement with the participants may influence their ability to openly and honestly share their opinions of dissatisfaction with their profession.

6. Due to frequent retention efforts sponsored by healthcare organizations, these programs may influence the nurses participating in this study.

Importance of the Study

Despite the limitation listed above, this study will provide valuable insight into how humanities based strategies such as reading and creative writing can be used within the context of a professional development program to assist nurses in reconnecting with their professional values and ideals. Specifically, the study will provide insight into how nurses view the use of humanities based learning strategies and which specific strategies they consider to be most useful in helping them to reconnect with their professional values and ideals. In addition, the study will explore how reading and creative writing influences career satisfaction and well-being in nurses which is essential to the retention of highly skilled and experienced nurses.

Definition of Terms

1. Professional Nurse is a term used to define a nurse who has completed a baccalaureate degree in nursing and is currently employed and licensed as a Registered Nurse in the state of Pennsylvania.
2. **Professional Values** is a term used to describe a cluster of principles or qualities considered to be intrinsically valuable by the individual and the profession of nursing such as empathy, respect, or humanity.

3. **Professional Ideals** is a term used to describe a standard of excellence in the profession of nursing such as holistic and individualized care.

4. **Literature** encompasses any literary work of fiction or nonfiction including but not limited to short stories, autobiographies, poetry, essays, novels, and children’s stories.

5. **Creative Writing** is any style of writing used by the study participants to respond to writing prompts.

6. **Humanities Based Strategies** are any teaching or learning methods utilizing concepts from the humanities such as literature, writing, or various other forms of art.

7. **Arts in Healthcare** is “a diverse, multidisciplinary field dedicated to transforming the healthcare experience by connecting people with the power of the arts at key moments in their lives. This field integrates the arts, including literary, performing, and visual arts and design, into a wide variety of healthcare and community settings for therapeutic, educational, and expressive purposes” (State of the Field Report: Arts in Healthcare, 2009, p 3).

8. **Personal Narrative** is a term used to describe a written work describing the writer’s lived experience.

9. **Nursing Education** is the training of nursing students.
10. **Professional Development or Continuing Education** are interchangeable terms identifying a program or practice designed to enhance the one’s career experience or to teach skills or knowledge relevant to one’s professional role.

11. **Continuing Education** is a program designed to teach skills or knowledge relevant to one’s professional role.

12. **Moral Distress** is “the painful psychological disequilibrium that results from recognizing the ethically appropriate action, yet not taking it, because of such obstacles as lack of time, supervisory reluctance, an inhibiting medical power structure, institution policy, or legal considerations” (Corley, M., Elswick, R., Gorman, M., & Clor, T., 2001, p. 250-251).

**Summary**

The problem of nurse retention is directly associated with the current healthcare crisis in the United States. Though the issues leading to the decisions of nurses to leave the profession are variable, the concept of moral distress has been associated with career satisfaction and well-being. Various strategies have been implemented by healthcare organizations to address nurse retention but few have focused on the internal factors such as the incongruence between professional values and ideals and current nursing practice. Literature and writing are strategies that may be useful in helping to address career satisfaction and well being. Transformative learning theory provides a theoretical framework for this study by drawing on the rational and extrarational perspectives of transformative learning. This chapter provides a concise overview of the methodology, significance, assumptions, and limitations of this action research study designed to
explore the use of literature and writing as tools to assist nurses in reconnecting with their professional values and ideals.
CHAPTER 2

REVIEW OF SELECTED LITERATURE

The nursing shortage and retention issues continue to plague the nursing profession and healthcare. Creating effective professional development programs in health care institutions is one way to combat these threats (Donelan, Buerhaus, DesRoches, Dittus, & Dutwin, 2008). Professional development refers to a constant commitment to maintain one’s knowledge and skill base. Increasing professional development opportunities in a health care setting has been shown to affect nurse retention and increase levels of career satisfaction (Ulrich, Buerhaus, Donelan, Norman, & Dittus, 2005). Several approaches have been developed to increase professional development programs among nurses, but generally these programs focus on skill acquisition and knowledge needed for a specialty practice (American Nurses Association, 2000). This chapter will review the literature surrounding the use of literature and writing as strategies within a professional development program designed to assist nurses in reconnecting with their professional values and ideals. The first section of this chapter will establish a theoretical framework for the study while the remainder of the chapter will consider the insights from various disciplines including nursing, medicine, humanities, arts in healthcare and adult education as they relate to this action research study. Each of these disciplines provides critical insights into the development of a humanities based professional development program for professional nurses.
Section 1: Theoretical Framework

The overall framework for this study is transformative learning. Transformation theory is intended to be a comprehensive, idealized, and universal model of the generic structures, elements, and processes of adult learning (Mezirow, 1994). If adult learning is the overarching umbrella, then transformative learning is a particular perspective focused on learning within the individual. Within the field of transformative learning, there are several theoretical perspectives that stem from the work of Mezirow (1978). These views are at various stages of development and evolution. The framework of this study builds upon several of these perspectives. This section first considers the work of Mezirow (1978, 1991) focusing on the cognitive and psycho-critical perspective of transformative learning. Next, Kegan’s (2000) developmental perspective is reviewed as it relates to this study. Finally, the latest work in the development of transformative learning theory is in the direction of the extrarational ways of learning. This study recognizes that learning takes place in the rational or cognitive and the affective dimensions of the adult learner. For this reason, an integrated approach to transformative learning is used to establish the theoretical framework of this research.

Mezirow’s Perspective

Transformative learning theory has contributed to the field of adult education for nearly three decades. Based on the seminal work of Jack Mezirow (1978, 1991), the development of transformative learning has gone beyond the early emphasis on cognitive dissonance to include other aspects of the human experience (Ettling, 2006). Using a constructivist’s view of the world, this theory establishes that human beings make
meaning as they engage with the world (Cranton, 2006). As a result, individuals construct knowledge based on their experiences and interactions.

Transformative learning offers a learning theory that is considered to be uniquely adult. It attempts to explain how an individual’s expectations directly influence the meaning an individual derives from his or her experiences. Transformative learning is learning that transforms problematic frames of reference – sets of fixed assumptions and expectations (habits of mind, meaning perspectives, mindsets) – to make them more inclusive, discriminating, open, reflective, and emotionally open to change (Mezirow, 2003). Transformative learning theory focuses on how adults learn to negotiate and act on their own purposes, values, feelings, and meanings rather than those that they have uncritically assimilated from others. This learning fosters greater control over their lives by creating more socially responsible, clearer thinking decision makers. An important underlying assumption of transformative learning is that people can control their own lives and act autonomously (Mezirow, 1991).

To more thoroughly understand this perspective of transformative learning theory it is important to consider the domains of learning as they are defined and applied to this theory. In addition, the unique process of transformative learning must be recognized as well as the limitations of Mezirow’s influential perspective of transformative learning.

**Domains of learning.** Early on in the development of transformative learning theory, Mezirow (1991) framed his theory on Habermas’ (1984) domains of learning. Habermas (1984) recognizes five distinct domains of learning including: instrumental, communicative, emancipation, normative, and impressionistic. Of particular interest to the early development of transformative learning are the domains of instrumental and
communicative learning. Both require degrees of cognition and rationality. Instrumental learning is learning to control and manipulate the environment or other people as in task–oriented problem solving to improve performance. Communicative learning involves learning what others mean when they communicate with you. This often involves feelings, intentions, values and moral issues (Habermas, 1984). Most learning involves elements of both instrumental and communicative domains (Mezirow, 1991). Rationality is central to instrumental and communicative learning. For example, instrumental learning is often associated with skills or technical abilities to solve problems such as when a nurse follows an established algorithm when caring for a critically ill patient. The attainment of a high level of task-oriented performance indicates success in instrumental learning. Truth is established by determining whether a thing is as it has been asserted to be by objective measure (Mezirow, 1994). In contrast, communicative learning uses rational discourse with self or in the context of a group to justify a belief and to arrive at the best decision. If discourse does not take place, the learner will need to rely on tradition, authority, or force to justify their beliefs and actions (Mezirow, 1991).

Communicative learning can seldom rely on empirical testing since the concepts it seeks to understand are often defined by a specific context (Mezirow, 1994). The same nurse working with a critically ill patient may question the standard approach to care if it does not seem suitable to the current situation (such as issues related to quality of life and compassionate and holistic care). This questioning and engagement in discourse with the patient, family members, and professional staff provides an opportunity for the nurse to learn how to better meet the individual needs of the patient rather than simply following the preexisting plan of care. Therefore, communicative competence refers to the ability
of the learner to renegotiate his or her own values, feelings, meanings, and purposes rather than simply acting on those of others. Learners test their beliefs through empirical measurement when possible and then justify them communicatively through reflective discourse when instrumental methods are incomplete or unsatisfactory (Mezirow, 2000). Through communicative learning, the individual is able to take control of his or her learning and act more autonomously. Though Habermas’ (1984) third domain of learning is emancipation, transformative learning theorists redefine this as the transformation process that pertains to both instrumental and communicative learning (Mezirow, 2000). This third type of knowledge is derived from a questioning of instrumental and communicative knowledge. It is this knowledge that emerges from an individual’s ability to be self-reflective while seeking to fulfill an innate desire to grow and develop (Cranton, 2006). Mezirow (1991) recognizes this connection between transformative learning and emancipatory learning (Habermas, 1984) when he defines the goal of adult education as

helping adult learners become more critically reflective, participate more fully and freely in rational discourse and action, and advance developmentally by moving towards meaning perspectives that are more inclusive, discriminating, permeable, and integrative of experience (Mezirow, 1994, pp. 224-225).

When an adult learner questions assumptions derived from prior knowledge, the transformation process is stimulated and a perspective transformation is possible.

**Perspective transformation process.** The transformation process takes place when there is a deep shift in one of our beliefs or attitudes (point of view) or a transformation of our entire perspective (habit of mind) (Mezirow, 2000). An
individual’s frame of reference is made up of the assumptions and expectations through which we filter the way we see the world (Cranton, 2006; Mezirow, 2000). A frame of reference has two dimensions including a habit of mind and the resulting points of view. “Habits of mind are broad predispositions that we use to interpret experiences” (Cranton, 2006, p. 22). Individuals interpret the world based on their background, experience, culture, and personality. Since an individual’s habit of mind is determined by the individual’s personal story, it is reasonable to expect that they are interrelated. Habits of mind encompass all aspects of an individual’s being including areas such as learning styles, use of language, cultural expectations, self-concept, feelings, philosophy of life, values, attitudes, and judgments (Cranton, 2006). Interestingly, habits of mind do not rely solely on reason and cognition but employ various ways of knowing. In its simplest form, a point of view is the expression of a habit of mind (Mezirow, 2000). In order for a transformation of perspective to occur, a habit of mind and point of view must be questioned leading to the emergence of new ways of thinking and being within the world.

Perspective transformation may be the result of a major life event or the accumulative result of related transformations in meaning schemes. By reflecting on the premise of a problem, a transformation of meaning perspective can develop. Perspective transformation is less common than other learning experiences and leads to more significant learning (Mezirow, 1994). The most significant learning involves critical premise reflection of premises regarding the individual. The following phases of the transformative process have been identified (Mezirow, 1991, pp. 168-169):

1. A disorienting dilemma
2. Self-examination with feelings of guilt or shame, sometimes turning to religion for support

3. A critical assessment of assumptions

4. Recognition that one’s discontent and the process of transformation are shared and others have negotiated a similar change

5. Exploration of options for new roles, relationships, and actions

6. Planning a course of action

7. Acquiring knowledge and skills for implementing one’s plans

8. Provisionally trying out new roles

9. Renegotiating relationships and negotiating new relationships

10. Building competence and self-confidence in new roles and relationships

11. A reintegration into one’s life on the basis of conditions dictated by one’s new perspective.

The process of knowledge construction requires four critical components based on the previously identified stages as outlined by Mezirow (1991): a disorienting dilemma, critical reflection, reflective discourse (with self or with others) and action. Through the engagement of literature and writing, a space is created to begin constructing new knowledge with the possibility of transforming one’s frames of reference (point of view, meaning schemes, habits of mind) to become more “inclusive, discriminating, emotionally capable of change, and reflective so that they may generate beliefs and opinions that will prove more true or justified to guide action” (Mezirow, 2000, p. 8). In this study, the reading of literature, creative writing, and journaling will be central to
creating opportunities for professional nurses to engage in strategies that may foster a perspective transformation.

Mezirow’s perspective of transformative learning theory is based on several key assumptions that directly inform this study. First, individuals construct reality based on multiple truths (Mezirow, 2000). Nurses, for example, function in a complex and rapidly changing environment where beliefs and ideals are constantly renegotiated. They cannot always be assured of what they know or believe due to the dynamic nature of their work. Second, life experiences stimulate learning (Mezirow, 2000). The rich life experiences of nurses provide a vast opportunity for continued learning. Third, critical reflection is essential for learning to take place (Mezirow, 2000). In the fast paced world of nursing, it is important to find opportunities to reflect upon one’s values and ideals and their alignment with actual practice. Mezirow’s work provides a portion of the theoretical foundation needed to support this study. However, there are limitations to this lens of transformative learning which must be addressed. Additionally, the view of other transformative learning theoreticians should be considered when establishing the theoretical foundation of this scholarly work.

Though Mezirow’s theory of transformative learning has evolved into one of the most commonly recognized theories of adult learning, there are limitation to this perspective of transformative learning. Mezirow’s view of transformative learning has been critiqued for being too rational and too linear (Cranton, 2006; Dirkx, 2006; Kegan, 2000; Taylor, 2007). In addition, this perspective of transformative learning fails to address social issues and the cultural context of learning (Clark and Wilson, 1991). The lack of attention to context also overlooks power issues that have implications for the
ability to learn (Hart, 1990). These issues were identified by the earliest of critics and remain as central issues in the review of transformative learning.

**Kegan’s Developmental Perspective**

Scholars and critics of Mezirow’s original theory have created various new conceptions of transformative learning which they believe have further informed our understanding and application of the theory. Kegan (2000), through his psycho-developmental lens heralds Mezirow’s work but identifies areas that need further definition and explanation. Two of these areas have direct correlation to this research. First, is the distinction between informational and transformational knowing. Secondly, from this perspective, transformative learning extends across the lifespan taking into account the importance of history and experiences in creating an epistemological change (Kegan, 2000).

**Informational and transformational learning.** Informational learning has a crucial purpose in disciplines and practice. This learning is filled with facts, events, and other forms of rational thought, but it is not the only form of learning needed. In contrast, transformational learning is aimed at not only what we know but how we know. This learning evolves through abstract and critical thinking. Transformational learning considers more complex questions about the facts such as who created the knowledge. Both kinds of knowledge are necessary and have value in the educational process (Kegan, 2000).

Nurses are dependent on prior, informational learning to take in data, respond to changes, and to make clinical decisions. Everyone expects a nurse to embrace these abilities and utilize informational knowledge in every aspect of practice. But patients are
also looking for knowledge and understanding that cannot come from scientific data or technology; they are looking for a human connection that will address their fears and questions about life. To affectively meet these needs, the nurse would need to experience learning beyond concrete ideas and information. To clarify, it is not an either/or position but rather an ability to strike a balance between informational knowledge and transformational knowledge. The study of literature and art can awaken new ways of knowing by “promoting synthesis rather than reductionism” (Valiga & Bruderle, 1997, p. 14). For example, when a character in a film or short story faces a personal dilemma, our own sense of choice and decision is heightened. Through this experience, we are exposed to broader choices, more options and new insights into problem solving. Perhaps most importantly, we confront larger social issues that provide contexts for future action. For a nurse, this would translate into knowledge that will help her provide interventions to address the physical needs of her patient, but also to address the more holistic needs based on the individual’s experience.

**Adult development and new epistemologies.** One of the goals of transformative learning from the psycho-developmental world-view of Kegan (2000) is to move toward greater self-authoring through continuous, incremental, progressive growth across the lifespan leading to learning that is controlled by the individual. Self-authoring refers to the ability to move away from the values and expectations of others that have been uncritically internalized and towards an internally designed belief system (Kegan 1994, 2000). The beliefs that one comes to endorse might be no different from the socialized beliefs yet a transformation has occurred because the form of knowing has been transformed (Kegan, 2000).
The forward movement from one stage of development to the next creates positive changes in learning and a greater sense of autonomy within the learner. Integrated within this perspective is a key concept of androgogy - the value of history and experience. Particular attention is given to past transformations. Though this perspective recognizes that transformative learning is not limited to adulthood, developmentalists have shown through empirical studies that it takes at least the first two decades of life to get to the point of taking on a new epistemology that creates awareness of what is shaping the individual – a move from the being socialized by others to self-authoring of one’s knowledge (Kegan, 1994, 2000).

This creates an interesting dilemma when considering literature, writing, and nursing. In the early stages of one’s career (particularly if this occurs in the very early stages of adulthood), it is possible from a developmental perspective that a nurse may or may not have the ability to recognize what shapes their learning and knowledge. Though formal education is completed, literature and writing can be introduced as a way to explore new epistemologies and to move forward to higher levels of knowing. Routinely, nurses base interventions on evidence-based practice stemming from empirical research. This is the learning that is emphasized in formal education and continuing education programs. Unfortunately, in some circumstances this knowledge goes unquestioned and unchallenged. But there is another aspect of learning, the form that is more complex and controlled by the individual. For a nurse, this may take on the type of knowing that comes out of difficult personal experiences, careful critical reflection, or the accumulation of perspective transformations (Kegan, 2000). Consider this scenario: a young child experiences her grandmother’s struggle and death from cancer. In her formal
nursing education program, the now twenty-year-old learns about the pathophysiology and nursing care of a patient with cancer. As a middle age nurse, the same woman views a photography exhibit depicting the lived experience of a breast cancer survivor. Memories of her grandmother’s experience, classroom and clinical experiences as a student nurse, and finally the experience at the photography exhibit begin to merge through critical reflection to create a new epistemology for understanding cancer. Epistemology refers to not what we know but our way of knowing. Therefore one’s experience is less about what happens to us, and more about what we make of what happens to us (Kegan, 2000). Through a change in epistemology, a learner not only forms a meaning, changes a meaning, but also takes in to consideration how the meaning is made. It is this whole process that creates a new epistemology. Once an individual begins to recognize how they are shaped, they are transformed by an increased awareness and understanding of how learning occurs (Kegan, 2000). Just as the previous example suggests, engaging nurses in creative ways of thinking through arts and literature is one way of connecting existing knowledge and new knowledge and to integrate pieces of an experience into a whole (Williams, 2002). This perspective of transformative learning encourages the learner to take on new roles and create bridges between past, present, and future knowledge (Kegan, 2000). The literature and writing can be tools for nurses to explore new roles and make connections between various ways of knowing. New epistemologies can result from time spent reading and writing. Literary works such as poems, novels, and short stories are rich sources of not only information, but more importantly of illumination. There is no doubt that the depiction of illness, disease, and
caring found in the humanities is more powerful, sensitive, and evocative than the explanations contained in a textbook (Darbyshire, 1994).

Looking at the humanities as a tool to encourage growth in transformational knowledge and to encourage a change in epistemology offers an interesting and useful perspective. New epistemologies will help learners move from knowledge that controls the learners to learners who control their knowledge. From the developmental perspective of transformative learning, literature and writing provide new ways of knowing that currently are not central to formal or informal nursing education. The developmental perspective provides insights into the way in which we know. An understanding of the epistemological change inherent to transformative learning provides yet another piece to the theoretical foundation of this study. Though Kegan’s perspective provides important insights into transformative learning that are relevant to this study, there are also limitations that need to be acknowledged.

Kegan’s perspective continues to focus on rationality but emotion becomes somewhat more apparent. Although this perspective has some of the same limitations as Mezirow’s theory particularly in respect to culture, society, and context. Kegan’s linear perspective focuses on the growth and development of the individual through transformative learning. Development in this theory moves only in the forward direction and does not address the possibility of regression. In addition, Tennant (1993) warns that “changes are part of the expected life course and should not be confused with actual changes in perspective” (p. 41). It is necessary to confirm that the change in perspective is one that encourages new epistemologies. This is an important distinction particularly when considering literature and writing in professional education and practice. Change
occurs rapidly in the healthcare environment and change without new epistemologies and new perspectives occur frequently. It would be important to differentiate these changes from actual changes in perspective.

**Cranton and Dirkx**

Though Mezirow’s seminal work in transformative learning and Kegan’s developmental perspective provide a partial framework for this study, it is important to consider the influences of other transformative learning scholars. Theorists have expanded upon these perspectives in an attempt to move beyond rational ways of learning to the exploration of learning through more emotive ways of learning. Learning occurs through cognitive processes as well as through extra-rational ways of knowing (Cranton & Roy, 2003). Extrarational learning involves but is not limited to feelings, emotions, intuition, and creativity (Cranton, 2006; Dirkx, 1997). The work of a nurse involves cognitive and affective dimensions. Therefore the learning needed to meet the challenges and demands of this profession must address the cognitive ways of learning but also the other ways of knowing such as the affective or extrarational. The concepts of individuation (Cranton, 2006; Sharp, 2001) authenticity (Cranton & Roy, 2003; Dirkx, 2000), and soul (Dirkx, 1997) are central to understanding the movement from the rational and cognitive to recognizing the role of affect and emotions in learning.

**Individuation.**

Cranton (2006) demonstrates that transformative learning can be useful for individuals who function rationally as well as for individuals who function in extrarational ways using feelings and intuition. By incorporating the extrarational element into transformative learning, Cranton is embracing the idea of individuation as a
transformative process. Sharp (2001) describes individuation as a spiral, a journey where the aim is to get back to where one started, but to know where one has been. As an individual differentiates from the collective group there is a simultaneously reintegration with the collective group including a better understanding of who one is and how one fits together with the larger whole (Cranton & Roy, 2003). This concept of individuation is key to my study. As nurses take time to engage in activities involving literature and writing which involve the affective dimensions of their selves the nurses may spiral back to consider some very important questions such as: what attracted them to the profession of nursing, what values and ideals did they hold fundamentally important at the onset of their professional career, what values and ideals have been abandoned or revised, and how do these values and ideals influence their current career satisfaction? Essentially, individuals remain who they are, but through the journey of individuation, they come to know who that self is. The journey of individuation requires the opportunity to embrace rational and extrarational ways of learning and meaning making. “At the core of individuation is establishing and maintaining a dialogue with the unconscious dimensions of the self, and this is not rational reflection as Mezirow describes it” (Cranton, 2006, p. 97). Individuation is a process by which we become more aware of who we are as different from and the same as others (Cranton & Roy, 2003). For nurses, individuation could be an opportunity to reconnect (spiral back) with their core professional values and ideals which drew them into the profession of nursing but that may have been obscured by the challenges and demands of the job. According to Dirkx (2000), individuation occurs in both conscious and unconscious ways. Individuation involves bringing the unconscious to consciousness really considering who one has been, who one is currently,
and how one can integrate with the collective whole. When an individual consciously works to become more aware of how he or she is different from others, the individual becomes much more aware of their true being or authentic self (Cranton & Roy, 2003). The conscious reading of literature and writing, followed by reflection and dialogue could assist in increasing the awareness of one’s true self thus leading to greater authenticity.

**Authenticity and contemplation.** Authenticity is “the expression of the genuine self in the community” (Cranton & Roy, 2003, p. 93). Because of the hierarchical structure of healthcare organizations, the challenging work environments, and the shortage of experienced nurses; professional nurses may experience inauthenticity. Inauthenticity occurs “when people’s actions and behaviors are controlled by others and their performance is repetitive and ritualistic” (Jarvis, 1992, p. 115-116). Central to the concept of authenticity is the need for each person to know who they are, what they believe, and then choose to act on those beliefs. Many nurses have lost sight of who they are as individuals, what they believe as individuals, and therefore are acting in the way that is expected within their work environment with little attention to their own personal satisfaction or well-being. Engagement in the reading of literature and writing may provide opportunities for professional nurses to contemplate who they are, what they believe, and how to act in a way that is congruent with their authentic self. Unlike critical reflection, in which we actively inquire intellectually into our fundamental assumptions (Mezirow, 1991); contemplation requires a quieting of oneself that fosters an increased sense of awareness and acceptance of all that might come from within that quiet space (Dirkx, 2000). From this lens of transformative learning theory, a change in
perspective would not be limited to cognition or rational thought as described in Mezirow’s (1991) work, but would also involve the extrarational dimensions.

The extrarational approach to transformative learning pays attention to the emotional and spiritual aspects of everyday, subtle, and evolutionary occurrences rather than relying on a traumatic, “disorienting dilemma” as described by Mezirow (1991) (Dirkx, 2000). The use of literature and writing can assist in the connection to the rational aspects but also the extrarational aspects needed to create meaning and to be authentic. In the healthcare world where so much attention is given to rational thought and cognitive learning, it is important to take time to attend to the feelings and emotions that too often are overlooked yet remain vital to our human nature. Attention to the wholeness of learners’ lives, including the rational but also feelings and emotions, requires the acknowledgement and understanding of the soul.

**Soul.**

Soul is more than attention to one’s feelings and emotions as they relate to transformative learning, but it is a difficult concept to define in one simple statement. Soul encompasses seeing the world and its suffering through our own experiences of emotions while recognizing the relationship between an individual and the world (Dirkx, 1997). While nurturing soul, an individual attends to not only the cognitive aspects of the experience, but also to the emotive, spiritual, social, and physical aspects. Attention is given to the small, everyday occurrences (Dirkx, 2000). For instance, the reading of short stories written by nurses dealing with end of life decisions may trigger a nurse to think about and experience her feelings regarding what constitutes a “good” death. This may be an opportunity to explore a set of values and ideals that have been overlooked. As an
individual, if one is seeking to make connections between heart and mind and mind and emotions then one is also seeking to live more authentically (Dirkx, 1997). My study is designed to nurture soul through literature and writing by recognizing what is “inherent within our relationships and experiences, to give it space and consideration, and to provide a voice through which to be heard” (Dirkx, 1997, p. 5). It will use literature and writing to capture aspects of nurses’ work in ways not readily available through more traditional professional development programs. Environments rich in story, metaphor, and other creative forms encourage and support learning through soul. Stories and narratives capture aspects of this world in ways not readily available through our traditional instructional methods. Soul often gentle finds its way through our individual and collective lives, producing ambiguous situations. For this reason, a strict agenda or curriculum often prevents the expression of soul (Dirkx, 1997). The nurturing of soul in conjunction with other extrarational perspectives on transformative learning contributes to the framework of this study. The use of an action research methodology will encourage the emergence and expression of soul.

**Integrating the Rational and Extrarational**

To further understand the relationship of transformative learning to this study, the four critical components as identified in Mezirow’s (1991) perspective will be discussed in more detail. These include the disorienting dilemma, critical reflection, reflective discourse, and action. It is also important to consider how the extrarational ways of learning can be integrated into these core concepts of transformative learning theory. The critical components are central to the development of this research study as they will guide the development of each encounter and learning strategy. In the following
discussion, the four critical components will be defined using Mezirow’s original conceptions followed by additional insights offered by those theorists who consider the extrarational ways of learning. Conceptual pieces related to transformative learning and adult education as they apply to literature and writing will be included. Empirical studies related to transformative learning, adult education, and literature and writing will also be discussed. Unfortunately, the empirical work in this area is limited.

**Disorienting dilemma and discernment.** The first phase, disorienting dilemma, in Mezirow’s (1991) process of a perspective transformation consists of a personal experience which does not simply occur but challenges the learner to critically examine his or her assumptions and beliefs (meaning schemes) that influence how the experience has been interpreted. Similarly, discernment is described as a process in which symbols, images, and archetypes play a role in creating an understanding of what it means to be human (Boyd & Myers, 1988). An individual must be receptive or open to receiving these alternative expressions of meaning and then recognize that the message is authentic. The most critical phase of the discernment process takes place when an individual realizes that old patterns or ways of perceiving are no longer relevant, moves to adopt or establish new ways, and finally, integrates old and new patterns (Boyd & Myers, 1988). The practice of nursing provides countless moments when scientific knowledge and past learning seem insufficient to confront the challenges of individual human needs; when practice somehow falls short of the professional values and ideals established in nursing education and utilized in prior clinical experiences.

Similarly, the study of literature and writing can provide nurses with an opportunity to explore a variety of human experiences and “try-on” various responses
related to these experiences outside of the high pressured, fast paced clinical setting.

“Reading itself may offer disorienting dilemmas (Mezirow, 1981, p.7) in the form of concrete literary examples. Narrative organization and point of view may lead readers to identify with characters whose values and actions are in opposition to their own” (Jarvis, 2003). For example, reading an illness narrative written by someone who suffered a life threatening, traumatic injury may assist the nurse in understanding the kinds of questions going through the mind of this individual. This challenges the nurse to think about issues from an individual human perspective rather than relying solely on her technical skills and empirical ways of knowing. According to Mezirow (1991), the process of perspective transformation will only take place when the nurse lives the experience and begins to question her responses and assumptions. This lived experience can take the form of “real life” situations or by positioning oneself in literature and writing. In narrative learning, learners “begin to understand that they themselves are narratively constituted and narratively positioned” (Clark & Rossiter, 2008, p. 65). By providing an opportunity to view the inner thought processes that many times elude us in direct human to human relationships, reading literature and writing become channels for going beyond the physical needs of the person to investigate the holistic needs including but not limited to the psychosocial, emotional, and spiritual dimensions (Brooks, 2001). Therefore, reading literature and writing serve a dual purpose by provoking a disorienting dilemma and discernment through which new learning is constructed while also offering insights into the disorienting dilemmas that nurses face each day.

**Critical reflection.** For transformative learning to occur, the person must move from the point of recognizing the disorienting dilemma to critical reflection. Critical
reflection refers to questioning the integrity of one’s assumptions and beliefs based on prior experiences (Mezirow, 1991). This process begins as a self-assessment of why I do what I do. The work of critical reflection is usually very autonomous and can be associated with feelings such as fear, anger, inadequacy or shame as the learner questions his or her previously unexamined assumptions (Mezirow, 2000). As this reflection continues, it leads to changes in meaning schemes and frames of reference. Three types of reflection have been identified by Mezirow though he no longer emphasizes the distinction (Cranton, 2006). An understanding of the three types (content, process, and premise reflection) can be useful in practice and in considering the role of critical reflection in learning.

Content reflection involves a description of a problem including the answers to questions such as: What is the problem? What is taking place? If a nurse encounters a problem of not understanding how a cardiac monitor works, she might ask, “What is this equipment? How does it work? When might I use it? The nurse might learn about the cardiac monitor by observing another nurse using the equipment, reading the instruction manual, or by trying it out in a practice setting. This content reflection would be related to a problem related to instrumental knowledge, but content reflection could occur in any form of learning.

Process reflection involves checking on the problem solving strategies that are being used (Cranton, 2006). Examples of this form of reflection might be: How did this come to be? How have I ended up feeling this way? A nurse may find herself in an ethical dilemma where she must offer guidance to a family facing an end of life decision. She may be asking herself why she is feeling so uncomfortable in this situation or why
she is feeling so attached to this particular family. The nurse or learner is reflecting on the process of understanding the problem at hand.

Finally, premise reflection takes place when the problem itself is being questioned. Questions that might arise include: Why is this important to me? Why is this a problem? What difference does this make to me or to someone else? For a nurse who is feeling the need to spend more time listening and communicating with patients, reflective questions might be: Why is it important to spend time talking with patients? Why am I making my lack of time talking with patient into such an issue? Mezirow (1991, 2000) indicates that premise reflection has the potential to lead people to the transformation of a habit of mind. Content and process reflection may lead to the transformation of a specific belief, but it is premise reflection that engages learners in seeing themselves and the world in a different way (Cranton, 2006; Mezirow, 1997, 2000). Each of these types of reflection focuses upon cognitive ways of processing experiences. By nature, some people are more likely to engage in critical reflection as a logical and analytical process. Other individuals may respond well to other extrarational ways of learning such as arts based projects (photography, sculpting), experiential activities (role playing), and relational learning activities (creating various endings to a piece of fiction). A move toward being more creative and innovative allows learners to break free of the predominantly linear, cognitive modes of self-reflection (Cranton, 2006; Tisdell, 2003).

Reading literature and writing form a context through which nurses have the opportunity to critically reflect upon the knowledge they have learned in formal education, clinical experiences, and personal, lived experiences. When engaged in the
reading of literature and writing, nurses are free to question their personal and professional values, ideals, and cognitive understanding in the context of the story or other creative experience. Literature and writing offer a safe environment to explore new ways of thinking, responding, feeling, and acting that may influence future professional behaviors. Similarly, viewing a painting can evoke critical reflection. “The function of art is not to transmit feelings so that others may experience the same feeling…The real function of art is to express feeling and transmit understanding” (Reed, 1968, p. 266). Though this affective concept of transformative learning is not addressed from Mezirow’s perspective, the works of other transformative learning scholars do begin to embrace the more extrarational ways of learning through emotions and feelings (Dirkx, 2000). Nurses need to understand their own motivations and the needs of their patients to deliver quality care. This opportunity to reflect and assess one’s assumptions with the assistance of literature and writing could stimulate a deeper understanding and questioning of meaning schemes and perspectives.

Several studies consider the nature of reflection, influencing factors and indicators of reflection in relationship to transformative learning (Liimatainen et al., 2001; Cranton and Carusetta, 2004; Kreber, 2004). These studies looked at teaching professionals (Cranton and Carusetta, 2004; Kreber, 2004) and nurse educators (Liimatainen et al., 2001) and their practices of critical reflection. Premise reflection was found to impact their practices by helping the professional move toward greater authenticity (Cranton & Carusetta, 2004). In addition, experience appeared to be an important factor affecting the level of critical reflection with more seasoned professionals using more frequent premise reflection (Kreber, 2004) and greater levels of cognitive development leading to
increased engagement in critical reflection (Liimatainen et al., 2001). The limitation of each of these studies exists in the ability of participants to recall from memory and verbally articulate reflective moments during their teaching practices. These studies do challenge future researchers to consider the role of critical reflection in learning and particularly to focus on premise reflection as a way to foster a perspective transformation.

**Reflective discourse.** Self-assessment is not the only form of reflection included in Mezirow’s (1991) theory of transformative learning. In addition to this form of critical reflection is the use of reflective discourse to provide a deeper more thoughtful understanding of the issue. Discourse is a central component of human communication and learning and encompasses a dialogue with self and an engagement in dialogue with others. As an individual processes and contemplates a disorienting dilemma or questions assumptions, the discourse can occur solely within the individual or in conversation with others.

Communicative learning is a premise of rational discourse and is used when trying to understand what someone means in relationship to concepts that are often defined by context or by the individual (Mezirow, 1994). For instance, healing, pain, death, love, and empathy are just a few examples of these concepts that nurses would try to define and understand when dealing with human experiences in a healthcare setting. These concepts are complex and dynamic. Reflective discourse provides a special kind of dialogue in which the focus is “on content and an attempt to justify beliefs by giving and defending reasons and by examining the evidence for and against competing viewpoints” (p. 225). Reflective discourse involves a critical assessment of assumptions. Through the process of reflective discourse, the learner develops a clearer understanding
by tapping into the collective experiences of others through a dialogue devoted to searching for common understanding. The two greatest desires of human experience are to be included and to have a sense of agency (Kegan, 1994).

An environment conducive to reflective discourse should include complete and accurate information, freedom from coercion, objectivity, openness to new ways of thinking and feeling, critical reflection, equal opportunity to share and participate, and a willingness to accept this informed, objective, and rational consensus until new perspectives or positions are encountered (Mezirow, 1994). Reflective discourse promotes collaborative learning and perspective transformation.

Discourse is the process in which we have an active dialogue with others to better understand the meaning of an experience. It may include interaction within a group or between two persons, including a reader and an author or a viewer and an artist. (Mezirow, 1991, p 14)

From an extrarational perspective, space must be created for the individual to engage in creative exploration of their ideas while sharing with others. Because many concepts are difficult to translate into language, the use of other forms of expression such as symbols, images, music, and metaphors may be more useful (Dirkx, 1997, 2000; Tisdell, 2003). For example, a nurse may find it difficult to describe the frustration of falling short of her professional expectations by not spending enough time with a frightened child; a situation that resulted in a recommitment to valuing time spent in providing emotional support. However, a series of photographs and music may portray this experience in a way that helps the nurse make meaning of the experience while simultaneously assisting others to grasp and contemplate the meaning of this experience.
Literature and writing offer an ideal way to engage a person in this aspect of transformative learning. For instance, the shared reading of literature by nurses allows participants to play out the “what if” scenarios portrayed in the story. The nurses have the opportunity to discuss and analyze the benefits and pitfalls of various responses and outcomes by incorporating their values, beliefs, and ideas into the discussion (Hunter, 2008). The responses are not limited to those of the individual but also include the responses of all group participants. Learning involves talking and listening to others, of exploring with others what is meant by the text. This learning may spawn from cognitive exchanges or through the sharing of more creative expressions. Mezirow (1991) suggests that this aspect of learning reflects its communicative dimension. Together, learners can explore and come to understand what particular content or subject matter means or might mean to us within the context of our individual and collective lives. Assuming that the basic needs for reflective discourse are met, the nurses will interact, reflect and through group learning may transform their individual perspectives. By listening to and talking about these experiences, nurses can “develop interpretive thinking and understanding in ways that traditional scientific and behaviorist educational approaches are unable to do” (Darbyshire, 1995).

**Action.** A perspective transformation is not limited to changing the way one views the world, but rather in changing the way one lives within the world (Mezirow, 1991). Reflective action occurs by “overcoming situational, knowledge, and emotional constraints” (Mezirow, 1994, p. 226). Action in transformative learning theory means making a decision, but not necessarily an immediate behavior change (Mezirow, 1994). For nurses, this change in perspective can be augmented through the study of literature
and writing. Because nursing and humanities share a fundamental concern: the human condition, it seems to be a natural method by which to assist nurses in transforming their practice. By critically reflecting and engaging in discourse related to the reading of literature or writing experiences, nurses have the opportunity to contemplate various positions and to question their prior assumptions. Ultimately, the nurse may come to a decision that represents a change in perspective or that reconnects to previously identified values and ideals. According to transformative learning theory, this decision will guide future actions.

Learning takes place in the rational or cognitive and the affective dimensions of the adult learner. Though Mezirow’s (1991) critical elements of transformative learning including the disorienting dilemma, critical reflection, rational discourse, and action will provide a partial framework for the development of this action research study, it is recognized that this perspective is limited to a primarily cognitive approach that gives little attention to context. Kegan’s (2000) developmental perspective adds several elements to the theoretical framework of this study. The consideration of changing epistemologies and the influence of adult development on perspective transformation is an important consideration though this perspective continues to be viewed as fundamentally rational. To develop a more encompassing framework it is essential to also consider the contributions of transformative learning scholars who are interested in exploring the extrarational aspects of transformative learning including individuation (Cranton, 2006), authenticity (Cranton & Roy, 2003), and soul (Dirkx, 1997). The reading of literature and writing provide unique and creative approaches to learning. As one consciously engages with these approaches, perspective changes may occur at the
cognitive level, but the individual may also move closer to authenticity through the increasingly conscious engagement of the extrarational. Transformative learning theory may provide one lens through which this learning can be understood.

**Transformative Learning and Nursing Research**

When considering the influence of transformative learning theory upon nursing research, the interest appears to be growing. In a review of the literature completed only ten years ago (Taylor, 2000), only two unpublished doctoral dissertation (Heggie, 1998; Wilson, 1995) in the discipline of nursing were identified as using transformative learning as a theoretical framework for the research. Since that time, the interest in transformative learning has increased and in particular the emphasis seems to be upon fostering transformative learning in three different arenas including: the formal education of nurses (Chirema, 2007; Hunt, 2007; Morris & Faulk, 2007) within professional development settings and clinical practice (Eisen, 2001; McNaron, 2009; Phair, 2009) or in the setting of health education of patients (Blackwell, 2008; Kessler, Dubouloz, Urbanowski, & Egan, 2009; Ntiri & Stewart, 2009).

Each of these empirical studies contributes insights into transformative learning in practice. These insights can be categorized according to three common themes. First, time is an essential factor in fostering transformation in both academic learning (Chirema, 2006; Eisen, 2001; Hunt, 2007) and in less formal health teaching (Blackwell, 2008; Kessler, Dubouloz, Urbanowski, & Egan, 2009; Ntiri & Stewart, 2009). Learners require significant amounts of time to engage in transformative learning. Much of the learning may require multiple sessions such as in the study by Ntiri and Stewart (2009) designed to evaluate the effect of transformative learning on functional health literacy.
and diabetes management. The twenty participants met for one hour on six occasions to discuss various aspects of diabetes management. With the appropriate teaching tools designed for individuals with low health literacy, perspective transformations were identified through comments such as “I was fearful about getting more information before…glad I participated…makes me want to continue to seek information” (p.109). Each session provided another opportunity to question assumptions and consider new options in diabetes management, it was not until the final sessions that signs of perspective transformation became apparent with participants seeking new information and expressing desires to be more active in their self-care. Second, critical reflection is highly valued among teachers and learners alike (Chirema, 2006; Eisen, 2001; Harris, 2008; Hunt, 2007). Various formats for critical reflection were utilized in these studies including reflective journals (Chirema, 2007), service learning projects (Hunt, 2007), and learning partnerships (Eisen, 2001). Each of these studies found that time spent in critical reflection was valuable to the learning process. Interestingly, a study of nursing students involved in critical reflection through journaling (Chirema, 2006) noted that students valued the writing experience but also felt that similar learning could be obtained simply by thinking and talking about a particular experience. Critical reflection is difficult and reflective writing may be even more difficult. Learners require practice, constant support, and validation for owning their own ideas particularly when put into written form (Harris, 2008). Much of the critical reflection through journaling involves dealing with feelings and emotions related to experiences rather than focusing on the cognitive aspects (Chirema, 2006; Harris; 2008). The third theme involves the development of new epistemologies through transformative learning (Harris, 2008; Kessler, Dubouloz,
Urbanowski & Egan, 2009; Ntiri & Stewart, 2009). Transformative learning leads to new ways of learning such as in the study of stroke patients who experienced an acute personal paradigm shift as a result of their physical limitations and vulnerabilities. The epochal event of a stroke thrust study participants into a perspective transformation that resulted in creating new ways of making meaning and learning (Ntiri & Stewart, 2009).

Much of this work in transformative learning and nursing supports the earlier work of researchers in a variety of disciplines. The previous work in transformative learning has centered primarily on higher education settings. The studies included in this review extend transformative learning beyond the barriers of a classroom and into clinical settings, service learning experiences, and health education programs. Fostering transformative learning remains a complex task for both the teacher and learner. It is unclear which strategies are most useful and what learners and learning contexts are most open to the possibility of perspective transformation. Transformative learning continues to be inadequately understood, researched, and present in the nursing literature. Much remains to be discovered about this prominent adult learning theory. My action research study will attempt to apply transformative learning to a practice setting of professional nurses in a professional development program. Through this research, further understanding of the strategies for fostering transformative learning will be discovered along with a better understanding of how transformative learning theory can be applied in practice.

Section 2: Nursing and Professional Development
In this section, the literature that is relevant to the current state of the nursing workforce with emphasis on retention issues related to career satisfaction and the well-being of nurses is discussed. Next, the concept of moral distress in nursing practice is reviewed before discussing the literature that addresses the professional values and ideals essential to the profession of nursing.

**Current State of the Nursing Workforce**

Healthcare organizations in most developed economies are witnessing unprecedented shortages of registered nurses (Ross, Polsky, & Sochalski, 2005). This shortfall is real and is expected to persist into the future. For instance, in the United States, the demand for nurses will exceed the supply by nearly 30% by 2020 (Andrews & Dziegielewski, 2005). The U.S. Bureau of Labor Statistics (2009) reported that the healthcare sector of the American economy is continuing to grow, despite steep job losses in nearly all major industries. Hospitals, long-term care facilities, and other ambulatory care settings added 27,000 new jobs in one month during 2009. As the largest segment of the healthcare workforce, nurses will likely be recruited to fill a large portion of these new positions. Despite some signs of a current easing of the nursing shortage due to the economic recession, the U.S. shortage is projected to grow to 260,000 registered nurses by 2025. A shortage of this magnitude would be twice as large as any nursing shortage experienced in this country since the mid 1960’s (Buerhaus, 2009). The factors influencing this shortage are multi-dimensional including fewer new nurses entering the profession (Health Resources and Services Administration (HRSA), 2004), the aging of the current nursing workforce with 55% of surveyed nurses reporting their intention to retire between 2011 and 2020 (Bernard Hones Group, 2006), a 12% shortfall in the
number of nurse educators needed to educate future nurses (American Association of Colleges of Nursing, 2009), and insufficient staffing. These trends play a significant role in raising the stress levels of nurses, impacting job satisfaction and driving many nurses to leave the profession (Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2005). This decreased ability to recruit nurses has a significant impact not only on the profession of nursing and the healthcare community, but on the lives of every American.

**Nurse retention.** Compounding the nursing shortage is the fact that nurses are becoming increasingly unhappy at work and turnover is a serious concern (Rondeau, Williams, & Wagar, 2009). Significant concerns exist for healthcare organizations in the area of nurse recruitment, but also a greater emphasis is being placed on the retention of highly skilled and experienced professional nurses. Recent studies put a dollar amount on the face of nurse turnover. Jones (2005) estimates costs between $10,000 and $60,000 to replace a departing nurse while others estimate as much as $42,000 for a medical/surgical nurse and $64,000 to replace a specialty nurse (Strachota & Normandin, 2003). These costs include expenses such as payment for time in orientation and training for the position as well as for expenses related to recruiting of replacement nurses. Indirect costs of turnover such as orientation costs, decreased productivity of the new hire, and eroding staff productivity and morale may increase the cost of nurse turnover four to five times more than is typically reported by hospitals (Johnson & Buelow, 2003).

Beyond the financial costs of employee turnover, there are also adverse social effects of turnover on the medical workplace. Turnover raises the workload of the remaining nurses and negatively influences their morale and well-being (O’Brien-Pallas, Griffin, Shanmian, 2006). According to Staw (1980), turnover begets additional turnover
as otherwise satisfied employees consider leaving because of the increased stress and strains of work. Rapid employee turnover reduces the productivity of those remaining who must now orient and train the new arrivals (Cavanaugh & Coffin, 1992). Excessive turnover increases workgroup conflict and cohesion and reduces job satisfaction and performance of those who remain (Mobley, 1982). There is emerging evidence that high nurse turnover may be indirectly linked to adverse patient outcomes (Aikens et al, 2002). Excessive turnover may also signal to remaining employees that the “grass may be greener” elsewhere in healthcare. Each of these financial and social factors has made nurse retention a central focus of healthcare organizations.

In today’s healthcare environment, it is imperative that healthcare organizations retain nurses in an effort to stabilize their workforce, improve patient outcomes, and avoid financial demise. However, effective strategies to promote retention depend on understanding factors influencing nurse retention. Increasing nurse retention and satisfaction by creating a culture of professional development in health care institutions is one way to combat the nursing shortage (Cooper, 2009). Professional development refers to a constant commitment to maintain specific skill levels and career paths as well as competence. Competence implies that a nurse is accountable to society for an ongoing commitment to remain current and safe in the profession of nursing (American Nurses Association, 2000). Professional development requires a personal pledge to lifelong learning (Lannon, 2007).

Professional development is significant to nursing and health care institutions and meaningful professional development opportunities offered at places of employment may increase nurse retention (Ulrich, Buerhaus, Donelan, Norman, & Dittus, 2005). A study
of nurses who planned on leaving their positions within the next three years discovered that these nurses would consider staying if their employer offered more opportunities for professional development (Ulrich et al., 2005). Though retention efforts focused on the external factors influencing retention such as sign on bonuses, paid time off, and tuition reimbursement have been somewhat effective, many experienced nurses continue to exit the profession (Buerhaus, 2007). Effective retention efforts involving professional development programs are essential to help maintain the nurse work force (Ulrich, et al., 2005).

Research indicates that quality professional development programs have the capacity to increase job satisfaction (Cooper, 2009). This is important to health care institutions because nurses who have higher career satisfaction levels have been reported to provide quality, safe, cost-effective patient care (Perry, 2008). Nurse satisfaction rates can be a predictor of turnover rates (Sochalski, 2004). Employers who understand this relationship can take purposeful action to promote job satisfaction and retain their nurses (Perry, 2008).

Job satisfaction as a construct has been reported to be one of the most important factors influencing nurses’ decisions to remain or leave their jobs (Tourangeau, Cummings, Cranley, Ferron, & Harvey, 2010). Job satisfaction can be described as “the perception that one’s expected experience is being met at an adequate or superior level of quality” (Shullanberger, 2000, p. 125). Job satisfaction in a professional nursing practice environment can be characterized by high quality leadership and management, sufficient staffing, positive nurse-physician relationships, reasonable workloads and appropriate
working conditions required to ensure and sustain high quality patient care (Milsen, Abraham, Siebens, Darras & Dierckx de Casterle, 2006).

Closely related to job satisfaction is nurse burnout. Burnout, a concept that has been extensively studied for over 25 years, has been described as “a mismatch between person and job in six components of work life including: workload, lack of control, lack of rewards, lack of community, lack of fairness, and value conflict” (Maslach, Schaufeli, & Leiter, 2001, p. 400). In general, burnout is the reactions to the chronic stress common in occupations involving numerous direct interactions with people. It is typically conceptualized as a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishments (Freudenberger, 1974). Unfavorable work conditions lead to feelings of emotional and physical exhaustion, depersonalization, cynicism and inefficacy, which in turn reduce job satisfaction, increase risks of departure from the organization or nursing practice and have potentially negative impacts on quality care (Van Bogaert, Meulemans, Clarke, Vermeyen & Van de Heyning, 2009). Conversely, the organizational and managerial supports for positive work environments appear to attract and retain professional nurses and provide a foundation for high quality nursing care (Van Bogaert et al., 2009).

The difference between a burned out and an engaged workforce appears to lie at least partially in organizations that establish appropriate workloads, good interprofessional working relations, control of nurses over their own practice, adequate rewards and recognition, fair treatment and values congruence (Van Bogaert et al., 2009, p. 2183).
Though each of these concepts related to improved job satisfaction and effective retention of nurses is important, value congruence is of particular importance to this study. From the nursing perspective, value congruence refers to how closely aligned personal and professional values and ideals are to the realities of practice. There is interconnectedness between value congruence, job satisfaction, and burnout that can be further explored by considering the concept of moral distress. When nurses feel that some of these factors inhibit their ability to do their work in a way that they see as effective, the resulting moral distress can exacerbate their dissatisfaction (Helft, Bladsoe, Hancock, Wocial, 2009).

**Moral distress.** As identified previously, nurse turnover tends to center around several key factors including inadequate staffing perpetuated by the current nursing shortage (Letvak & Buck, 2008), increasing workplace stress (McVicar, 2003), and the inability to provide quality patient care desired by the nurse and expected by the patient (Maben, Latter, & Clark, 2007). As these factors persist and infiltrate the day to day work of nurses, the term “burned out” is commonly used by nurses to describe their professional status. In the fast paced, complex healthcare environment, it is not surprising that nurses are experiencing burnout. However, feelings labeled as burnout, stress, emotional exhaustions, and job dissatisfaction may actually be symptomatic of moral distress. Jameton (1984) introduced the concept of moral distress to the nursing profession and more recently moral distress has been defined as “the painful psychological disequilibrium that results from recognizing the ethically appropriate action, yet not taking it, because of such obstacles as lack of time, supervisory reluctance, an inhibiting medical power structure, institution policy, or legal considerations” (Corley,
Elswick, Gorman, & Clor, 2001, p. 250-251). This definition focuses on external constraints within the nurses’ work environments, but Pendry (2007) expands this focus to include internal constraints resulting from nurses’ belief systems. For example, many nurses base their personal value systems on achieving the best patient outcomes by providing optimal care. They may feel powerless in achieving this goal while working in understaffed units with poor morale and minimal support. This environment is in direct contrast to what the nurses believe to be the right way of practicing. Therefore, moral distress involves “the physical or emotional suffering that is experienced when constraints (internal or external) prevent one from following the course of action one believes is right” (Pendry, 2007, p. 217). Despite widespread concern and research regarding work environments in health care over the last two decades, many nurses continue to face serious challenges in fulfilling their commitments to people receiving care. When nurses face constraints on their ability to practice in a way that is congruent with their professional values and ideals and feel forced to compromise professional values and standards of practice they may experience moral distress (Pauly, Varcoe, Storch, & Newton, 2009). Moral distress may not be the term used by many nurses to describe their feelings of stress, burnout, and dissatisfaction, but it exists in many aspects of their nursing practice.

The cumulative, psychological effect of being aware of what should have been done but was not due to a lack of power or resources is commonly known as moral residue. Over time, moral residue results in feelings of guilt and inadequacy which can affect nursing practice and also the personal lives of nurses through internalization of the problem (Lutzen, Cronqvist, Magnusson, & Anderson, 2003; Schluter, Winch,
Holzhauser, & Henderson, 2008). There appears to be heightened feelings of distress experienced by nurses who are directly caring for patients. According to Peter & Liaschenko (2004), “it is morally less burdensome to give orders than to carry them out or live closely with their consequences” (p. 220). Treatment orders from medical staff that conflict with the values and ideals of nursing staff can result in moral distress and moral residue for those who must carry out the plan of care (Schluter et al, 2008). This values conflict is often difficult to resolve and can commonly cause a personal inner disagreement between what one is told to do and what one feels would be the best course of action. When nurses’ own values are breached and they experience moral distress because they are unable to provide the care they wish to, their main aim is to remain professional, caring nurses (VonPost, 1998). However, they may be ridden with guilt, suffer in silence or consider leaving the profession.

In the current healthcare environment, it is not surprising that nurses are experiencing the challenges of moral distress. The shortage of experienced, qualified nurses coupled with the ever changing technologies and scientific advancements creates a fast paced and at times chaotic environment where nurses may be placed in positions to provide care that is incongruent with their professional values and ideals. The actual causes of moral distress are just beginning to be understood. Three main themes have been shown to cause moral distress including the provision of poor-quality/futile care, unsuccessful patient advocacy, and the provision of unrealistic hope to patients and their families (Schluter et al., 2008). Decreased job satisfaction, the inability to provide appropriate care, and futile care has all been positively linked with moral distress (Gutierrez, 2005). For example, many nurses realize that life is finite and they do not
want to be part of a treatment plan that extends patient suffering or removes the dignity of a dying person. In addition, nurses often struggle with the time needed to provide care that meets the individual needs of those in need of care. This can lead to issues of unsuccessful advocacy which will intensify moral distress (Schluter et al., 2008). Nurses may feel ignored when trying to act in the best interests of patients and they may experience feelings of powerlessness and moral distress. Recurrent experiences of moral distress and outrage commonly cause burnout, a key contributor to the shortage of professional nurses (Helft et al., 2009; Holly, 1993; Schluter et al., 2008). A commitment to truth telling as a rule to guide professional behaviors is seen as important to nurses. By providing incomplete or inaccurate information that gives patients or their families unrealistic hope or expectation regarding their outcome or survival creates moral distress for nursing staff (Gutierrez, 2005; Schluter et al., 2008).

The effects of moral distress can be seen in the physical and mental well-being of nurses, job satisfaction and nurse turnover. From a physical perspective, nurses often display neck pain, muscle aches, and digestive problems while disgust, sadness, and discouragement have been emotional issues of nurses affected by moral distress (Gutierrez, 2005). Evidence would suggest that nurses experiencing work related moral distress disengage from family and friends or bring their work related issues into other aspects of their personal life (Helft, et al., 2009; Gutierrez, 2005). Ultimately, nurses may not want to return to work and they may question the purpose of the care they provide. Nurses may experience decreased interaction with families and patients and may provide less personal care in an attempt to distance themselves from the pain and distress. This behavior has the potential to impact the care of the patient by leading to
problems of continuity of care, poor communication, and limited patient advocacy (Helft et al., 2009; Gutierrez, 2005).

An increased frequency of situations that can cause moral distress can be linked to the experience of emotional exhaustion, burnout, and job dissatisfaction (Hart, 2005; Meltzer, & Huckabay, 2004). Nurses who are unable to escape their feelings of moral distress either change jobs or leave nursing altogether (Wilkinson, 1987-1988). Poor self-esteem and feeling overwhelmed and powerless are emotions experienced by nurses close to making the choice to leave nursing (Wilkinson, 1987-1988). Presumably, processes, practices, or lacks thereof that negatively affect job satisfaction are prevailing factors in registered nurse turnover (Hamric & Blackhall, 2007). Therefore the implications of moral distress are important to the job satisfaction and retention of professional nurses.

Interestingly, there is a significant relationship between the educational level, experience, and moral distress of nurses. Nurses with baccalaureate degrees experience significantly higher feelings of moral distress when dealing with experiences of providing inadequate care (Meltzer & Huckabay, 2004). In addition, nurses with little or no formal educational experience dealing with issues of moral distress or ethical conflicts have a higher intention to leave their current practice (Hart, 2005). New graduates have been found to experience fewer feelings of moral distress than more experienced nurses. It is important to note that this degree of moral distress may correlate with a job satisfaction disparity identified between the “mid-career” nurses (5-10 years of experience) and their early and late career peers suggesting that mid-career nurses are especially vulnerable to turnover (Clark, Oswald, & Warr,( 1996); Coshaw, Davis, Wolosin, 2009). Though
much attention has been given to the retention of early career nurses through aggressive orientation programs and efforts to effectively socialize new nurses into their professional roles, there may be other equally important times of vulnerability later in nurses’ careers (Coshaw, et al., 2009). Further investigation into the educational level, career stage, moral distress and career satisfaction is needed.

It benefits healthcare organizations to further consider the issues impacting the retention of experienced nurses who are more costly to replace. Professional nursing organizations such as the American Association of Critical-Care Nurses (AACN) (2006) have prepared a health policy statement on moral distress which encourages nurses to manage moral distress effectively through familiarity with the hazards of moral distress and awareness of professional resources to address the challenges. Retention strategies that focus on education on moral distress and associated concepts may assist in reducing turnover associated with moral distress. Improving the coping mechanisms of nurses and assisting with the identification of morally distressing feelings appears to be major contributors to alleviating the experiences of moral distress for nursing staff (Schluter et al., 2008). It is essential for nurses to be able to consistently connect with their professional values and ideals and to be able to practice in a way that are congruent with these professional standards. When nurses compromise their professional values and ideals, they are at risk of experiencing moral distress and may consider leaving the profession of nursing.

**Professional values and professional nursing practice.** Professional values and their associated behaviors are foundational to the practice of nursing. Professionalism is defined as the consistent demonstration of core values and ideals evidenced by nurses
working with other professionals to achieve optimal health and wellness outcomes in patients, families, and communities by wisely applying principles of altruism, excellence, caring, ethics, respect, communication, and accountability (Interprofessional Professionalism Measurement Group, 2008). As discussed in the American Nurses Association Code of Ethics for Nursing (2005), “The nurse is responsible for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum patient care” (p. 16). Professional nursing has enjoyed a long tradition of high respect from the public (Gallup Poll, 2006). A primary reason for this recognition is the caring and compassion of the nurse. Caring is a concept central to professional nursing practice. One of the primary reasons students report wanting to become a nurse is to serve or help others (Prater & McEwen, 2008). Caring encompasses the nurse’s empathy for, connection to, and being with the patient as well as the ability to translate these affective characteristics into compassionate, sensitive, and patient-centered care (AACN, 2008). Historically, nurses have provided care for patients within a context of privileged intimacy: a space into which the nurse is allowed and in partnership with the patient creates a unique, healing relationship. To do this successfully, the nurse must strike a balance between “evidence-based knowledge, skills, attitudes, and professional confidence, maturity, caring and compassion” (AACN, 2008, p. 27).

Professional nursing education at the baccalaureate level includes the development of professional values and ideals as well as value-based behavior. An understanding of the values that patients and nurses bring to the therapeutic relationship is critically important to providing quality patient care. According to The Essentials of
Baccalaureate Education for Professional Nursing Practice (AANC, 2008), the following professional values epitomize the caring, professional nurse. Nurses, guided by these values, demonstrate ethical behavior in patient care.

*Altruism* is a concern for the welfare and well being of others. In professional practice, altruism is reflected by the nurse’s concern and advocacy for the welfare of patients, other nurses, and other healthcare providers.

*Autonomy* is the right to self-determination. Professional practice reflects autonomy when the nurse respects patients’ rights to make decisions about their health care.

*Human Dignity* is respect for the inherent worth and uniqueness of individuals and populations. In professional practice, concern for human dignity is reflected when the nurse values and respects all patients and colleagues.

*Integrity* is acting in accordance with an appropriate code of ethics and accepted standards of practice. Integrity is reflected in professional practice when the nurse is honest and provides care based on an ethical framework that is accepted within the profession.

*Social Justice* is acting in accordance with fair treatment regardless of economic status, race, ethnicity, age, citizenship, disability, or sexual orientation (pp. 27-28).

These professional values and ideals are fundamental in the education and practice of professional nurses. As retention issues continue to mount, little attention has been paid
to the factors that impact on the ability of professional nurses to maintain their ideals and provide high quality patient care (Maben et al., 2007). Though few studies have examined the fate of ideals in nursing practice, several seminal studies of nursing students suggested that students hold long-term altruistic and professional ideals which they may temporarily abandon in order to meet the requirements of the moment (Kramer, 1974, Melia, 1987). These studies found a distinct difference between the way students wanted to practice and the reality of nursing. The ideals and values promulgated by educational programs are professional and included autonomous practice and individualized and personalized care with a holistic approach. Too often, the reality of practice is found to be an impersonal orientation towards patients, and aspects of work are broken down into tasks and procedures rather than the holistic approach desired. For example, a nurse may spend an hour talking with a patient about his fears and concerns related to his cardiac surgery. This is very beneficial to the patient and to the nurse this is an essential component of high quality care. However in a clinical environment where the nurse is responsible for the care of five or six patients, this time is not considered practical or productive and the nurse may be viewed as not doing her share. As nurses are faced with practice situations that force them to lower expectations and practice in ways that are not congruent with their professional values and ideals, the risk of attrition from the profession increases (Maben et al., 2007). Ways of assisting nurses to reconnect with their professional values and ideals are necessary to promote improved job satisfaction and well-being among nurses as well as to improve the retention of experienced nurses. Very little attention has been given to this issue within the professional literature.
The current nursing shortage is having a negative impact on healthcare in the United States. Compounding the nursing shortage is the problem of nurse retention. As nurses are faced with growing demands and more challenging work environments, burnout is becoming more common. One key factor contributing to career dissatisfaction and feelings of burnout is moral distress. The incongruence between what is desirable professional nursing practice and what is practical nursing practice leads to the feelings of moral distress often labeled as burnout by nurses. The professional values and ideals espoused by nurses and essential in the education of nurses do not align with the realities of practice. It is important to identify strategies by which professional nurses can reconnect with these professional values and ideals. In the next section, the evolution of the use of humanities in health care education will be reviewed with emphasis on the influence upon nursing education and practice. In addition, the use of medical humanities, narrative, and arts in healthcare programming will be considered as ways to assist nurses in reconnecting with their professional values and ideals.

**Section 3: Medical Humanities**

For many decades, health professionals have acted as if their sole salvation lay in science; the human aspects of care were a surface veneer, making healthcare look prettier when present, but ultimately unnecessary for the real business at hand. Too many patients in today’s healthcare system receive technically adequate or even excellent care but suffer greatly because their basic human needs for meaning and connection have not been attended to (Rybarczyk & Bellg, 1997). Simultaneously, nurses and many other health professionals are discovering that they cannot do their professional work properly without caring for the patient as a person and forging an effective human relationship
It is not surprising that health professionals feel pressured to focus on the science of the patient’s condition. The rapid advances in science and technology over the past decades have created an incredible amount of data and knowledge all of which needs to be applied to each and every clinical situation. It is also not surprising that as medical professionals get caught up in technical roles and duties, they may feel unfulfilled in their professional roles. A genuine interest in people is what keeps a medical career rewarding and prevents burnout (Morris, 2001).

Consider for a moment this scenario. A health professional is introduced to a new patient through this common entry in the patient’s medical record: “45 y old female, stage 4 breast ca, metastasis to colon and vertebrae admitted for chemo and surgical c/s”. The passive voice and carefully utilized medical jargon in this typical medical or nursing communication does describe the basic health problem of the patient, but it tells nothing of the human being. If the health professional is having a commonly busy day, there may be few opportunities to learn any more about this patient or to create a meaningful encounter. Much of the literature in this area focuses on physicians in medical practice; however the experiences seem to translate easily to nurses in nursing practice. As Charon (2000) further clarifies:

Contemporary medical practice is evolving in a direction that tends to prevent such personal searches for meaning. Rather than more time and more reflection in the doctor-patient relationship, current practice has conformed to economic forces that dictate less time and less reflection (p. 67).
This evolution is a result of multiple forces including economics, the rapidly changing health care environment, as well as the reductionistic view of the human body originating from an explosion of new scientific knowledge (Bolton, 2001; Charon, 2000). This patient’s immediate medical care and treatment may be provided, but her needs as an individual human being may be overshadowed by her diagnosis and serious medical condition. At the end of the day, the patient feels a loss of her sense of self; she may feel neglected amid the flurry of activity directed at saving her life. She has been reduced to her diagnosis. At the end of the day, the physician or nurse feels exhausted and unfulfilled in his or her professional role. It is days like this when health professionals and patients realize something has gone awry within healthcare. Various approaches have been studied and implemented to address the apparent loss of focus on the humanity of health care and the decline in professional fulfillment. One approach has been the use of medical humanities particularly in forms of narrative.

This section will explore the influence of medical humanities in the professional education and development of nurses with particular focus on the strategy of narrative. A definition of medical humanities will be provided along with a brief overview of the development of this field of study. The concept of narrative and three key themes surrounding the use of narrative in healthcare education and professional development will be explored including: space for reflection, shared experiences, and promoting well-being. As a result of this growing interest in the use of humanities based approaches within healthcare, the field of arts in healthcare has emerged as a way of bringing together the various strands of arts and humanities practices within the healthcare
environment. Arts in healthcare provides new and interesting insights into the use of literature and writing in healthcare settings.

A renewed interest in humanities as an essential component of physician training and education may be an indication that medicine is now attempting to find a balance between science and technology and humanity and language as the foundations of the medical professions. This interest in medical professionals’ stories, patients’ narratives, and a search for purpose and meaning within practice has led to the interdisciplinary field of medical humanities. Simply defined, “medical humanities is a broad area of study and practice encompassing all nontechnical or ‘human’ aspects of medicine” (Hooker, 2008, p. 369). These aspects could include but would not be limited to literature, creative writing, journaling, fine arts, history, philosophy, and architecture—all designed to provide insights into the human experience. Originating in the 1970’s, medical humanities stemmed from the term “humanistic medicine” which was formulated to remind physicians that they needed to be compassionate, empathetic, and aware of the human experience within the practice of medicine. Most likely this was prompted by the rapid advances of science and technology (Little, 2002). The study of medical humanities utilizes the humanities as tools to embrace the complexities of human existence through the deliberate exploration of the human side of medicine focused upon such areas as the patient’s experience of illness, the social and cultural issues surrounding illness and health, as well as the moral dimension of the physician-patient relationship (Hawkins, Ballard, & Hufford, 2003, Dellasega, 2007). Each of these complex experiences speaks to and reflects upon the professional values and ideals of the healthcare provider. Today, the medical humanities are attracting increased
attention and funding. From the development of the Humanities Department at the Pennsylvania State University College of Medicine in 1967 (the first academic department of humanities in a medical school anywhere in the world), the field of medical humanities has grown to include programs in medical schools around the world, increasing attention to the humanities in major professional journals such as *Academic Medicine* and the *Journal of the American Medical Association* and several professional organizations related to medical humanities, arts, and healing (Alcauskas & Charon, 2008; Charon, 2000; Hawkins et al. 2003; Dellasega et al, 2007; Hooker, 2008; Kidd & Connor, 2008; Wear & Aultman, 2005). Students and seasoned medical professionals are beginning to place higher value on the curiosity and creativity spawned by medical humanities education. The study of medical humanities also exposes individuals to a wider range of human experiences. It can lead to new ways of learning and practicing and aides in identifying and reconnecting with professional values and ideals (Kirklin, 2001; Sierpina, V., Kreitzer, M., MacKenzie, E., & Sierpina, M., 2007).

Overall, medical humanities education allows students to reinterpret their understanding of an experience in a new way. The study of literature and art can provide students with a better understanding of the human experience in relationship to illness outside of the high pressured, fast paced, clinical setting. The medical humanities are about creating space to reflect and develop new insights into the experiences of both the patient and the health professional. This new understanding directly influences clinical practice and the professional feelings of fulfillment derived from practice. “The study of humanities…can foster a depth of human and humane understanding, knowledge, and experience” (Bolton, 2005, p. 171). For example, the use of reflective writing and
reading by health professionals has the capacity to create insights and greater understanding of the human condition. Reading and writing “opens up a wealth of experience and knowledge, as well as offering vital understandings of the narrative nature of human lives.” (Bolton, 2005, p. 171). Knowledge of the way we understand our lives through various forms of narrative can be essential for effective communication and understanding of wellness and illness experiences. For these reasons, the use of narrative has emerged as a key strategy within the medical humanities.

**Narrative**

Over the past two decades, a relatively small but significant body of scholarly work has developed around various forms of narrative within the profession of medicine and nursing. Wear and Aultman (2005) see a basic tenet linking narrative to medicine in that much can be learned about doctors’ and patients’ lives by reading and interpreting literary texts; by listening to and interpreting the stories of patients and their families; and by writing about oneself and one’s struggles. A narrative, at its simplest, is a story and “stories are the mode we use to make sense of ourselves and our world” (Bolton, 2001, p 1). Stories are unique in their capacity to transcend age. Stories are a part of every culture and society, and they connect us to our own life experiences and to the experiences of others. Healthcare professionals listen to and tell stories every day. At morning report, on rounds, at case conferences, while taking a patient’s history in a clinic and when signing out at the end of a shift, stories are told, revised, and retold.

Within the discipline of medicine, stories make up a very distinct framework for clinical practice known as narrative medicine developing from the field of medical
humanities. Narrative medicine does not simply describe the types of narratives found within medical practice but rather defines a process considered to be unique to medical practice (Charon, 2009).

Narrative medicine is a way of approaching the clinical encounter that focuses on appreciating and reflecting on the patient’s experience and the patient-physician relationship in order to improve both by building trust, developing empathy, and fostering a sense of shared responsibility in a patient’s health. (Alcauskas & Charon, 2008, p. 891).

Rita Charon (2009) created the term ‘narrative medicine’ approximately two decades ago as a way of recognizing and understanding the “highly complex narrative situation among doctors, patients, colleagues, and the public” (p. 2). Narrative medicine offers various conceptual frameworks borrowed from literary studies which help to explain how and why acts of doctoring are similar to reading, interpreting and writing. For instance, the reading of literature builds interpretive, communicative, and empathic skills – skills that can be used when reading other complex narratives such as medical charts, case studies, and even medical texts (Alcauskas & Charon, 2008). Though telling or listening to a story seems like a basic skill; absorbing, interpreting and responding to a narrative requires a special skill set. Narrative scholars would call these skills ‘narrative competence’ and include the ability to recognize a story’s structure, appreciate metaphors, envision multiple endings, feel empathy and recognize a story’s mood. By developing these skills, physicians can better understand an experience and create meaning through the use of narrative (Alcauskas, M. & Charon, R., 2008).
The curriculum in narrative medicine usually includes two key parts: reading of literary text related to health and illness as a way of gaining practice in hearing and interpreting the stories of others and reflective writing about the patient’s and the professional’s individual and shared experience (Alcauskas, M. & Charon, R., 2008). The shared experience of narratives offer a strategy for addressing existential qualities such as inner hurt, despair, hope, grief, and moral pain which frequently exist in healthcare and influence both patient and professional (Charon, 2000). The desired outcomes of narrative medicine, such as empathy, personal satisfaction, and relationship building are inherently difficult to study by the usual quantitative measurements used in much of medical science (Alcauskas & Charon, 2008). The limited research that has been done into narrative medicine has shown it to be effective in developing the specialized skills associated with narrative competence as described above and in improving the overall well-being of physicians and students (Alcauskas & Charon, 2008; Belling, 2006; Donohoe & Danielson, 2004; Skelton & Hammond, 1998; Sierpina et al., 2007; Wear & Aultman, 2005).

The strategies and approaches used in the teaching of narrative medicine vary considerably from one program to another. The approaches may include the writing and acting out of scenes in a clinical drama (Belling, 2006; Skelton & Hammond, 1998), using various creative writing techniques (Sierpina et al., 2007; Donohoe & Danielson, 2004) and the reading of literature (Donohoe & Danielson, 2004; Wear & Aultman, 2005). Central to all narrative medicine programs is time for personal reflection and an opportunity for group work or sharing. Programs based on the framework of narrative medicine are typically well received and considered worthwhile endeavors within
academic training. Nursing and other health related disciplines have noted the benefits of narrative medicine and have integrated concepts of medical humanities and narrative medicine into their education and practice (Robb & Murray, 1992; Aranda & Street, 2001; Hunter, 2008).

**Narrative and nursing.** Excellence in nursing practice requires a balance between both science and art (Peplau, 1988). Resurgence in the interest of the aesthetic or art of nursing developed during the 1970’s and coincided with the escalation in medicine’s interest in humanities. Though nursing did not create formalized programs in nursing humanities; the literature began to demonstrate the influence of medical humanities on nursing education and practice (Dellasega et al., 2007; Paterson & Zderad, 1988). Though some elements or aspects of nursing lend themselves to scientific exploration and discovery, others, equally important and deserving expression, reveal themselves only through dialogue. This dialogue can take on many forms such as a painting, writing, or music (Paterson & Zderad, 1988). In particular, the area of narrative began to emerge within the fields of nursing scholarship and education. In one qualitative study, telling and listening to stories related to health and illness provided a vital connection to human experiences and provided a way to understand and make meaning of the whole person (Hunter, 2008). Nursing is uniquely positioned within the health care system to hear, recount, and create stories related to healthcare experiences. These stories are so much a part of everyday practice that they can at times be overlooked (Smith & Liehr, 2005). The use of narrative in nursing is not new, but it remains haphazard and at times marginalized in favor of more behavioral and scientific approaches to nursing care (Darbyshire, 1995). Fortunately, there are a small but
growing number of nursing scholars, theorists and educators who are realizing the benefits of narrative within nursing, however much of the literature in this area is conceptual and anecdotal in nature. Empirical studies are needed to better define and understand the role of narrative in nursing.

The profession of nursing has embraced a number of terms that appear to be used interchangeably with narrative though each has its own nuance of meaning. These terms include but are not limited to medical narratives, illness narratives, personal narratives, journaling, narrative pedagogy, story theory, and storytelling. It is probable that this variation of terms is a result of the influences of other disciplines on the profession of nursing including but not limited to medicine, the social sciences, education, and literary studies. Much of the emphasis on narrative within nursing is from within the formal education environment, particularly baccalaureate and graduate education (Chinn & Watson; 1994; Crawley, 2009; Darbyshire, 1995; Hunter, 2008; Kautz, 2007; Sakalys, 2003; Valiga & Bruderle, 1997). Almost no literature exists to inform the use of narrative within professional development and continuing education in nursing. For these reasons, it is important to consider a multi-disciplinary approach when exploring the possible role of narrative in nursing professional development and continuing education. Narrative learning is a form of constructivist learning theory directly related to experience. It is believed that narrative is a uniquely human way of meaning making (Clark & Rossiter, 2008). In their conceptualization of narrative learning, Clark & Rossiter (2008) discuss the multifaceted process of learning through stories. Stories are powerful tools for learning because of their ability to engage a learner in a deeply human way. “Stories draw us into an experience at more than a cognitive level; they engage our
spirit, our imagination, our heart, and this engagement is complex and holistic” (p. 65).

Through the process of narrative learning, the learner is striving for coherence by attempting to make sense of the many pieces of the puzzle that have not yet come together to form a whole. It is this process of working the pieces together into a narrative that helps the learner make sense of the pieces through the formation of the whole. Three key themes emerge and provide insights into the possibilities and purposes of using narrative in nursing professional development. First, the use of narrative creates a space for reflection. Second, narrative fosters a shared experience and opens communication and finally, the emotional expression through writing and finally narrative promotes well-being. Each of these themes will be considered in greater detail in the following discussion.

**Space for reflection.** Through the use of various forms of narrative, the opportunity is created for reflection. Reflection is a “process of internally examining and exploring an issue of concern, triggered by an experience, which creates and clarifies meaning in terms of self, and which results in changed conceptual perspective” (Atkins & Murphy, 1993, p. 1188). This process focuses on what one did, what one thought about, and how one felt during a particular experience (Bolton, 2004). Reflection occurs in a variety of ways – through the process of thinking, writing, reading, or perhaps listening. Through the process of reflection, one has the opportunity to explore new feelings and develop new understandings of the human experience in areas that are often complex such as loss, suffering, or death (Johnson & Jackson, 2005). It is the opening up of these attitudes and the acknowledgement of them which can lead to a mature, reflective nurse (Robb & Murray, 1992). When a nurse creates his or her own story whether it be in the
format of a personal narrative, a journal entry, or through oral storytelling the opportunity is available to reflect on the content and make new connections to practice and learning (Hunter, 2008).

Let us consider for a moment the practice of journaling. Gillis (2001) views journaling as both a process and a product. As a product, journals are personally written accounts that promote expression of perspectives, ideas, and feelings. As a process, journaling promotes exploration and facilitates reflection on learning and new experiences. It is through the combination of product and process that new learning unfolds. The journal is a personal learning tool for a student. The text that is created becomes an object of reflection that enables them to examine their ideas, attitudes, feelings, and learning (Clark & Rossiter, 2008). So not only does the process of writing a journal entry create an opportunity to reflect on the content as it is being written; the final product when reviewed is an opportunity for reflection. This writing elevates the event or experience from being a mere occurrence to being an opportunity for learning and growth. Educators have recognized that journaling can be used effectively to develop critical and creative thinking skills (Peterson & Jones, 2001). However, the educational system has not always valued the exploration of deeply rooted beliefs, feelings, or responses to new learning experiences. Three barriers to journal writing have been identified including attitudinal, situational, and institutional barriers. Each of these barriers has the potential to influence the effectiveness of journal writing as a learning tool. Attitudinal barriers include self-doubt, lack of trust in the process, and fear of exposing too much of oneself. Situational barriers refer to circumstances that prevent the participation in journal writing. For women the main barrier is time to invest in
journaling and for some poor writing skills can have a negative influence on their participation (Peterson & Jones, 2001). Finally, institutional barriers such as the lack of recognition of journal writing as a worthwhile pedagogical tool can impede the use of this strategy. Despite the barriers to journal writing, there is an abundance of conceptual pieces encouraging the use of journal writing (Brookfield, 1995; Kerka, 1996; Walden, 1995). Recognizing and overcoming these barriers will provide learners with the opportunity to explore journal writing as an effective narrative tool for meaning making.

Similar to journal writing is the use of concept-focused autobiographical writing which is used to examine a topic from a personal perspective and thus develop a deeper understanding of the topic (Clark & Rossiter, 2007, 2008; Karpiac, 2000; Dominice, 2000). These autobiographical writings parallel the illness narrative used in narrative medicine. Illness narratives provide physicians or other health professional an opportunity to explore their personal experiences with illness through a writing exercise. This provides insight into the patient’s experience and helps to develop empathy (Charon, 2009). In all cases of concept-focused autobiographical writing, students construct a narrative of their life experience which must illuminate that concept. This brings together their life experience and an abstract concept to create a new narrative from which they learn (Clark & Rossiter, 2008). While journaling and concept-focused autobiographical writing are two examples of narrative creating a space for reflecting and discovering personal insights, other forms of narrative have the capacity to encourage reflection on multiple perspectives that may differ from one’s own perspective.

The reading of literature, offers a learner a “new way of seeing” through the lens of a literary character that in turn may stimulate the learner to question and challenge the
existing roles, self-perceptions, attitudes, value, and beliefs. Reading and reflecting upon literary texts opens readers to the potential to incorporate the ideas and perspectives of others into the complexity of their own reality (Jarvis, 2003). Literary texts are a safe place for nurses to ‘try on’ new and creative methods of problem-solving, new positions on complex issues, and new perspectives for considering an issue (Corri, 2003). As a reader is absorbed by a text, a space for reflection is created and it is from this reflection that new curiosities and creative problems solving emerges. Fiction has been used to foster critical thinking (Baird, 1999) and transformative learning (Jarvis, 2003) in several studies. Through the use of a shared narrative, learners can explore new ways of thinking and being in the world. The reading of fiction provides a shared experience through which learners can engage in dialogue and critically reflect upon their personal life experiences (Baird, 1999). “Stories promote transformative learning by helping us to see and articulate our values, beliefs, and experiences. They help us question those values and imagine alternatives” (Cranton, 2009). Fiction and narrative provide the learner with a rich opportunity to be involved in the lives of others while becoming more open to their perspectives and critically considering one’s personal experience.

Narrative creates a space for reflection. “Storying and restorying our lives help us to keep pace with the way we change and develop over time. ‘Who I am’ does not and cannot remain stable” (Bolton, 2004, p. 13). By reflecting on personal stories and the stories of others, we are crafting and shaping them to develop personal insights and new perspectives. In the professional development of nurses, it is necessary to create a space for this type of reflection. Too often because of demanding and challenging work environment, reflection is a luxury rather than an important aspect of daily being.
Through professional development, nurses may have an opportunity to learn and practice reflection through the use of narrative techniques providing them with an opportunity to creatively explore new ways of responding and thinking about common situations.

**Shared experiences.** Through the use of narratives, shared experiences are created that lead to increased empathy and improved communication between professionals and between professionals and patients. Though writing is typically perceived as an autonomous, isolated activity, the opportunity to share narratives within small group settings creates a rich learning environment. Though most students who participated in courses centered on narrative writing and discussion were initially uncomfortable with sharing their work; over time this became a highlight of the narrative experience (Charon, 2001). It quickly became apparent that learning occurs through reflection on one’s own experiences but also while reflecting and sharing in the experiences of others. The sharing of another’s experience, thoughts, feelings, and perspectives creates empathy and a shared understanding that enhances communication (DasGuptas & Charon, 2004).

One of the most effective modes of shared learning is through storytelling. Stories are a type of narrative. Storytelling has been described as a means to discover knowledge, uncover the knowledge embedded in practice, and to recover the art of nursing (Sandelowski, 1991). Since stories are a fundamental dimension of the human experience and nursing practice, the use of storytelling and story theory describes a narrative happening that occurs through dialogue. This is a dynamic process involving purposeful engagement with another while abandoning pre-existing assumptions, asking questions to clarify meaning, and respecting the storyteller as expert, creating an
awareness of the self in the present moment, and creating ease so that the story moments come together into a comprehensible whole (Smith & Liehr, 2005). Hearing one nurse’s story may move other nurses to remember their own experiences in a similar situation, develop a greater empathy for practitioners in other specialty areas, and gain appreciation for nursing practice (Heinrich, 1992). The story becomes the foundation for communicative learning and meaning making.

By sharing experiences through the various forms of narrative, nurses increase their knowledge of themselves and empathy for others. In a profession filled with personal and professional struggles, it would be helpful for nurses to begin to understand the similarities between their experiences and the experiences of other nurses. For example, research has shown that nurses can gain courage and comfort from the stories of other nurses who have experienced similar fears and concerns. It is this sharing that moves beyond the cognitive and embraces the affective ways of knowing and a more humanistic approach to caring for each other (Hunter, 2008). Professional development programs integrating forms of narrative may have the potential to improve communication and empathy within the profession while engaging cognitive and affective ways of knowing.

**Promoting well-being.** Emotional expression has been given a central role in the study and practice of psychology and psychologists have cited the expression of emotions as vital for good health (Smyth, 1998). The use of expressive writing specifically has been used to promote health and has produced significant health benefits (Smyth, 1998). The research into expressive writing as a tool to promote good health was propelled by a brief written emotional expression task developed by James
Pennebaker (Pennebaker & Beall, 1986) in which participants were asked to write an essay that expresses their feelings about a traumatic experience in their life. In this foundational study, participants were asked to write about the most traumatic experience of their life for only 15 minutes a day over the course of four days and found that students who elaborated both cognitively and emotionally reduced their number of health center visits. A meta-analysis of writing studies conducted subsequently (Smyth, 1998; Lepore & Smyth, 2002) demonstrated that written emotional expression also has beneficial effects on blood markers of immune function, general functioning, and subjective emotional well-being. Studies have shown that expressive writing has produced clinically meaningful results for both mental and physical health (Smyth, 1998). This would directly relate to the physical and emotional manifestations of burnout or moral distress among nurses. More recently, expressive writing has been shown to reduce depressive symptoms among formerly depressed individuals (Gortner, Rude, Pennebaker, 2006). According to Pennebaker and Seagal (1999), written emotional expression can help to integrate stressful experiences into a coherent narrative. “Once an experience has structure and meaning, it would follow that the emotional effects of that experience are more manageable” (p. 1243).

It is this management of stressful and emotionally complex situations that leads to well-being. Expressive writing reduces the “holding in” or inhibition of emotions. According to Smyth (1999), holding in stress causes increased arousal in the autonomic nervous system which over time can lead to increased psychosomaticism and illness. Research has found that expressive writing improves well-being of participants in a variety of practice and educational settings including groups such as caregiver support.
groups (Dellasega, 1999), incarcerated women’s groups (Baird, 1995), and medical professionals’ writing groups (Bolton, 2004). Good narratives can be beneficial in making our complex experiences simpler, understandable, and orderly allowing us to move beyond the experience and create new meaning (Pennebaker & Seagal, 1999). It is through this process that emotional inhibition is reduced, stress is decreased, and one’s overall health and well-being are improved.

Stress, burnout, emotional exhaustion, and job dissatisfaction are causing nurses to leave their current work environments or the nursing profession (Elpern, Covert, Kleinpell, 2005). Though it is important for employers and human resource specialists to consider the factors contributing to these feelings it is equally important for the nurses to find ways to manage their stress and promote well-being. Expressive writing in the forms of personal journals, narratives, and stories may be a useful approach. Currently, a search of the nursing literature does not identify any specific programs designed to use expressive writing to manage the stress and related issues inherent to nursing practice. Thus, the study and development of innovative programs to introduce expressive writing for nurses through professional development and continuing education would be an important approach to improving the mental and physical well-being of nurses.

**Arts in Healthcare**

Arts in healthcare programming, along with narrative, may also be a useful tool in introducing the humanities into nursing practice. Arts in Healthcare is a “diverse, multidisciplinary field dedicated to transforming the healthcare experience by connecting people with the power of the arts at key moments in their lives” (State of the Field
Committee, 2009, p. 1). The field of medical humanities may be credited with pioneering this growing interest in the arts in healthcare. In two recent surveys completed by the Society for the Arts in Healthcare (State of the Field Committee, 2009) nearly half of the healthcare institutions in the United States reported having arts in healthcare programming. The most common types of arts programming are permanent displays of art, performances in public spaces, and bedside activities. The arts in healthcare helps to cultivate a healing environment by supporting the physical, mental, and emotional needs of patients and fosters a positive environment for caregivers that helps to reduce stress and improves workplace satisfaction and employee retention (State of the Field Committee, 2009, Christmas, 2008). Larry Warren, CEO of Howard University Hospital in Washington, D.C. indicates that his institution’s investment in an arts in healthcare program produced the unanticipated bonus of improved employee satisfaction leading to his conclusion that everyone benefits from a wellness oriented environment (State of the Field Committee, 2009). Unfortunately, much of the evidence supporting arts in healthcare programming is anecdotal rather than empirical (2009). Because much of the anecdotal evidence shows promise for the value of arts in healthcare programming, it is imperative that further scholarly work be conducted in the area. In light of the crisis surrounding nurse satisfaction and retention, research considering the role of arts in healthcare programming as a viable option for improving the satisfaction and retention rates of nurses is of particular interest to this study (Christmas, 2008; Staricoff, Duncan, Wright, Loppert, & Scott, 2001).

Though there is some recognition of the benefits of medical humanities education, various forms of narrative and arts in healthcare programming to promote personal and
professional growth and well-being, little focus has been given to these topics within the profession of nursing. Nursing continues to “borrow” from the medical humanities to develop strategies for application within nursing education. There is a small but expanding body of knowledge within the nursing literature that recognizes the role of humanities and medical humanities as pedagogical tools. Over recent years, creative approaches to teaching and learning within nursing education have emerged due in part to the influence of medical humanities. Multi-disciplinary programs in medical humanities have included nursing yet very little scholarly work in nursing has emerged from these endeavors. Nursing has continued to marginalize the humanities in education, practice and research with preference continuing to focus upon more scientific and technological interests. Therefore, a significant gaps remains in the literature regarding the role of medical humanities and narrative within the fields of nursing education and practice.

Although there has been some increase in the integration of humanities into nursing education in recent years, very few of these strategies are utilized within the professional development and continuing education of practicing nurses. As is apparent from the earlier discussion, the use of various forms of narrative have been utilized by other professions within the social and medical sciences to encourage expression of emotions, to reduce stress, to promote well-being, to foster communication, and to increase professional and personal fulfillment, however, nursing has not embraced the use of narrative as a tool in professional development despite the recognized problems of retention of nurses due in part to stress related issues. Gaps exist in identifying the role and purpose of medical humanities, narrative, and arts in healthcare programming in nursing professional development as well as in the process of developing and utilizing
narrative within a professional development or continuing education setting. With these gaps in mind, it is important to consider the work of other related disciplines such as adult education. The work of adult education scholars in the use of reading and writing strategies to promote new ways of learning will be reviewed in later chapters.

Chapter Summary

This chapter has reviewed the literature surrounding the use of literature and writing as strategies to assist nurses in reconnecting with their professional values and ideals. By considering the trends within the current nursing workforce, it is clear that retention issues are a significant concern. Retention of professional nurses is a multi-factorial problem; the literature does indicate that the concept of moral distress has direct implications on career satisfaction and retention. The research is just beginning to explore the concept of moral distress among nurses. Little is known about the strategies needed to combat moral distress. Professional nurses, through their formal education, have been taught a specific set of values and ideals which they are expected to apply to their practice. In the time constrained, high tech healthcare setting, these values and ideals can be lost and may contribute to moral distress. This study is designed to explore the use of literature and writing as strategies to assist nurses in reconnecting with their professional values and ideals. The medical humanities have provided a model for the use of humanities within education and practice. Through a review of the medical, nursing, and social science literature, the use of narrative in the forms of reading and writing provide space for reflection, a shared experience, and the promotion of well-being. Each of these is a critical component to consider in the development of a literature and writing program for professional nurses. The emerging field of arts in healthcare
brings new attention and interest to a variety of arts based approaches including literature and writing however, no research has considered the use of literature and writing as strategies to assist professional nurses. Similarly, adult educators are recognizing the new ways of learning that result from engagement with literature and writing. Many of these pieces are conceptual in nature and further empirical study is needed to understand the nuances of literature and writing to promote learning. Overall, the foundational literature supporting this research study is multidisciplinary involving medicine, nursing, social sciences, arts in healthcare, and adult education. Support exists for further investigation into the use of literature and writing to assist nurses in reconnecting with their professional values and ideals.
CHAPTER 3

METHODOLOGY

Though the arts in healthcare are beginning to gain recognition as an emerging field, few empirical studies explore how specific strategies may help to create improved job satisfaction and well-being. In addition very few arts programs are designed specifically to meet the needs of professional nurses and little is known about the use of the arts to help nurses reconnect with their established professional values and beliefs. Many nurses describe feelings of stress and burnout when their practices do not align with their professional values and beliefs. These negative feelings prompt nurses to leave their chosen profession. This is a particularly timely topic considering the nursing shortage and the current crisis that exists in the United States’ healthcare system. Therefore, the purpose of this study is to explore the use of literature and writing as ways of assisting nurses in reconnecting with their professional values and ideals.

The research questions that guided this study are:

1. How do nurses view the use of literature and writing as tools to reconnect with their professional values and ideals?
2. What reading or writing strategies do nurses perceive to be most useful in helping them reconnect with their professional values and ideals?
3. How does engagement with literature and writing influence career satisfaction and well-being in nurses?

This chapter focuses on an exploration of the methodology to be used in this study. First, a brief overview of qualitative research and its relationship to this study is provided. This will lead into a discussion of the selection of action research as the design
for this study; including a description and definition of action research, addressing the limitations of action research, and an outline of the growth of interest in action research. Next, there is a description of the researcher’s background, especially as it relates to this research project. Following that is a discussion of the participant selection procedure, data collection and analysis methods. The chapter then considers the approaches planned to ensure the trustworthiness and verification of the findings and this chapter concludes with a brief summary.

**Qualitative Research Paradigm**

“Qualitative research is a situated activity that locates the observer in the world” (Denzin & Lincoln, 2005, p. 3). As I considered the purpose of this study, it became clear that I, the researcher, was interested in exploring the experiences of professional nurses as they used various literature and writing based activities to make sense of their professional values and ideals. I wanted to do this not from a distance but rather at a personal level within the nurse’s world. I desired to see and understand through the lens of each participant. The decision to use a qualitative research paradigm seemed quite simple. Qualitative research in the most generic sense involves the study of things in their natural setting, attempting to make sense of or interpret phenomena in terms of the meanings people bring to them rather than through manipulation (Denzin & Lincol, 2005; Patton, 2002). Through qualitative study, the world is made more visible. I hoped to more clearly see the experiences of nurses as they use writing and literature to explore their core values and beliefs.
Qualitative research has been embraced over the past two decades by the social sciences and is gaining interest and recognition in other disciplines as well. It has the ability to provide insights and understanding of a world that cannot solely be understood in terms of numbers and objectivity (Merriam & Simpson, 2000). The practice of nursing can at times be driven by numbers, statistics, and evidence based research and interestingly, these same strategies have been used to understand professional nurses. However, the practice of nursing also embraces the human experience which is what qualitative research seeks to understand. It seems appropriate that this research paradigm be utilized to understand nurses’ and their professional, human experiences. Qualitative research provides insights into the human experience and the exploration of the nature of meaning as constructed by each individual (Denzin & Lincoln, 2005; Merriam & Simpson, 2000). It could be argued that numbers and statistics alone cannot define or express these individual experiences and meanings.

In order to achieve this type of insight, three key aspects of qualitative research should be considered in light of this study. First, the researcher is the primary instrument of data collection and analysis or as Denzin & Lincoln (2005) refer to as “the quiltermaker” (p. 4). “The quilter stitches, edits, and puts slices of reality together” (Denzin & Lincoln, 2005, p. 5). In this study, multiple strategies such as narrative, storytelling, journaling, literary text, and direct observation will be used to explore the role of arts in healthcare to assist nurses in reconnecting with their professional values and beliefs. This multi modal approach used on qualitative research attempts to secure an in–depth understanding of the phenomenon recognizing that objectivity can never be captured, but rather seeks to add complexity, richness, and depth to the inquiry (Denzin & Lincoln, 2005; Patton, 2002).
Throughout this process, the researcher remains central and therefore it is essential that
the researcher recognize the ways in which personal biases and assumptions shape the
research and analysis. My biases and assumptions as the primary researcher will be
addressed later in this chapter.

The next key aspect of qualitative research is the rich details of the participants’
experiences. These details emerge as a result of the multiple strategies and the quilting
together of data by the researcher. According to Patton (2002), rich descriptive data is
the hallmark of qualitative research and provides the foundation for qualitative analysis
and reporting. By integrating various arts based approaches, this study will provide data
in various formats including varying forms of text, dialogue, images, and observations.
This data will provide important insights into the use of literature and writing as
strategies to assist nurses in reconnecting with their professional values and ideals while
also providing insights into how these strategies may foster transformative learning.

The third key is the focus on the participants’ experiences and viewpoints. Unlike
a quantitative study where the focus is limited by the instrumentation used to guide the
study and which yields a statistical analysis of the data, a quantitative study provides a
space for the participants’ point of view to be expressed. “The terms through which
humans represent their conception of the world have a major influence on what they are
able to say about it” (Finley, 2005). This study seeks to provide numerous opportunities
and vehicles through which the participants’ voices will be heard. In this case, the voices
will be those of nurses who are experiencing feelings of career dis-satisfaction and
burnout. Various arts based approaches will be introduced and participants will select the
strategy that meets their personal needs. In addition, field notes and open-ended
interviewing techniques will be used to gather rich, descriptive data focused upon the participant’s experience. To provide this opportunity for the participants to be more involved in this research process, I chose to use a particular type of qualitative research – action research to guide my study. This research type will be discussed in the next section.

Action Research

“If you want it done right, you may as well do it yourself.” Many people are beginning to realize that this principle can apply not only to daily tasks but also to research within large corporations, community development projects, and educational environments. Existing within a very dynamic and constantly changing environment, individuals within these institutions are relying on action research as a way of making meaning, guiding practice, and solving problems (Greenwood & Levin, 2007; Schmuck, 2009). Action research is known by many other names, including participatory research, collaborative inquiry, emancipatory research, action learning, and contextual action research, but all are variations on the same theme. Simply, action research is learning by doing – a group of people identify a problem, do something to resolve it, see how successful their efforts were, and if not satisfied, try again (McIntyre, 2008; Greenwood & Levin, 2007). This study will provide an opportunity for nurses who recognize stress and dis-satisfaction related to their current nursing role to come together and create a program using arts in healthcare to explore their professional values and ideals. Through the program, the participants will frequently evaluate the experience, make needed changes, and implement new approaches that may better address their needs.
Assumptions of Action Research

Superficially, action research may appear to be nothing more than the basic problem-solving individuals engage in daily. What separates this type of research from general problem-solving is the emphasis on scientific study. The researcher studies the problem systematically and ensures that interventions are informed by theory. There are several assumptions of action research that also separate it from other types of research though some would argue there are more similarities than differences (Greenwood & Levin, 2007). The primary distinction is action research’s focus on turning the subjects involved into co-researchers leading to the first assumption - people learn best and are better equipped to apply what they learn when they do it themselves. The participants in this study will become co-researchers. From the beginning, the participants will be introduced to the concept of action research. Their ideas and learning needs will be encouraged and embraced. My role will initially be one of researcher, teacher and facilitator. It will be my responsibility to keep copious notes and observations of the entire research process. I will teach the basic principles of action research and provide arts based options from which the group may select and develop their program. My insights into the theory of arts in healthcare will provide the foundation for these selections. Most importantly, I will be engaged in the activities and the discussions. As the program progresses through the designated number of sessions, my role will become less central to the process and the participants’ roles will expand to include that of co-researcher, teacher, and facilitator.

Another distinguishing assumption of action research from other types of scientific inquiry is the unique social dimension (McIntyre, 2008). The research takes
place in real-world situations and aims to solve problems as the research is being completed. The context in which the problem exists is influential to the process and must be recognized. In addition, the group dynamics will influence the development of the approaches used to explore the problem. In this study, the professional nurses who self-select to participate will be influenced by the healthcare system in which they are employed. This system’s role in their stress and dis-satisfaction must be acknowledged. Similarly, the mixture of personalities and experiences that each participant brings to the group will influence the program development and process.

A third assumption of action research involves the researcher. The initiating researcher is not objective but openly acknowledges their bias to the other participants (McIntyre, 2008). This frees the researcher to be an active participant in all aspects of the research and activities. It will be very important for me to disclose my opinions and biases regarding the use of literature and writing as strategies to assist nurses in reconnecting with their professional values and ideals. In my study, I plan to participate in all activities designed and developed through this research study. My experiences will be part of the data collected and analyzed. The program participants will understand this aspect of action research from the beginning of the study.

**Addressing the Limitation of Action Research**

As with any research methodology, there are specific strengths and limitations associated with action research. As a researcher utilizing this research type, it is important to address some of the key limitations identified with action research including:
limited generalizability of findings, seeking multiple perspectives, and the merging roles of researcher and participant.

Action research is based on the desire to find solutions to practical problems that will improve education, work environments, and performance (Schmuck, 2009; Reason, 1998). Because action research is aimed at a specific problem, a limitation to this type of research is the lack of generalizability of the study findings beyond the participants and the organization (Patton, 2002). For action researchers this local focus is actually perceived to be a strength of the research method. The belief is that only through a local focus and intense attention can change and improvement occur. This study will focus on the specific issues identified by the group, however, the insights into the process as well as the strengths and limitations of arts in healthcare as a way of helping nurses reconnect with their professional values and ideals may be of interest to educators, healthcare organizations, and other nursing professionals.

Action research seeks to consider multiple perspectives from individuals and groups while traditional research seeks to obtain objective data from a representative sample of subjects (Patton, 2002). Though traditional researchers would see this as bias (and very limiting), advocates of action research view this as a strength in that the researchers and participants are fully engaged in the research and learning process. This engagement makes application and change more likely, and since the focus is on problem solving in a local group or organization, this is vital to the research process (Schmuck, 2009). According to Greenwood & Levin (2007), there is great benefit to the process of action research (dialogue, communication, and relationship building) that is not dependent on the results of the research. It is important for researchers and participants to
feel as though their voices are valued and heard within the research process (Reason, 1998).

Directly connected to this is the concept of the researcher being a participant and the participants transforming into researchers. Through this role merging, the researcher takes on a very unique role and has the opportunity to gain insights not typically available to a researcher using other methodologies. Likewise, the participants in action research become the researcher and learn research skills and techniques that expand their knowledge base. The downside of these shared roles is as pointed out earlier in this discussion; the lack of objectivity and the bias that must be acknowledged. (Patton, 2002; Schmuck, 2009). Overall, the limitations of action research are really focused upon biases and researcher objectivity. For this reason, the background of the research is extremely central to this research study.

**Background of the Researcher**

My interest in conducting this research study is really an integration of several important life experiences. First, I have been a registered nurse for twenty years and I have had times of career dis-satisfaction, job stress, and conflict between my professional values and ideals and actual practice. However, I am passionate about the role of the nurse. I have had the good fortune of furthering my education and assuming varied roles as a nurse practitioner and nurse educator during my career. As a nurse educator, I believe that one of my most important roles is to help students develop strong professional values and ideals. I want them to be caring, compassionate, critically thinking, and creative professionals. I want them to feel professionally satisfied in their
role. Too often, I have seen excellent nurses leave the profession because stress and burnout. I recognize that healthcare organizations are working hard to address these issues, but I also believe nurses can be part of the solution to improve career satisfaction and professional well-being.

As a doctoral student in an adult education program, I have learned the importance of engaging different ways of knowing in adult learners. I had the opportunity to learn these first hand in several courses where I was encouraged to learn through new and perhaps more creative ways. Though resistant at first, I came to really appreciate the development of metaphors, images, and other creative expressions as ways of learning and expressing knowledge and ideas. I came to realize that in my professional role, I had focused almost entirely on rational forms of expression and had rarely engaged in a creative approach to learning. I was envious of individuals from other disciplines who freely used these skills and I wanted to share this opportunity with other nurses. So, I began thinking about ways in which I could integrate this into my research interests.

My personal and professional experiences will have an effect on my study. As a nurse who is committed to maintaining a viable nursing workforce, I would want all nurses to be committed to staying in the field. Though I recognize the problems that exist in the profession, I believe the positive attributes outweigh the negative. As an advanced practice nurse, I have functioned with much greater autonomy than many of my nurse colleagues who have remained in traditional hospital based nursing. This may also affect my ability to establish rapport with the participants who may be following a more traditional nursing role. It will be important for me to establish a level of rapport early in
the study to enhance participation. The most significant influence I will have on this study is in the multiple roles I will be expected to assume. Because this is an action research study, I will be taking on a variety of roles including researcher, facilitator, and participant. In order for this study to be effective, I will need to be transparent when functioning in each of these roles. As a researcher, I will be gathering data through the use of observation, fieldnotes, and by conducting pre and post participation interviews. While functioning as the facilitator of group sessions, I will create an agenda with the input of the study participants and I will guide the discussions and activities. As a study participant, I will be completing the readings and creative writing activities and engaging in group discussion. Because of my novice skills with action research, balancing the various roles will be a challenge. Although integrating these roles would be the ultimate goal, I recognize that this may not be as fluid as I would like therefore the dueling roles may have a significant impact on the way participants relate to me throughout the study. Additionally, the study participants will need to be aware of their multiple roles including participant, researcher, and for some the role of facilitator.

As I embark upon this study, it will also be important to keep in mind that the arts in healthcare may be a very unique approach unfamiliar to many nurses. There may be resistance to this approach at the beginning the program. I recognize this, but because of my own excitement and interest in this area, I may not be receptive to these responses. From my research, I believe that the arts in healthcare are an effective way to help nurses reconnect with their values and ideals. These approaches will augment the interventions being provided by healthcare organizations to address the issues of work related stress.
and decreased well-being. In general, I believe this study has value and provides an innovative approach to the ongoing issues of work related stress in nursing practice.

**Participant Selection**

Purposeful sampling was utilized in this action research study. “Purposeful sampling focuses on selecting information-rich cases whose study will illuminate the question under study” (Patton, 2002, p. 230). Therefore in order to obtain rich data regarding the use of arts in healthcare to assist nurses in reconnecting with their professional values and ideals, professional nurses were invited to participate in a professional development program offered through the continuing education and professional development office of a major medical center in central Pennsylvania using an email recruitment flyer (see Appendix A). The focus of the professional development program entitled *Reconnecting with Your Passion: Story and Professional Nursing*, was to provide an opportunity for nurses to explore the use of humanities based strategies particularly reading and creative writing to assist in reconnecting to their professional values and ideals.

During the first session, I introduced the study, sought participants via a Recruitment Script (see Appendix B), addressed questions about the nature of the study, and obtained informed consent. Time was also spent introducing the concept of action research and the various roles of the participants in this research methodology including participant, co-researcher, and possibly facilitator. Though the participants voluntarily chose to participate in the professional development program, several participant criteria were established including: (a) willingness to participate, including time spent beyond the
scheduled professional development program to participate in necessary data collection, (b) employment as a registered nurse for greater than five years, (c) a bachelor’s degree or higher level of nursing education, and (d) an interest in reading and creative writing activities. A goal of eight to ten participants was established for this study.

The professional development program was designed to cover a 12 week time period with group meetings occurring approximately every two weeks for a total of eight sessions. The schedule of group meetings was determined by group participants and the individual sessions ranged from 90-120 minutes in length. Participation in each of the eight sessions was required in order to receive 10 continuing education credits upon completion of the program. The professional development program was scheduled to occur off site in a meeting room of a local coffee shop within five minutes of the participants’ place of employment. This site was selected because of its convenient location close to the work place but also because it provided a relaxed atmosphere away from the medical environment.

**Action, Data Collection, and Analysis in the Action Research Process**

Qualitative research typically makes use of three major types of data collection techniques including interviews, observations, and collection of documents and artifacts used by participants in the research setting along with inductive data analysis techniques (Merriam. 1998). Various data collection techniques were utilized throughout the study. In the discussion that follows, I have outlined the format for the professional development program including the individual reading and creative writing activities as
well as the format of the group sessions. In addition, the data collection methods will be reviewed followed by a discussion of the data analysis.

**Action**

The professional development program, *Reconnecting with Your Passion: Story and Professional Nursing*, was advertised and offered to all nursing staff within a major academic medical center in Pennsylvania immediately following the receipt of IRB approval. Participation criteria were included on the program advertisements (see Appendix A). Participants were required to enroll in the program through the continuing education and professional development office at their place of employment by an advertised deadline. The actual program began in late fall 2010 and continued through mid-winter of 2011. Participants were aware of the approximate start and end dates as well as the need to attend the eight group sessions on approximately a biweekly basis. Participants were notified at the time of enrollment that the program participants would be selecting the meeting dates and establishing the session time frames ranging from 90-120 minutes. The incentive for participating in this research project included 10 free continuing education credits made available upon the completion of the study. Participants were made aware that no partial credit would be awarded to individuals who started but did not complete the study.

During the initial session (see Appendix C), the research study was introduced and the recruitment of participants took place. As the facilitator, I explained that this action research study was to be designed in part by the facilitator and in part by the participants. The very first group activity was focused on developing a list of the
professional values and ideals recognized as important by all group members. This list created the themes for each subsequent session. In the first session, participants were also introduced to the concept of humanities based strategies particularly focused upon reading and creative writing. I provided several reading and writing activities available for use during the program and opened the discussion from the group for additional possibilities. Each of the remaining sessions (see Appendix C) focused on a theme identified by the group directly related to the professional values and ideals. These themes included the concepts of empathy, compassion, accountability, integrity, and empowerment. Each group member focused on the same reading and writing project in preparation for each session but had the opportunity to creatively design their own individual interpretation of the project. For instance, if the group chose to complete a writing project related to their personal experience as a patient; individual participants selected the writing form they wanted to use such as poetry, narrative, or other creative writing option. Similarly, several readings were offered related to each theme. The participants had the flexibility to read as many or as few of these pieces as they desired. Each group session followed the same general format including an introduction of the theme by the facilitator which may have included a short reading, quotes, or personal experiences. In addition, opportunities for individual reflection through journaling or other creative writing was combined with group sharing and dialogue. The activities focused on personal and professional experiences with frequent connections to their professional values and ideals. At the conclusion of each group session, participants were asked to reflect upon their work and to journal any key insights or ideas that developed during the interval between sessions. During the time of reflection,
participants were asked to focus on what was working well within the program and what areas required refinement. This information was used in the development of the next reading and writing activities. This approach was consistent with the spiraling pattern typically used in the development of action research studies (identifying the problem, developing a plan, evaluation, and developing a new intervention).

Initially, I facilitated the group sessions (and participated in all activities), but also encouraged participants to assume the role of facilitator as they felt comfortable. As the first three sessions came to a close, two participants volunteered to take on the role of participant facilitator. These individuals along with feedback from the group developed reading and creative writing activities around their themes. One facilitator focused on integrity and the other on empowerment. In their roles as facilitator, they also guided the group discussions.

Throughout the program, participants were asked to submit all journal entries and other writing pieces at the conclusion of each session. I copied these materials and returned the originals to the participants at the subsequent session. Each participant had their own file folder in which materials were exchanged. In the final scheduled group session, I again assumed the role of facilitator in order to guide the final discussion which included a discussion of future plans for the group. Participants were asked to complete a formal program evaluation as part of the process of acquiring the ten continuing education credits. A standardized form utilized by the Pennsylvania Nurses’ Association was used for the evaluation process. Time was provided at the completion of the final session for the nurses to mingle and spend some time saying good bye before closure of the professional development program.
Data Collection

Interviews, field notes, and written pieces were used as sources of data to delve into the nurses’ experiences of using reading and creative writing strategies to assist in reconnecting with their professional values and ideals. Each of these methods is discussed in the following sections.

**Interviewing.** Interviewing provided a reflective channel for individuals to communicate rich details of their experiences. “Interviewing is one of the most common and powerful ways in which we try to understand our fellow humans” (Denzin & Lincoln, 2005, p. 697-698). The interview can be used to understand the individual or group perspective not as neutral tools of data gathering but rather as active interactions between people leading to negotiated and contextually based results and an understanding of the meaning they make of the experience (Denzin & Lincoln, 2005). Given this nature of interviewing, I used this technique as one of the primary modes of collection to elicit detail-rich data that addressed the participants’ experiences as nurses, their level of career satisfaction, and their responses to the use of reading and creative writing as tools to assist them in reconnecting with their professional values and ideals.

A semi-structured interview approach was used as an interviewing strategy combined with an interview guide (see Appendix D and Appendix E) for consistency in questioning while conducting what Patton (2002) identifies as standardized open-ended interviews. This particular combination facilitated covering specific questions in an exact format while also allowing some flexibility for questioning in other related areas. Two interviews were conducted with all participants. The pre-participation interview took
place at the onset of the study between group session one and group session two (See Appendix D) and the post- participation interview occurred during a two week time period following the completion of the final group session (See Appendix E). The interviews ranged in length from 45-90 minutes. The pre-participation interviews focused on the experiences that led the nurses to self- identify themselves as participants in this study, their core professional values, their views of reading and writing, and their current levels of career satisfaction and well-being. The post-participation interviews explored the experiences of the participants as they engaged in reading and writing activities related to their professional values and ideals and how these experiences influenced their professional roles and career satisfaction. All interviews were audio recorded and transcribed for analysis. Though the interview guides were utilized, follow up questions were used when necessary to clarify responses and to add to the inquiry. It is important for researchers and participants to feel as though their voices are valued and heard within the research process (Reason, 1998). The semi-structured pre and post participation interviews are provided for this opportunity.

Observations. In this action research study, my role as the researcher was two-fold. One role was that of active participant while the other role was that of facilitator. Direct involvement with all participants through participation in each activity provided an opportunity for direct observation and the collection of extensive field notes related to the process of this action research study. This position provided the opportunity for me to examine the data contemporaneously. According to Greenwood & Levin (2007), there is great benefit to the process of action research (dialogue, communication, and relationship building) that is not dependent on the results of the research. It is these aspects of action
research that was captured through my observations and field notes. Direct observation is valuable for capturing a richer understanding of context and for gaining a deeper awareness of and attention to occurrences as they unfold through firsthand insight into experiences beyond interview perceptions (Patton, 2002). The observations in action research should include evaluating and documenting the innovations, interventions and evidence for successes and failures while reflecting upon the process, the results, and on the research and participants’ learning (Zuber-Skerrit & Fletcher, 2007). This combination of interviews along with observational methods helps researchers “arrive at a more comprehensive view of the setting being studied” (Patton, 2002, p.264). The interview transcripts, field notes and observations provided a comprehensive view of the participants and the professional development program being studied.

During the facilitation and participation in each session, I observed the participants during the sessions and immediately recorded descriptive field notes following each session. I maintained detailed notations of reflections using a summary form to record insights from participant reactions and discussions that unfolded during the sessions. There were opportunities when I observed the work of participants in both individual reflective activities and in group discussions and sharing, however, much of the documentation of observations occurred immediately after the session was completed.

Documents. Due to the nature of this study, each participant produced a variety of documents that provided rich insights into the thoughts, ideas, and meaning making of the participants. These documents included journals and the actual text from creative writing activities. “Documents prove valuable not only because of what can be learned
directly from them but also as stimulus for paths of inquiry that can be pursued only through direct observation and interviewing” (Patton, 2002, p. 294).

Each participant was given a journal at the onset of the program. Participants were asked to record any insights or ideas during the intervals between sessions. Suggestions for journal reflections were provided at each group session, but participants were also encouraged to write whatever was compelling to them. They were also given time during each session to reflect upon their experience with the guidance of a journal entry. This entry was at times a free writing experience and at other times a guided writing experience. The journal entries were submitted to me at each group session. I copied the entries for my data file and then returned the originals to the participant at the following session. Journals revealed significant personal insights related to the professional development program, the use of reading and writing, and the role of professional value and ideals. The journal was both a place where the events and experiences were recorded and the forum by which the events and experiences were processed and re-formed. This work with journaling “is intended as a way to make sense of the experiences that result, recognize the learning that results, and build a foundation for new experiences that will provoke new learning” (Boud, 2001, p. 11). In addition, journals were useful as a way of gaining insights into the process of action research. The journal was a collection of the participant’s own reflections and the creative conceptualization and theorization of the whole research process (Kuhne, 1997; Zuber-Skerrit & Fletcher, 2007).

As the researcher, I also kept a comprehensive journal which paralleled the journaling of the participants but which also included entries related to my experience
with the research study. This helped to identify emerging themes and also added my personal reflections to the data collection. Though at the onset of the study, I intended to keep my journal activities separate from my observations and fieldnotes, I found these two pieces merged into one piece as the action research study progressed.

Each of these methods of data collection was utilized in this action research study to explore how reading and writing activities can be used as tools to assist nurses in reconnecting with their professional values and ideals. The analysis of these various forms of data will be discussed in the next section.

**Data Analysis**

Action research as a qualitative form of research uses an ongoing analysis of the data. In this study, data was collected and analyzed throughout the research process. A constant comparative analysis includes a constant cycle of collecting, recording, and analyzing data (Patton, 2002). Drawing a conclusion about data collection involves a process of developing an initial thought about patterns and explanations from the findings and verifying them constantly by checking and rechecking data (Miles & Huberman, 1994). Each of the previously identified forms of data were collected in the study and analyzed using the constant comparative approach. Though this study produced an extensive volume of data, each piece was included in the thematic analysis. In this type of research design, common responses and themes are identified and analyzed for similarities and also for differing perspectives on key issues (Patton, 2002). Continuous examination was necessary to connect new findings with previous themes or responses. In this study, the constant comparative analysis began with data obtained from the email
responses to the recruitment flier and extended through the post-participation interviews. The data was reviewed for internal homogeneity which considered how well the data in a particular theme connected with the theme in a meaningful way (Patton, 2002). In order to assure success with internal homogeneity, external homogeneity was also established. External homogeneity refers to identifying themes that are distinctly different from one another so as to avoid overlap and difficulty in determining placement of data.

It is important for qualitative researchers to keep in mind the emergent nature of qualitative research and the influence this may have on data collection and analysis (Denzin & Lincoln, 2000; Herr & Anderson, 2005; Patton, 2002). As the researcher, I anticipated the potential need to shift the questions, methods, design, and participants as the data gathering and analysis unfolded. This shifting of variables was a result of the spiraling of action, evaluation, and understanding that remained central to the process of action research.

**Verification**

In the early stages of qualitative inquiry the researcher is open to whatever emerges from the data. This is an inductive or discovery approach to research (Patton, 2002). As the data and themes begin to emerge, the focus shifts to verifying what appears to be emerging. Verification occurs through the use of data collection and analysis techniques. Guba (1978) has depicted this practice as a wave on which the investigator moves from varying degrees of a discovery to varying emphasis of verification as a way of understanding the world. For a study to be trustworthy, Patton (2002) identifies five key elements. Credibility and authenticity can be achieved through
such things as triangulation and member checks. Dependability establishes the study’s consistency over time by using participant journals and audit trails. Confirmability, the degree to which the results could be confirmed or corroborated by others is ensured by maintaining detailed notes and documentation that allows other researchers to duplicate the study. Finally, transferability requires purposeful sampling, rich data and dense descriptions of context and findings. Each of these elements was exhibited in this study.

According to Patton (2002), credibility of qualitative inquiry is determined by three factors: rigorous methods, the credibility of the researcher, and a philosophical belief in the value of qualitative inquiry. As a nurse educator and practicing nurse with more than 20 years of experience, my credibility as a researcher and educator has been established. In addition, I have successfully completed three years of doctoral study in a program that emphasizes qualitative research. This experience supports the rigor of my methodology. My interest in using humanities based strategies such as reading and creative writing as tools to assist nurses in reconnecting with their professional values and ideals lends itself to the use of qualitative inquiry.

Dependability was maintained throughout the study. My journal as the researcher was used to keep notes and reflections of the study experiences, but the journal also included my responses as a participant in the program. These reflections were utilized as part of the findings. At the completion of each interview transcription, participants were asked to review the transcript and note any discrepancies in the interpretation of the data. Action research findings are authentic if the results are recognizable and authentic to the people involved in the research, even if not necessarily to others (Carr & Kemmis, 1986). Finally, it was necessary for me to articulate any potential biases and perspectives on the
research questions posed in the study. This disclosure builds critical reflexivity into the action research process (Herr & Anderson, 2005). These specific biases and perspectives will be discussed in greater detail in later chapters.

The degree to which others can confirm the findings of a study is known as confirmability. Several processes can be used to achieve increased confirmability such as journaling, filed notes, and data audits (Patton, 2002). Through the collection of vast amounts of data in the forms of data from interviews, observations, journal entries, and written projects created by the participants, data triangulation was ensured. Participants were asked to review transcripts and data analysis throughout the data collection process and the study findings were shared with participants for their review. In general, the use of triangulation ensured that the data analysis process created consistent findings among participants but also the review of my detailed journal entries and field notes supported the confirmability of findings. Based on this detailed data regarding the process and action of the study, a future researcher could replicate this study if desired.

Finally, transferability refers to the ability to transfer findings from this study to other contexts. “Although action research findings may not be generalizable in the classical sense of research generalizability one can definitely extrapolate from such studies to other situations” (Kuhne, 1997, p. 41). When trying to make a decision about an action in one situation, it helps to know how others fared in similar or related circumstances. In order to make these connections, I provided rich descriptions of context and participants in order to assure transferability. The extensive data collected from various forms from each participant helped to meet this expectation of qualitative inquiry.
Chapter Summary

In summary, the purpose of this chapter was to provide an overview of the methodology used in this study which was designed to explore the use of literature and writing as ways of assisting nurses in reconnecting with their professional values and ideals. In addressing this purpose, an overview of qualitative research design was included in conjunction with a description of and a rationale for using an action research methodology. This chapter discussed the background of the researcher, followed by a discussion of how the study participants will be selected, as well as how data will be collected and analyzed. An overview of the sessions included in the program *Reconnecting with Your Passion: Story and Professional Nursing* was included. Finally, the verification strategies employed while conducting this study were discussed. The remaining chapters within this text will address the study findings along with the implications of these findings.
CHAPTER 4

FINDINGS

The purpose of this research study was two-fold: a) to explore the process of using literature and writing as ways of assisting nurses in reconnecting with their professional values and ideals b) to explore how literature and writing assist nurses in reconnecting with their professional values and ideals. To support this purpose, this study utilized an action research design based on the co-generative model of action research. Consistent with this method, this research involved a qualitative study, including both pre-participation and post-participation interviews of 11 registered nurses (Anna, Beatrice, Becky, Cathy, Darla, Georgia, Leslie, Margie, Penny, Regina, Tiffany). In addition to data from the interviews, data was also obtained from the eight group sessions focusing upon various values and ideals in nursing practice. This data included journal entries, writing projects, and field observations. The purpose of this chapter is to present the findings of this research.

In line with the purpose of this study, three primary research questions guided this action research study, including:

1. How do nurses view the use of literature and writing as tools to reconnect with their professional values and ideals?

2. What reading or writing strategies do nurses perceive to be most useful in helping them reconnect with their professional values and ideals?

3. How does engagement with literature and writing influence career satisfaction and well-being in nurses?
Being guided by these questions, it follows that the findings emerging from this study revolve around answering these questions.

These findings are presented in this chapter in five major sections. The first section of this chapter describes who the participants are upon entry into the research study. The second section describes the themes that emerged regarding the nurses views of reading, writing, and group sessions to assist nurses in reconnecting with their professional values and ideals. These themes suggest that nurses view these strategies as: a challenge, a time for reflection, a source of personal nurturing, and a way of reconnecting with the foundational values that drew them to the profession. In the third section, four of the most useful strategies identified by participants for assisting nurses in reconnecting with their professional values and beliefs will be discussed. Though this study produced abundant data as a result of the numerous writing activities incorporated into this action research study, four activities were identified as most useful including: This I Believe…, My Illness Narrative, My Journey Into Nursing, and the Found Poem. The fourth section provides reflections on the experience and presents the themes that emerged regarding how this experience has shaped the nurses’ sense of well-being and career satisfaction. These themes suggest that nurses view the use of reading and writing activities as a positive influence on career satisfaction and well-being. They also suggest that nurses would like more consistent opportunities to utilize reading and writing strategies as ways to maintain or improve career satisfaction and well-being. The final section of this chapter will be a discussion of the process of action research. In particular, attention will be focused on the characteristics of each phase of the research process.
while also exploring how the individuals and the group evolved throughout the research study.

Section 1: Who are the Participants?

Because much of adult learning is based upon life experiences, it is essential to understand who the participants are from a professional perspective as they self-selected to participate in this study. All participants were required to meet established participant selection criteria including: (a) a willingness to participate, including time spent beyond the scheduled professional development program in order to participate in necessary data collection, (b) employment as a registered nurse for greater than five years, (c) a bachelor’s degree or higher level of nursing education, (d) an interest in literature and writing activities. In this section, each participant will be introduced including information on education level, work experience, reading and writing experiences, interest in the research study, and beginning thoughts about their current career satisfaction and professional role.

Darla

Darla’s nursing career has spanned the past 34 years. She entered the profession with a Bachelor of Science degree in nursing and has since earned national certification as an operating room nurse. With the exception of the first few years of Darla’s nursing career, she has spent the remainder of her professional career in full time positions in the operating room.

I was sure I was going to get out of nursing after my first job on a general med/surg floor because I hated it … a job came up in the operating room and
despite the fact that I wasn’t qualified, they gave me the job. I fell in love with OR nursing and I’ve been there ever since.

Throughout her nursing career, Darla has seen a variety of trends in OR nursing come and go. She is currently satisfied in her role but would really like the opportunity to do more in the way of intra-operative care and this has caused some degree of frustration along with the affect her career has on her personal life.

I absolutely love what I do. I love the educational atmosphere of the OR. I love the intellectual stimulation. I have always loved what I do … the part I am dissatisfied with is all the sacrifices I had to make for my job … all the Christmases … the Thanksgivings … the parent/teacher conferences I had to cancel at the last minute … the times I had to let my own sick kid at home when I wanted to be there. Once I’m here I love what I do, but the affect that’s had on my personal life is what I don’t like about it.

Darla recognized three core values to her nursing career including teamwork, integrity, and accountability. As Darla articulated,

For what I do in the operating room it’s blatantly obvious one person can’t do it all. It has to be teamwork. You have to be able to trust one another. And, you have to be able to really count on one another to do what you say you’re going to do and be responsible and help take care of the patient. I just don’t think it would work if these three things weren’t in play.

Darla indicated that there have been circumstances that have made her closely examine and question her professional values and ideals. Darla reflected,
I remember when (years ago) I found out a co-worker was on probation and the co-worker’s nursing license was also on probation. I remember wondering why … and if there was anything I really had to worry about … I was on high alert. Not knowing what it was made me question every little thing that went on. I realized how important the value of integrity really is to nursing practice.

During the pre-participation interview, Darla referred to herself as “an avid reader with some interest in writing” though she does not consider herself to be a very good writer. Journaling has been a small part of Darla’s writing experience and she has contributed to a nursing textbook chapter and a journal article. Darla recognized that much of her writing experience has involved technical or academic writing with little experience in creative writing; “most of my writing is not fun stuff”. The use of reading and writing activities to study professional values and beliefs prompted Darla to participate in what she considered “a unique approach to this topic”. Darla indicated,

I’ve never seen nursing explored in this way. It was just very intriguing. I think part of what we don’t do well as nurses is we don’t take care of ourselves very well. That was the other thing about it [the study]. I also thought this is going to be interesting.

Darla’s decision to participate in the study was two-fold including her interest in the reading and writing strategies and her desire to take some time during this professional development program to focus on herself and her professional role.
Leslie

Leslie’s career started with a diploma in nursing twenty three years ago. Since that time she has enjoyed a career primarily in pediatric nursing earning a Bachelor of Science degree in nursing in 2004. She is also certified as a Faith Community Nurse and has partially completed certification as a school nurse. Leslie expressed some degree of satisfaction with her current position by stating,

I think my job is fulfilling. I enjoy my job. I do learn things and I enjoy meeting and talking with the people … I think I am doing okay. I think there are ups and downs. I know when I was a primary nurse; I had periods of time where I had a lot of kids die. I think that wears on you.

Important values and ideals identified by Leslie included kindness and professionalism. “I work to be kind to people and to help them through their journey…everyone copes differently and I try to assist them with their coping by providing comfort and pain relief”. Leslie considered professionalism to be important to her practice but recognizes that professionalism can take on various forms. She stated,

Some might say my behaviors are not professional. I think it’s okay to cry with your patients and that sometimes is considered unprofessional. I offer to pray for them sometimes. Some people may call that unprofessional. If we don’t do these things as nurses, who else is going to take the time to do it because there’s just no one else coming to spend that much time with the patient.

Though Leslie is confident and assured in her professional nursing role, when asked to describe her reading and writing interests she lacked the same degree of
confidence. Leslie enjoyed reading but considered herself a poor writer. “I don’t ever convey [in writing] what I want to say. I consider it a failure on my part”. Interestingly, Leslie was completing paperwork for a promotion and that process required writing several narratives. She had made some progress prior to the start of the study but was hoping that participation in the study “may prompt some thoughts and help me get through it”. This is one of the reasons Leslie chose to participate in the study. Another reason for participation by Leslie involved a desire to think. She stated,

I thought it [the study] would be a thinking thing … I hadn’t been in a classroom type setting in a while and I miss the thinking aspects of self-reflection. I spend a lot of my day in task completion and don’t have much time to reflect on the why and personal satisfaction portion of my job.

**Becky**

Becky has been employed as a registered nurse for the past 24 years beginning her career with an Associate of Science degree in nursing and recently completing the requirements for a Bachelor of Science degree in nursing in 2009. Though previously certified as a medical/surgical nurse that certification lapsed “because my current job won’t recognize it and it’s expensive and now[ later this year] I’m going for specialty certification which my current job will recognize - meaning there is a monetary reward”. The majority of Becky’s career has been as a staff nurse in medical/surgical units working full time rotating shifts. For the past few years, Becky has transitioned to a position in a specialty diagnostic clinic working full time day shift. Career satisfaction for Becky is variable. Becky stated,
I like the work … I find that extremely satisfying and the things [procedures] we are doing are just amazing. It’s a two phase question though because the dynamics of the unit are not satisfying. I must remind myself what I’m there for and what my motives are … some people do not do their jobs nor have a sense of responsibility. They are just there and it’s really a burden.

Becky identified caring, responsibility, and accountability as the core values she associates with her practice. She stated, “Caring really makes a difference. You can learn and you can perform all the technical things … I don’t know if caring is so much of a learned attribute but it is important”. Becky expects her colleagues to work with the same level of responsibility and accountability she has established in her own nursing practice. This has produced conflicts particularly when working with various levels of employees (clinic techs, nursing assistants etc.). She stated, “I have had to just step up and say ‘stop it’ and ‘I do things differently’. It is wrong and the patient will suffer if everyone is not accountable”.

Similar to many of her participant colleagues, Becky believes she is “a strong reader” but stated, “I am weak in the writing part”. “I never really wrote anything and when I was studying for my BSN [Bachelor of Science in nursing] … it [writing] was painful and sometimes it was enjoyable … but I always learned from it”. She did not view the intense use of reading and writing strategies in this professional development program as a deterrent but rather as an opportunity to grow on a personal and professional level. Becky stated,
Reconnecting with Your Passion, those words just really jumped out at me. I had the experience of kind of doing that when I was studying for my BSN. It was profound. I was just really amazed at what that did for me and I thought … if I can get more of that; that’s great.

Becky’s decision to participate in this study was clearly influenced by her recent success in a formal education program as well as a desire to continue to challenge herself through professional development.

**Margie**

Margie entered into the profession of nursing with a Bachelor of Science in nursing twenty three years ago. She had a variety of full time and part time positions in diverse settings including inpatient medical/surgical units, post anesthesia care unit, and various outpatient specialty clinics. “I really enjoy being a nurse, in part because nursing offers so many opportunities to try different things”. The most important core values identified by Margie are integrity and compassion. “Integrity and taking responsibility for my own actions are the biggest things for me and I expect that out of my co-workers as well”, stated Margie. From the perspective of career satisfaction, Margie is fairly satisfied but asks,

Is this my ultimate job; my dream job? No. But this is the job that works for my family life. No weekends, no holidays. This is a nurse’s dream as far as work conditions. We [Registered Nurses] are underutilized in this work place … I always think that I was made for more but I’ve made this choice and I’m afraid to go further.
Margie recognized that a part time position is often more satisfying for many nurses. She stated,

I love being part time. It’s the best of both worlds because it is flexible and meets my needs. I can stay current [in practice] and I don’t get involved in all the politics and I am not so bothered by the day to day things that go on.

In her time away from work, Margie enjoys reading and has in fact resolved to read one book a month for the past 2 years. Her preferences have included biographies and short story compilations. She does not consider herself “much of a writer”. Margie recognizes that she does not enjoy the process of writing mostly because she is a self-proclaimed “perfectionist, so I feel like I can’t put it all together to the best and get that best piece. I’ve never journaled because I don’t have the ability to say okay I don’t have to write an entire paragraph; one sentence is fine”. Margie expressed some anxiety related to participation in the study. She journaled,

I have some feelings of inadequacy and worry about whether I will be able to complete all the assignments. I always like to put forth my best effort. I believe that this experience will grow and expand my passion for nursing by allowing me to reflect on my story and experience.

The key reasons Margie chose to become a study participant included this opportunity to spend time reflecting on her professional role and the opportunity to network with other nurses. Margie was also anticipating learning something from this professional development program that she could share with her coworkers who she felt needed to reconnect with their passion for nursing. “I’m hoping to learn something that I will be
able to share with my coworkers. It would have been really good to have them participate. The morale is not always good in my workplace”. Margie was motivated by her own needs as well as the needs she recognized in her work place.

**Tiffany**

Tiffany entered the profession with a Bachelor of Science degree in nursing eight years ago. Initially, she was employed as a staff nurse in medical/surgical nursing for several years and completed a Masters degree in nursing with certification as a Family Nurse Practitioner. She is currently employed in an advanced practice nursing role in an adult specialty practice. Tiffany’s level of career satisfaction has fluctuated throughout her career. She is currently more satisfied than in some previous positions but recognizes that lower satisfaction has occurred when she felt “overworked, underpaid, not appreciated, demanded to work over time, and feeling a lot of pressure”. According to Tiffany, these feelings have emerged in staff nurse positions and advanced practice positions depending on the circumstances. As a staff nurse,

I definitely had fluctuations. I knew that I loved what I did because I loved being with the patients and I miss that terribly. Some days I wish I could go back to being a bedside nurse … it was stressful. I always felt like I wanted to do more; that I couldn’t do this for the rest of my life. I wanted to do more which is why I started going back to school. Tiffany identifies empathy as the highest priority value for her nursing practice and she frequently emphasizes the relationship aspect of nursing whether with patients, families, or colleagues.

When asked about her interests in reading and writing activities, Tiffany admitted,
I felt intimidated by the study because I am not fond of writing. I have never been good at it, but I am always up for a challenge. I am also terrified of speaking in public … I do love to read and reading [for pleasure] pretty much stopped when I started grad school.

Despite her concerns about the writing aspects of the study, Tiffany chose to participate mainly because “it would be a nice way to network with other nurses and find out their story and also to help out a colleague with a research project”. So despite her own anxieties regarding her writing skills, Tiffany chose to participate for two primary reasons including the opportunity to meet her nursing colleagues and to be part of a study that would contribute to the primary investigator’s educational goals.

Penny

Penny’s nursing career has spanned over three decades. She started her career with a diploma in nursing and is currently working on completing her Bachelor of Science degree on nursing. It has been a long road but she is very certain she will obtain her degree. Penny’s career has covered a broad spectrum of nursing positions including critical care, administration, IV therapy, outpatient specialty clinics, emergency department, and corporate training. Penny recognizes that she has had a diverse career path. She stated, “…that’s what makes nursing fun. That’s what makes my eyes twinkle. Because of this one degree, you can do a million things. There should never be any grumpy nurses because when you get tired of one area, you go reinvent yourself someplace else, and it’s a whole new career”. Penny conceded that her view has not always been so positive. She has had positions that were not a good match for her
personality but when she recognized her unhappiness she moved on to other positions. No matter where Penny practiced, there were several values and beliefs that remained steadfast through her long career. These include integrity, empathy, and maintaining a servant’s heart. The idea of a servant’s heart is central to Penny’s career satisfaction. She recognizes that it was not until she became a born again Christian that she really embraced her career as a privilege and a service to others. Penny explained, “A servant’s heart is a willingness to spend the majority of life serving others in difficult, unpleasant, and painful situations while willingly putting my needs second”. For Penny this view helped her to realize that “a lifetime of nursing has become a blessing to my family and my patients”. Penny’s personal goal for participating in this research study “is to help me put words to that change of heart; to discover my pride in nursing and recognizing my contributions”.

Penny’s enthusiasm for her career is paralleled in her enthusiasm for reading and writing. Penny describes herself as an avid reader and she has been journaling intermittently for the past 10 years; sometimes about work related issues but not always. “I journal when I have something significant that I want to remember, how I think God is using me through work, or something he is teaching me” stated Penny. Penny expressed no concerns about the reading or writing required as a participant in the study but instead was very eager to participate. This research study “perked up my spirit and I said okay, I can join that group. Now I can be proud of what I do”. For Penny, this study was an opportunity to confirm the importance of her role as a nurse not only for her benefit but for the well-being of the other participants. She was very enthusiastic about nursing and life in general. Throughout Penny’s entire pre-participation interview, it was exceedingly
apparent that Penny wanted everyone to have an appreciation for the important work of a nurse. This study was an avenue for Penny to share her enthusiasm.

**Georgia**

Georgia’s nursing career began in 1969 with a Bachelor of Science degree in nursing. Her forty year career has involved several roles including staff nurse in a nursing home, faculty in a school of nursing, and diabetes educator. Her positions have varied from part time to full time in various healthcare settings. Georgia currently holds a Master’s degree in nursing. Georgia holds two core beliefs central to her practice. First, she believes clients should be treated as individuals and second, to be nonjudgmental in her approach to clients. She stated,

> So many times the patients that we deal with, with a chronic illness are labeled noncompliant. And the noncompliance is not because they do not want to take their medicine, but there is no money, or something else prevents them from being able to follow their treatment plan. So, [being] nonjudgmental is very important to me- not that I lack it, but I want to spread that sense around to my fellow professionals.

Generally, Georgia has been satisfied with her nursing career. As Georgia reflected upon her career satisfaction, she noted there are two things that cause her dissatisfaction in her career including “conflict with colleagues” and “how healthcare is changing; it’s the politics of healthcare”. “I still like what I do with working with patients…so that satisfaction has not changed” stated Georgia.
Reading is a pleasurable activity for Georgia; “It’s a nice way to escape”. When asked about her interest in writing, Georgia indicated that she has journaled at particular times in her life. “I found it [journaling] very interesting in two times of crisis in my life” reflected Georgia. She has also journaled for short periods when she had work related concerns. Georgia’s personal goal for participating in this research study was three fold. To begin, she was interested in ‘hearing the stories of other nurses and comparing them to her own experiences”. Next, she wanted to “identify the values and ideals she holds dear”. And finally, Georgia desired some “time to give some concentrated thought process to my chosen profession. I haven’t done this before”. As Georgia was entering the later phases of her nursing career, she desired “an opportunity to spend time evaluating and reflecting” upon her career and her contributions as a professional nurse. For Georgia, this study was an opportunity to explore these concepts in a way that aligned with her interests in writing and reading activities.

Regina

Regina’s career began with a Bachelor of Science degree in 1982 as a critical care nurse. Reflecting back, Regina noted “I never meant to stay in nursing this long. I didn’t think it would last this long. I thought it would lead to other avenues, never thinking it would become embedded in me. It was a means to an end at one point and it became the end in a way”. Though her career has included full time and part time positions in critical care, medical surgical, telephone triage, and research nursing, her passion is in writing. Regina has always had a “love for words and therefore reading and writing”. She has worked to improve her writing skills by taking writing and English classes in formal and informal settings. Regina’s writing activities take on many forms “ranging from poetry
to short stories to academic papers to the aspiration of writing a memoir”. Though she writes on an array of topics, she has used her nursing career as the impetus for several of her pieces. In particular, Regina enjoys creative writing and this research study “gave my muse a good shake”. “My dream is to write a book with every chapter as a memoir of a different patient or someone I met in my life” stated Regina as she contemplated her aspirations. Regina chose to participate in the research study because she “always found it easier to write when surrounded by others who love to do so. Plus, I love making new friends and enjoy new challenges in life”.

Regardless of her level of career satisfaction, Regina has maintained two core values – patient advocacy and empathy. Regina stated, “I’m a patient advocate first whether or not I agree or disagree with what the patient is asking of me; I’m there to make sure that what they are asking for is done”. Regina appreciates her patients’ positions. As nurses “we don’t see them [patients] when they’re all dressed up going out to dinner on a Saturday night. We see them when they’re in a hospital gown with no underwear on …and it’s easy to forget there are people there and they had a life before [they came to the hospital]” asserted Regina.

Regina admits that at times her writing brings her more satisfaction than her nursing career, but also recognizes that she has always had opportunities to move into new positions when she felt the need to try something new. Regina has considered the idea of taking some time off from nursing to write but “with kids in college, I have to work”. Overall, her career satisfaction has declined in recent years and at times she finds it difficult to be motivated for work. “For some people, that might be ok, but it is not comfortable for me”, responded Regina.
Because of her passion for writing and her innate sense of career dissatisfaction, Regina enrolled as a participant in this study. As she stated in the first group session, “I am hoping to recharge my nursing career by taking this time to combine nursing with writing”. She perceived this study to be a challenge but also an opportunity to explore nursing along with other nurses.

**Beatrice**

Beatrice has been employed as a women’s health nurse for 42 years. During her career, Beatrice has held numerous full time and part time positions and has acquired several certifications related to obstetrical nursing along with a Master of Science degree in health education. Recently, Beatrice has been contemplating retirement but she feels she has more to contribute to her profession.

What piqued my interest [in participating in this study] was just the fact that I am looking ahead toward retirement. All of these young nurses…just don’t seem to have quite the passion. They don’t seem invested and so I like mentoring them. I like trying to encourage them to be patient advocates, to be proactive, to keep learning, to try new things. So, I think I was hoping that maybe this would be another way for me to kind of keep the profession moving in my small, little piece or the world.

It is important to Beatrice that today’s nurses understand the history of the role.

We [nurses] went from being the handmaidens of the physicians in the late 1960’s and early 70’s to being involved, like this hospital, in a magnet hospital and self-
governance and making a difference. I don’t think a lot of younger nurses realize where we’ve come from and I don’t want us to go back, stated Beatrice.

Throughout four decades of nursing, Beatrice reports a very high level of career satisfaction and attributes this in part to reinventing herself as practices change – “you think, oh, I don’t know how to do this. So, then you go find out how to do this”. Beatrice’s ability to face new challenges and change as opportunities is a message she would like to share with her younger colleagues. It is not surprising to discover that Beatrice’s core values are caring and empathy for others – not only her patients and their families but also the new nurses she sees each day at her work. “Caring about people and wanting to know who they are and why they are there. Sometimes I feel like they have given me a lot more at the end of the day than I’ve given them,” reflected Beatrice.

As for reading and writing interests, Beatrice described herself as an avid reader with a keen interest in fiction and always staying up to date by reading the latest nursing journals. Her past writing experiences have focused upon “technical pieces such as patient education and staff development materials and policies and procedures”. In general, Beatrice “enjoys the writing aspect of her professional role”, but has never really done any writing or journaling outside of work related experiences. By participating in this research study, Beatrice has decided that she would like to share her memories and “capture my interpretation of my experiences as a nurse”. It became obvious early on that for Beatrice, participation in this study would be a time of careful reflection and recalling of a long and productive nursing career. Though not yet ready for retirement, Beatrice clearly indicated that she is “nearing the end of her professional nursing career” and “recognizes the wealth of knowledge and experience that comes with that position in
my life”. This study is an opportunity to look back but to also look forward to what she would like to leave as her legacy for future nurses.

Anna

Anna obtained a Bachelor of Science degree in nursing in 1976 and since that time has been employed full time in critical care and operative nursing. Currently, Anna is fairly satisfied with her nursing career but acknowledged that this is not the most satisfied she has ever been with her career. “I feel very satisfied with my profession…with what I personally do with my individual patients as I care for them. I don’t feel that I have been very successful in sort of growing myself,” acknowledged Anna. Anna attributed much of her disappointment to circumstances within the work environment that she, as an individual nurse, does not have control over. She recognized that over time this climate causes her to “feel weary”. Despite the problems facing Anna, she noted,

I have a lot of passion for nursing and the patients I take care of, but I have never been able to express that. There’s never been a way for me to express it. So, I feel this [research study] will help me overcome some of the struggles I am having. I was enticed by the opportunity to nurture myself.

For Anna, the opportunity to come together with other nurses in an environment designed to encourage expression through words and story was “very appealing”. The study was “an opportunity I had been seeking for much of my career but had not encountered”. Anna was hopeful that this professional development program would be an outlet for her to “share struggles and gain encouragement from her colleagues”.
“Empathy from my colleagues” was something Anna was seeking through her participation in this study. Interestingly, Anna listed compassion and empathy as the core values to her nursing practice but also recognized through her own experiences with illness that these things may be lacking in health care. “I know I need to be more compassionate. I know I need to be more empathetic,” stated Anna. She also stressed the importance of “being a good clinician who uses instincts and knowledge to identify subtle changes in a patient that could alter the patient’s outcome”.

Though Anna confirmed confidence in her skills as a nurse, Anna did not express the same confidence in her writing abilities. She was “struggling with writing the narratives of her nursing experiences as part of the application process” for the clinical ladder program at her hospital. “I have some really good stories but when I sit down to write them, I find great difficulty in it. So, being in this research study is probably a godsend for me,” confided Anna. As for reading, Anna prefers “short stories, historical pieces, and non-fiction”. Anna does not consider herself a good reader due to “limited concentration” and thus “prefers shorter works rather than longer novels”. For Anna, the challenges of reading and writing were overshadowed by the possibility that this professional development program would “provide me with an opportunity to share my experiences and stories in a receptive and empathetic environment”.

Cathy

In 1973, Cathy began her career as a licensed practical nurse and worked her way to an associate’s degree in nursing in 1993 and eventually earned a Bachelor of Science degree in nursing in 2002. Cathy has had a diverse career including full time positions as a nurse
educator, prison nurse, school nurse, and operating room nurse. Constantly challenging herself to learn more, Cathy is currently enrolled in a Master of Science in nursing program with a specialization in nursing informatics. Throughout her career, Cathy has focused on one particular value – compassion. Cathy’s compassion is rooted in some very complex and tragic circumstances. Having lost two children to a genetic disorder, Cathy has “a heart for those whose circumstances are often overwhelming and for those whose decisions may not make sense to the average health care professional”. As Cathy wrote,

Nursing is compassion epitomized. Nurses are sensitive and caring and go beyond the call of duty often forsaking their own needs. But, nursing is also this: anger, frustration at working conditions, budget constraints, workloads, mounds of paperwork: All barriers to what nurses enter a profession to do.

It is these stressors and frustrations that contribute to her “very low level of career satisfaction”, yet her passion for the work she does was apparent when she spoke of her profession. Cathy wrote,

There is always the question of pride in what you do especially if you have done your best and influenced an outcome that otherwise may be dismal. It’s the giving when you think you have nothing left to give, and the rise to the occasion when circumstances present a need. Yes, it’s frustrating and critically demanding and yet it beckons you to go on and strive to give your best. Oh yeah, one more reason… I am exceptional at what I do. Anyone who knows me would tell you I
have poor self esteem so if I am willing to go out on a limb and say I am exceptional at what I do, then that is a really big deal.

Cathy joined the research study because she “was curious as to what might be accomplished”. Cathy stated,

Anybody who’s out here for a really long time in a pit with rising costs and decreasing resources, I think [recognizes] that is an easy set up for cynicism and disappointment and a lack of power. You feel powerless to help and change anything. So, I thought well maybe this [research study] could offer some sort of insight into bringing me back into the state of mind where you think you might make a difference in somebody’s life.

Cathy considers herself to be an “artsy” person and does “write or journal particularly in the face of tragedy”. Reading is not a priority for Cathy though she does occasionally read books on “topics of current interest and contemporary personalities”.

**Why Participate?**

When considering why these professional nurses chose to participate in this research study, several important concepts emerge. First, a lower level of career satisfaction contributed to several nurses’ decisions to participate in the study. None of the nurses expressed a desire to leave their current career but many were not as satisfied as they would like to be with their position. During the pre-participation interviews, each participant was asked to rate their career satisfaction on a scale from 0-10 with 0 being complete dissatisfaction and 10 being the greatest level of career satisfaction. Overall, the participants’ responses ranged from a low of 2 to a high score of 9. Participation in
this study was viewed as an opportunity to “jumpstart” their career or to “boost” their satisfaction by reflecting on aspects of their career that remained important even after years of practice. During the pre-participation interviews, participants repeatedly viewed the study as a “challenge” or as Leslie indicated “a way to stimulate thinking in a way that moves beyond skills and really makes me consider why I do this job”. Participants made it very clear that their involvement in this study afforded them an opportunity to focus on themselves as nurses rather than all the usual duties of a work day. Participants were seeking an opportunity for self-nurturing and a time for critically reflecting upon their career. Though not stated explicitly, nurses were hopeful that this program would help them gain appreciation for their life work and lead to improved satisfaction and career well-being.

Secondly, every participant mentioned the opportunity to share stories with other nurses as an important factor in enrolling in the study. This sharing was twofold including the opportunity to give voice to their experiences in an environment where they would be heard and understood and to listen and learn from the stories of others. The nurses were seeking an empathetic environment in which to share.

The third reason for participation in the study was related to the desire to make a contribution. This contribution could take on various forms such as helping a fellow nurse complete the requirements of a doctoral program, transferring words of wisdom from expert nurses to those in the earlier stages of career development, giving voice to all that is positive or negative about nursing, or by garnering information as a study participant that could be used to assist colleagues in improving their career satisfaction and well-being.
As a whole, the participants represented the diversity found within the profession of nursing. Each participant brought a plethora of personal and professional experiences to this study. These life experiences provided the rich foundation upon which this study was established. Because of their diverse backgrounds, the participants viewed their participation in this action research study through various lenses. The themes that emerged from the data analysis indicated that despite the varied backgrounds of the participants, there are significant similarities that provided insights into the use of reading and writing activities with professional nurses as a way of assisting them in reconnecting with their professional values and ideals. The remaining sections of this chapter will discuss these themes in greater detail.

Section 2: The Process

In action research, it is essential to consider the process by which the study develops and unfolds. Understanding the process is often as valuable as the qualitative data collected and analyzed. The process of this action research study will be viewed through my lens as the primary investigator. This discussion will be based upon the copious field notes gathered throughout the study. In addition, examples from participants’ writing submissions will be included as needed to support the discussion. Four stages were identified in the progression of this research study including: Recruitment, Researcher Facilitated, Participant Facilitated, and Post Participation phase. Each of these phases encompassed a particular time frame and activities as well as specific individual and group dynamics. Each phase, along with these defining characteristics related to the process of this action research study, will be discussed.
Recruitment Phase

The Recruitment Phase of my study was characterized by a high degree of interest. This phase spanned the time frame from the distribution of recruitment materials through the pre-participation interviews. During this time period, two key points were identified regarding the nature of the program. First, nurses with varied backgrounds were genuinely interested in this type of career development program. And secondly, this program offered a unique approach to research and continuing education that was appealing to nurses.

Initially, an email recruitment tool was distributed to approximately 1200 registered nurses within one institution. The email included a brief description of the action research study, contact information for the primary investigator, and an attachment of the recruitment flyer (See Appendix A). What were not included were the specific dates and times for the group sessions. These details would be determined with the input of the potential study participants. Within a week, I had identified 40 interested participants who met the selection criteria. On the final day to the call for participants, I wrote, “I am so excited by the response…40 all very positive and eager to participate. Genuine interest from so many different specialties. I feel encouraged” (Field notes, October 30, 2010).

The initial email responses indicated a sense of intrigue regarding the topic. For example one potential participant wrote in her email response,

The program sounds really interesting. What a unique approach to a research study and to a professional development program. There are many days when I feel like I need to ‘reconnect’ with my passion for my job and I know many of my
peers feel the same way. I would be interested in participating in the study. Do you have any seats remaining in the program? I hope to meet you soon. There is a need for this kind of continuing education for nurses.

Another responded by email, “When can I get started? I would appreciate the opportunity to participate. Please let me know if I make the cut”.

After receiving the 40 positive responses, I then sent out a follow up email to those who expressed interest. In this email, I requested that each possible participant complete a Participant Information Sheet (Appendix F) and return it to me via email prior to the first session. This sheet would provide some demographic information and would also help to assure that each participant met the established criteria for the study. I selected the date and time for the first session in early November. Twenty one possible participants excluded themselves from the study when the first meeting date and time was announced. Each of these individuals contacted me via email to explain their inability to participate based on the meeting time and many also indicated that if the date was changed or if additional sessions were offered, they would be interested in participating. Paula’s email stated, “I regret that I will not be able to participate in your study. I am disappointed, but my work schedule involves several different shifts and committing to the schedule would be impossible. If you offer any other future programs I would appreciate the opportunity to join in”. I was encouraged by this response because it indicated a true interest in the topic despite the complexities of nursing schedules.

Eighteen possible participants returned their completed Participant Information Sheet. Two did not meet the basic participation criteria and were excluded from the study. Specifically, they were not employed as registered nurses at the time of the study. Of the
remaining sixteen possible participants who completed the form, eleven attended session one at a coffee house located near the health care facility where the participants were employed. I had no further contact with the remaining five participants who completed the Participant Information Sheet but did not attend session one.

In my field notes (November 1, 2010) I wrote,

The recruitment process is too complex. Schedules are complicated. I’m afraid I will not have the numbers I need once the dates and times are confirmed. What if the time commitment is too much and the participants do not complete the program? Responses + but they don’t have the details.

I scheduled the first session from 4:30-6:00 PM; attempting to capture nurses who either worked day shift on inpatient units from 7:00AM to 3:30PM or in clinic settings from 8:00AM to 4:30PM. I agonized over what to do about the off shift nurses but could not find a way to resolve this issue. As one email from a potential participant indicated:

Thank you for the information on "Reconnecting with your PASSION etc' I am interested but need to know if these eight sessions are during or after work hours....if after work hours on which days/evening?? This will greatly impact my interest in participating...... does sound interesting...."things" have definitely changed since I first entered Nursing in the 1970"s (shhh no telling anyone I am an "old timer !! ) :) Will look forward to hearing back from you.

Unfortunately, this was one of twenty one potential participants who expressed genuine interest in the study but who could not commit due to schedule conflicts. This is a common issue for staff nurses who working rotating shifts or “off shifts”. For example, one potential participant wrote in her email:
Thank you for developing such an interesting and timely research study. I meet the criteria but will not be able to attend due my permanent night shift position. Unfortunately, my work schedule makes it difficult for me to participate in many educational opportunities. If you ever do a program during night shift, please let me know.

I quickly came to realize that the time I had selected did influence the population from which I would draw participants. Some participants altered their schedules to be able to attend but for the most part the participants who attended session one found that time period to be very convenient for their work and family schedules. I wrote, “Who is going to attend? I could have 0-16 participants coming to session 1. Very worried about how this will work out” (Field notes, November 2, 2011). This unknown led to an anxiety filled period of time as I waited to see who would be present at session one.

What I did learn from this portion of the recruitment period was that nurses were intrigued by the topic of my study. The responses were very encouraging whether they could or could not participate in the study. In addition, I knew I had captured the attention of nursing administration as several individuals contacted me after receiving the recruitment email. They each expressed encouragement and interest in the results of the study. An administrator wrote, “I will encourage my nursing staff to attend your program. Your research has important implications for our institution”. Each of these positive interactions, whether from potential participants or nurse leaders, motivated me and helped to solidify the importance of the study as I prepared to meet the potential participants in the first group session designed to provide a more thorough overview of the study, obtain informed consent and begin the reading and writing activities.
Session one took place in early November with eleven potential participants attending the meeting. As the participants arrived, the room was very quiet and as my field notes (November 10, 2011) indicate “participants were cordial but not eager to interact with one another. I was very excited to meet the nurse who I had corresponded with via email”. The participants seated themselves in the circular arrangement provided which resembled a living room setting. Copies of books and other written creative writing pieces by nurse authors were available on the coffee table at the center of the circle. I did not observe any participants looking at the materials (Field notes, November 10, 2011). The session began with an introduction of myself, the study, and action research as the specific methodology being used. To facilitate this dissemination of information, a power point presentation format was utilized. Each potential participant received a hard copy of the power point note pages. A time for questions and answers was provided though very few questions were asked beyond logistical questions about meeting times and locations (Field notes, November 10, 2011). Responses to these questions were deferred until potential participants completed the informed consent form. Because this was an action research study, I wanted to encourage the study participants to select meeting times and locations that would be most conducive to their needs. Therefore, I reviewed the informed consent and asked participants to sign the forms if they desired to be part of the study. I did indicate that signed consent forms would be accepted until the start of session two, however the eleven potential participants immediately signed the consent forms and joined the study. We were ready for the official start of my study.
I began by reading a short essay entitled *The Evening Backrub* taken from a collection of essays entitled, *The Heart’s Truth: Essays on the Art of Nursing* (Davis, 2009). This particular essay speaks to the professional values and ideals that are represented in the dying art of the nightly backrub. The participants smiled and nodded in agreement as they listened to the essay (Field notes, November 10, 2011). Upon completion, participants commented on similar experiences they had had in their careers and the truth of the message conveyed in the essay. I did not comment but rather listened to their exchange. It was apparent from that first discussion who was most satisfied with their career path and who was struggling to find something positive to say. One participant in particular expressed her dissatisfaction early in the conversation. Cathy stated, “It certainly isn’t like that anymore. It is hard for me to even remember that time in nursing although I have been in this profession long enough to remember – maybe too long. I don’t have that warm feeling about my job”. Interestingly, “no one responded to Cathy’s observations” (Field notes, November 10, 2011). Overall, the participants were polite and all but Cathy worked to maintain a positive perspective as though trying to please me. Many spoke directly to me rather than to other participants. Regina was one of the most vocal participants. As she spoke it was almost as if she was pining for “the way nursing use to be”.

The evening backrub was an opportunity to spend a few quiet minutes with each patient at the end of the day. Visitors were usually gone and as patient relaxed with the back rub they often expressed their concerns or asked questions that were troubling them. Every nurse had five extra minutes to spend with a patient who
needed reassurance or someone to listen. Things have changed, stated Regina (Field notes, 11/10/10).

Others like Anna reflected on the change in length of hospital stay over the years. Hospital stays are shorter than ever before and as Anna indicated, “Patients come and go so quickly that I have no time to get to know them or their situation. I feel like I am taking care of strangers and worse yet, they feel like they are being cared for by a stranger” (Field notes, 11/10/10). Overall, the theme that emerged was one of time constraints that did not allow the nurses to spend quality time with their patients in a way that was valuable to the patient or the nurse. “There was a sense of agreement that much has changed in healthcare over the years and as a result the quality of interactions have been affected” (Field notes, November 10, 2011).

As the discussion of the essay came to a close, the participants started asking each other questions about their professional roles. Where do you work? What shifts? What is your specialty? (Field notes, 11/10/10). At this point I had the participants introduce themselves including their current position, years in nursing, level of nursing education, and a brief statement on their personal lives if they felt comfortable. During the introductions, many connections were made between the participants related to where they were educated, places they had worked, and colleagues they had in common. It was a very lively exchange of information and again the overall atmosphere was extremely positive with the exception of Cathy who freely shared her dissatisfaction with her current career and also made it apparent that she had few expectations for her participation in this study. I noted in my field notes during the introductions that I hoped
the participants would actually be somewhere between the “eternal optimists and the ultimate pessimists” that presented at that first session (Field notes, 11/10/10).

At the completion of introductions, I asked the participants to jot down a list of the professional values and ideals they felt were at the core of their professional nursing practice. After several minutes, I asked the participants to share some of their ideas. I created a list of values and ideals on large flip chart. Many of the values and ideals appeared on several participants’ lists. The list included (in no specific order): integrity, honesty, ethical/high standards of care, compassion/caring/empathy, lifelong learning, opportunity, teamwork, empowerment, advocacy, accountability, knowledge, commitment, respect, social justice, diversity, flexibility, and hope (Field notes, November 10, 2011). This list would guide our discussion throughout the study. Individually and as a group we would focus upon the top five core values that appeared on the majority of the participants’ individual lists. The list included: empathy, accountability, empowerment, integrity, and moral agency.

Upon completion of session one and every subsequent session, I provided participants with a topic to guide a journal entry related to the completed session, several reading pieces on the topic for the upcoming session from which they could read the pieces that were of greatest interest, and a more formal writing assignment in the form of a writing cue. Participants were asked to spend at least 15 minutes of uninterrupted time responding to the writing cue. As I explained in more detail the format we would be using, I noted some concerned looks, but there were few questions about the expectations. I did stress the fact that although I was facilitating the first few sessions, there would be opportunity for the participants to become the facilitators in this action
research study. There was “no response to the announcement that the participants would eventually be given the opportunity to facilitate the sessions” (Field notes, 11/10/10).

Our final task in session one was to select the remaining meeting dates and times. This was an issue that I had been extremely worried about leading up to session one, however, I felt strongly about allowing the group to come to an agreement about this issue. After about 20 minutes of discussion and some healthy debate, the group determined that Wednesdays from 4:00 -6:00 would be the best meeting time, and we would continue to meet at the coffee shop near their place of employment.

As the participants prepared to leave the session, there was a “great deal of chatting and conversation. I could feel a sense of anticipation,” (Field notes, November 10, 2010. The group as a whole seemed excited and eager to move forward. “Several participants thanked me for the opportunity to participate” (Field notes, November 10, 2010). Even Cathy, the participant who appeared to have a very low degree of career satisfaction, stated, “I am interested to see what you will learn from this study. I have never seen this type of research being done. I’ll be back.” (Field notes, November 10, 2010). As my field notes (November 10, 2010) indicate, “I was very pleased with the outcome of session one. I was encouraged by their enthusiasm and what appeared to be genuine interest in my study. I am worried that the participants will not return to session two or for their initial interviews. I liked the group and I look forward to spending time with them”.

The initial interviews were designed to follow a semi-structured interview format based upon approximately eight questions (See Appendix D). Everyone kept their scheduled interview appointment (Field notes, November 11-20, 2010). There was a
sense of cautious optimism surrounding the interviews (Field notes, 11-20, 2010). Prior to the start of each interview, every participant noted that they were nervous or uncertain about what to expect from the interview process. “I have never been interviewed before. I am not sure about what to expect and I am afraid I will not say things that will be helpful to your work”, stated Becky at the beginning of her interview. Several were anxious about the audio recording and most were simply afraid they would not know the answers to the questions. One participant, Leslie, cried through a significant portion of her interview because as she stated, “I can get very nervous and that causes me to cry”. For the most part at the onset of each interview, the participants were again interested in pleasing me and giving me the data that I needed. However, as the interview progressed the participants relaxed and began to share more freely with less concern for the audio recorder or giving me the answer they thought I wanted to hear.

Many were very animated in their storytelling and shared specific details that added richness to the data. For instance, Regina described with explicit detail a career changing experience with a 15 year old patient that occurred several years ago. The details included the time of day and the vital signs of the patient. At times during the interviews, “I found myself completely engaged in their stories, listening intently and asking follow up questions to learn more about these women and their nursing experiences” (Field notes, November 18, 2010). I was also energized by the interviews. “It is obvious that these nurses want to be part of this study and are committed to helping me achieve my professional goals. This degree of commitment from nurses I barely know is very moving (Field notes, November 17, 2010). Consistently, the participants confirmed their high level of interest in being a participant in a research study as well as
their interest in a professional development program that would provide them with an opportunity to talk with other nurses and explore why they chose to be nurses. As Margie stated when asked why she decided to participate in the study, “I wanted a new way of learning about what I do as a nurse. This program sounded like it would be a way to learn about me and what makes me a nurse. I am really looking forward to the next few weeks”.

The recruitment phase created a sense of excitement and anticipation regarding participation in a research study and the opportunity for an innovative professional development program. This high degree of interest permeated the entire group despite varying degrees of career satisfaction and experiences. Though the participants were cautious during the interview phase, their interest was piqued as we moved into the Researcher Facilitated phase of the study.

**Researcher Facilitated Phase**

Sessions two through five were facilitated by me, the primary investigator of this research study. As the facilitator, I selected the readings and developed the writing activities used in each session. The assignments were learner centered based upon the values and ideals identified in the first session, and each participant could engage in the activities they felt would be most effective for their own learning. However, the structure of the program was very similar to a traditional classroom setting (Field notes, December 1 & 8, 2010). As the facilitator, I developed a series of questions and strategies to guide the learning of the group. It was very apparent that I was not only the facilitator but also the researcher and at times this role overshadowed my role as a participant in this action research study. In my field notes, I wrote, “As the facilitator, it is difficult to also be
perceived as the participant. The group seems to be most comfortable with a more traditional classroom structure though they do seem to enjoy the freedom to choose the activities that meet their learning needs” (December 1, 2010). Tiffany noted in her journal entry, “I enjoy the openness of this program. The readings and writing prompts are all very interesting and I enjoy being able to choose which ones I want to work on between meetings”. “I don’t want to miss anything so I complete all the readings and usually respond to each of the writing assignments. In most classes, you need to complete all the work in order to get credit. This is different” stated Margie (Field notes, December 8, 2010). Other observations regarding participant responses to the structure of the program included:

- Participants raised their hands and waited to be called upon by me before interjecting into a conversation (Field notes, December 1, 2010).
- When asked a question, many participants would maintain eye contact with me rather than speak directly to the other participants (Field notes, December 1, 2010).
- When given a series of readings or writing prompts to choose from during the time between sessions, most participants read each of the pieces and responded to all the writing prompts (Field notes, December 8, 2010).

This phase of the research study was characterized as a time of retrospective reflection and the establishment of a commonality of values and ideals. The themes in this phase of the study included exploring each participant’s beliefs about the profession of nursing, their journey into nursing, and considering how past personal experiences with illness influenced the development of empathy. To help with the exploration of each theme, I
provided several short readings and writing prompts. These writing prompts resulted in some of the most useful writing strategies identified throughout the study including the This I Believe about Nursing essay, My Journey into Nursing essay, and the illness narratives discussed earlier in this chapter. These activities provided a time to reflect on the earliest nursing experiences and beliefs about nursing as well as providing a time for reflection upon a personal experience that may have influenced changes in or confirmation of one’s values and beliefs. Many of the journal entries and essays provided vivid memories from very early in the process of becoming a nurse such as Becky’s journal entry,

1978 – The crossroad. What was I going to do after graduation? College? Air Force? Have a child? Who knew? I surely didn’t. The nursing shortage was all over the news. The salaries of $14,000 to $16,000 to start seemed so great. I liked biology and health so I picked nursing because I felt I could do it and someone pointed out that there were many types of jobs – even work on a cruise ship! Not everyone was positive. I remember my mom saying something like ‘that might work you usually are nicer to me when I am sick’ and dad’s comment was something like ‘your mouth will get you in trouble. Nurses need to know their place’. The challenge was taken… and met.

The participants were also asked to consider the values and ideals that were important to them at the onset of their career and to provide some specific examples to illustrate these values and ideals. Beatrice acknowledged that it was difficult for her to remember her personal expectations from her first nursing position in the late 1960’s. In her journal she writes, “My basic personal values as I entered nursing probably included
caring for others, respect for individuals and integrity. During nursing school, I quickly became a patient advocate”. Beatrice writes about her obstetrical case study with a pregnant teen in the 1960’s. This pregnant teen was banned from attending school while pregnant and as part of Beatrice’s written case study assignment; she included a letter to the teen’s school district defending her right to continue her education. Beatrice’s instructor strongly discouraged her from sending it and since Beatrice did not want to jeopardize her own education she did not mail the letter. This experience has remained with Beatrice over the years. “I felt defeated but determined to continue to be an advocate for my patients. I feel that this has continued to be one of my primary nursing values and ideals, advocacy” writes Beatrice in her journal entry prior to session two.

Similar to Beatrice, many of the participants recognized the important role their nursing education played in the development of their professional values and ideals that remain central to their practice today. Not surprising, when asked to explore their journey into nursing, most chose to write about their experiences with nursing education. The responses were emotional and very detailed despite the fact that for many of the participants decades had passed since their pre-licensure education and first job. In my field notes (December 1, 2010) I wrote,

From the discussion tonight, it is apparent that the experiences in the early education of these nurses have had a remarkable impact on each one as an individual (positive and negative ways). Some were humiliated by faculty, others were challenged to think in new and creative ways, but all recognize the impact this experience has had on the development of their professional values and ideals. It seems that despite the struggles associated with nursing education that
many spoke of either directly or indirectly, all the participants were in agreement that safe, quality care was always the goal.

Many recounted the “hard work of nursing school, the rigid rules, and intimidating instructors” (Field notes, November 18, 2010). Penny writes in her piece, “Nursing school was miserable. For the first time in my life, I did not easily make close friends. It was lonely and difficult – emotionally as well as academically”. Georgia has similar reflections in her personal narrative, “Nursing school was difficult. The expectations and standards were high. There was always the possibility that you would not make it. Success was not guaranteed”. As the participants shared their work in the group session, the majority of participants “nodded in agreement and more freely shared their own stories” (Field notes, December 1, 2010). As my field notes (November 18, 2010) indicated,

“Everyone in the group shared in this discussion and a bond was formed around the commonality of nursing education and early career experiences. There was a group consensus that nursing education was challenging and each one had met the challenge.

Everyone had a story to tell and a realization that this early experience truly shaped them personally and professionally. The values and ideals of professional nursing practice were apparent even in the earliest stages of their nursing journey.

Session 3 was based on the theme of empathy. Therefore, the participants were asked to complete reading and writing activities designed to explore the development of an empathetic spirit and how life experiences, both personal and professional, influence
their level of empathy in the work place. One study participant, Cathy, was the mother of two children with debilitating genetic disorders that led to their deaths in childhood. Cathy wrote the following in her journal entry on empathy,

Personally I can easily relate to parents who may have children with various anomalies or who struggle daily with the knowledge that hopes for their children may never be realized that they may have had while they carried their child through pregnancy. All the while I carried my son; I worried what he would grow up to be. I pondered his life’s journey. When I found out he would never be like other children, there was such a profound loss and grieving then acceptance. I picked myself up and went forward doing what I could do. I so often revisit this whenever I meet parents of a newborn or newly diagnosed child with special needs. But also, I know categorically how they feel and what they are experiencing.

Many of the journal entries echoed Cathy’s thoughts regarding empathy. Though the situations were different, it was often times “a critical life experience that helped to create an empathetic spirit in their [nursing] roles” (Field notes, December 8, 2010). As demonstrated by Cathy’s writings above, these life experiences provided a unique insight into how someone else might think, feel, or react.

Similarly, the writing activity for session three encouraged the participant to write her own illness narrative. The participants were asked to reflect upon how this experience has influenced her professional practice and ability to be empathetic. The
illness narrative could be a personal experience with illness or an experience shared with a family member or loved one.

As the participants shared their thoughts and writings, it quickly became apparent that the readings which were centered on nurses facing their own personal experiences with illness and the medical establishment had a profound impact on the participants. As one participant stated, “I never thought about how my own experiences with illness might influence my interactions with patients. I have been blessed with good health to this point in my career, but after reading these chapters, I wonder how an experience with an illness might change my career” (Field notes, December 1, 2010). Another participant commented on how she needed to know the outcome of the nurse with a chronic neurological condition in one of the chapters provided as a reading assignment. She ordered the book online so she could read the entire story. The participant stated,

I was so relieved to discover that Sandra [the author] was able to find a way to continue to make a contribution to the profession of nursing by using computer technology to write books. Reading this book made me think about how quickly I can go from being the caregiver to being the patient. Recognizing that I could just as easily be in the patient role has made me think about how I would want to be treated.” (Field notes, December 1, 2010).

The illness narratives were in several cases very personal accounts. During the group discussion, a few individuals chose to share a part of their illness narratives. Their work was wrought with emotion and a few participants became tearful as they shared their experiences (Field notes, December 8, 2010). It was obvious that these experiences
had a significant impact on their lives and most were able to speak about how the experiences influenced their work as nurses. Anna had been diagnosed with cancer several years earlier and had required extensive treatment and surgical intervention. While writing her account of this experience in her illness narrative, Anna became intensely aware of what had bothered her most about her diagnosis and treatment. She wrote,

Dr. D. came into the room and seemed upbeat as he greeted me. He said he had just gotten the results of the biopsy last evening. He became noticeably more serious. He told me the biopsy showed a leiomyosarcoma. The biopsy wasn’t negative?! Not at all what I had anticipated. I didn’t have any idea what that was, I never heard of it before. He went on to say that he wasn’t sure what to do for this. Stunned, I remember asking him why he didn’t stay up all night figuring out what to do. He didn’t elaborate on what it was. He didn’t know what to do about it. How was I supposed to know what to do? I was absolutely panicked. I did know that I needed to leave the room. What a horrible way to find out that you have cancer…Writing this was extremely difficult and painful. He was so thoughtless not to be better prepared with answers about what I had and how to deal with it. I know I am very sensitive to the needs of my patients when they receive bad news and I believe this experience has directly influenced the way I empathize with patients who are hearing some of the worst news of their lives.

Retrospective reflection on these life experiences was not only beneficial to the individual, but the sharing of these new insights helped to establish a sense of community within the group. Regina writes, “The life experiences represented by this group of
nurses are astounding. As I listen to the stories being told, I am seeing each individual in a new way. I realize we have a great deal in common especially in the way we want to be cared for as patients and how we strive to care for our patients”. These first three sessions helped to “create a sense of unity” (Field notes, December 8, 2010) among the research participants. As one nurse stated following the discussion on empathy, “I now see these nurses as individuals rather than as an OR [operating room] nurse or as an OB [obstetrical] nurse and I consider them new friends” (Field notes, December 8, 2010).

Overall the use of facilitator led retrospective reflective activities during this phase of the research study helped to develop a sense of commonality based on the shared values and ideals. The core values and ideals are rooted in the early part of career development and personal life experiences. This established a foundation as the group moved into the next phase of the research study, the Participant Facilitated Phase.

**Participant Facilitated Phase**

In this phase of the research study, participants will move into the role of facilitator and I will move from the facilitator role into the participant role while maintaining my position as the primary investigator. In preparation for the transition to the Participant Facilitated Phase, I asked for volunteers to facilitate the upcoming sessions. Almost immediately, Regina and Anna came forward as volunteers and so following session four, I met with the future facilitators to discuss how they would like to proceed. Regina would develop activities on the theme of empowerment while Anna would focus on the theme of integrity. According to my field notes (December 8, 2010), Regina has a plan for how she would like to proceed. She has some readings in
mind and has thought about some ideas for the writing prompts. I’m concerned about the length of the readings she is considering – Lord of the Flies and The Secret Garden. She is working under the assumption that everyone has read these works in childhood or adolescence and will only need to refresh their memory. She is also planning to develop writing prompt around the character of Nurse Ratched from One Flew over the Cuckoo’s Nest – again assuming everyone is familiar with the book or the movie. I will need to refresh my memory in preparation for this session. The group will have some extra time between sessions due to the holidays [Christmas and New Year’s Day] coming up before Regina’s session.

Anna is very interested in the theme of integrity. She does not have any specific readings in mind and will need time to work on developing writing strategies. I gave her several books to help develop ideas for readings.

The Participant Facilitated Phase of the study was characterized by increasing tension between professional ideals and the reality of work as a nurse. These two sessions were very different from the earlier sessions for two reasons including the transition of the participants to facilitator and an increased degree of tension between participants and between professional values and ideals and the realities of nursing practice. Two study participants took on the role of facilitator. Regina was first with the concept of empowerment. As mentioned previously, Regina used several complete pieces of literature including a children’s book, a novel, and a movie. According to my field notes (December 15, 2010),
Regina read approximately three to four journal articles on empowerment in preparation for her session. She also reviewed the three literary pieces she provided as reading options to the group – *Lord of the Flies, The Secret Garden,* *One Flew over the Cuckoo’s Nest.* (Note: Regina considers herself an amateur creative writer and has published a few pieces over the years). As she began the session, participants immediately made apologies for not having read the books. I heard comments around the table – “I did not have time to read all of the materials”. “I read these books a long time ago, but it was hard to remember details to respond to the writing prompts”. “These are not the kinds of things I enjoy reading”. At the same time that these comments were being made, other participants who had reviewed the materials began to share some of their insights. There was a tension between those who knew the stories and those who did not. As Regina settled into a more general discussion of empowerment in nursing, there was conflict regarding the degree of empowerment experienced by the nurses. This added to the tension. One portion of conversation unfolded in this way:

Regina – nurses are empowered and are only limited by themselves.

Darla – no nurses are empowered because they are constantly being undermined by layers of administration and physicians. If you are constantly in a position to follow someone else’s orders you are not empowered.

Penny – Nurses make many decisions throughout the day that are not part of orders. Nurses have the potential to be more empowered but for whatever reason
they are resistant to this. We do not take ownership for what is ours. As nurses, we do not empower ourselves but we do empower our patients by educating them and helping them make informed positions.

This exchange went on for approximately 20 minutes. The other participants who were not speaking were clearly uncomfortable – shifting in their seats, avoiding eye contact, doodling. Regina was very engaged in the conversation and at first did not appear aware of those who were not participating. As time passed she appeared frustrated. Regina asked me for help to get the group back on track. I suggested we try writing a found poem on empowerment. Each participant was asked to identify a statement from one of the readings or their own writings that defined empowerment. They took turns reading these aloud while the others in the group wrote down key words or phrases that resonated with them. After everyone took a turn, the participants were asked to construct a poem with these words and phrases. The activity helped everyone return to the theme of empowerment while also giving them time to really think about how they would define empowerment. The sharing of the poems demonstrated just how different each participant viewed this concept. This was the first conflict that developed during the program and the tension is palpable!

The found poems really spoke to the tension surrounding the definition of empowerment in nursing. For example, Regina wrote:

There is a power within me

Validated by my knowledge, attitude, and confidence
That makes me believe I can affect change

In nursing, by a positive attitude and the right opportunities.

While Darla wrote:

There is much we must change

Validate and rearrange

To force the barriers we allowed

To impede improvement in our range.

And Penny wrote:

Knowledge of value and worth

Gives confidence to see opportunities

Ability to affect change and reach goals

For myself and for others.

The journal writings dedicated to the theme of empowerment were similarly polarizing. As Penny journaled, “Empowerment means knowing myself, my value and worth. I don’t need to proclaim that or have others validate it. …it has very little to do with external circumstances”. Cathy was very candid in her discussion of empowerment and this was demonstrated in her found poem and the note she attached to it:

I control my environment, I have value, I have worth, I have the knowledge, confidence, and force within me to change and improve the barriers ahead of me
(Gag me with a spoon who am I kidding; I am LOL as I don’t believe for one second I could be in a position to do that in my work)

Note: I must reiterate the ones who are or were empowered were the profession’s founders, Nightingale, and the major theorists Peplau, Henderson, Orlando, Johnson, Rodgers, Orem, King, Neuman, Roy, Watson, etc. Those folks saw needs, proposed change, and proved the values of their theories thus creating extraordinary care in light of the conditions they faced each day…We have come so far in our work and yet there surely must be more to envision.

Following the sharing of the found poems, Margie stated, “I think for me, the problem with empowerment is that as nurses we are always told we are empowered but so often we are placed in positions with no power and with no one willing to support us if we choose to act empowered”. As Margie spoke, the nurses around the table nodded in agreement and Regina stated, “There is a discrepancy between what we are told we can do and the reality of the job. This is what is most frustrating to me. As a person, I know I need to be empowered but as a nurse I struggle to convince myself and my colleagues that we are empowered” (Field notes, December 15, 2010).

Following the session on empowerment, Anna spoke with me about her session scheduled for the following week. She stated, “I’m not sure what happened in there tonight. I am really worried about how the group will receive me next week (Field notes, December 15, 2010).

It was obvious that she felt the tension. In my field notes (December 16, 2010) I wrote, Last night’s session was challenging. There was not the group consensus that has
been present in the other sessions. Several possible reasons: change in facilitator, complexity of the reading and writing strategies, or the conflict surrounding empowerment in nursing. It was very difficult not to assume a more central role when I felt Regina was frustrated. The found poem helped to focus the group but it probably did not help Regina feel empowered to need to ask for help during her session on empowerment. The tension seems to be caused by knowing what should be and what reality is.

This same tension emerged during Anna’s session on the theme of integrity. The readings and writings presented participants with a dilemma between what is the right thing to do versus what is actually happening in practice. The topic of integrity was tied in with the concept of moral distress. As Penny wrote in her journaling prior to the session,

When we talk about integrity, who are we trying to be true to? Is it ourselves, our faith, our profession, the institution where we are employed or others? I believe integrity means we tell the truth about a situation no matter who is involved. This can be a real challenge at work when you see someone do one thing and pretend that it happened in another way.

Unlike the conflict of definitions that occurred in the discussion of empowerment, the group as a whole generally agreed on the basic definition of integrity and how it should unfold in the workplace. They also agreed that “what should happen and what does happen are not always the same” (Field notes, January 5, 2011). However, a similar
level of tension did continue to exist between professional values and beliefs and the reality of nursing practice. Margie writes,

An “aha” moment for me was the discussion of integrity and moral distress. I really had not realized I was experiencing any moral distress in my career. When I realized that I was on an almost daily basis, it just opened my eyes so much. I realized how that moral distress affects the whole clinic and our morale. It was very enlightening and I think helpful to me in understanding why I feel tension at work.

Leslie identified an additional form of tension related to integrity in nursing. “I believe integrity is easy when there is one right answer or one truth, but sometimes the answers are not clear cut. Sometimes you have to search for it [truth]. Sometimes it [truth] is not always the same for each individual.” writes Leslie in her journal definition of integrity.

During the group discussion, Leslie provided an example of this by sharing an experience where parents were not given all the information regarding their child’s condition. As the nurse, she heard the discussion between the parents and the attending physician but she also knew that the information did not indicate the seriousness of the child’s situation and was very hopeful. When the child was transported to the pediatric intensive care unit later that day, the parents were shocked and unprepared for the grave outcome. Leslie spoke to the physician after the event and questioned why he was not truthful with the parents. His response was that he felt he could avoid the incident with medications and careful assessment. He did not see himself as being dishonest but rather as taking control of the situation. Leslie on the other hand felt she had betrayed the parents by not speaking up and being more forthright with the information. Leslie
frequently thinks about this even though it occurred years ago (Field notes, January 5, 2011). These two sessions demonstrate the various forms of tension that result when core values and ideals collide with everyday nursing practice.

For both Regina and Anna, their experiences in the Participant Facilitated Phase of the study were two dimensional. Both commented on the challenges of taking on the facilitator role while also recognizing that it was a positive learning experience. Regina stated in her post participation interview,

It [being the facilitator] was an opportunity for me to share some of the pieces of literature that I have grown to love with the group. I guess I was surprised that some of the participants had never read these books. It is difficult to think outside of your own frame of reference. This also made the conversation more challenging. I was not expecting the group to have so much conflict about empowerment in nursing. I was totally unprepared for that. I was glad for your help with the found poem”.

Anna stated, “I felt a lot of pressure to choose readings that people would enjoy and relate to. I was also surprised by how much energy is required to facilitate the group. I really had to listen to everything that was being said. It was a challenge to be consistently present and not dominate the conversation”. Though Anna did not have as much conflict within her session, my field notes (January 12, 2011) indicated, “Anna seemed nervous during the session. Several times she redirected the conversation as if trying to avoid conflict. She appeared anxious with silence and hurried to move on to another topic if the group grew silent”. However, I also commented (Field notes, January
12, 2011), “Anna is very confident in what she believes to be integrity and appears to have examined her own nursing practice for examples of what she believes to be right and wrong in regards to integrity. Anna shared some of her own examples as ways of opening up the discussion”.

Though the challenges did exist, both facilitators also identified positive learning experiences. “I feel that being the facilitator for one session has given me the confidence to do something like this on my unit. I usually do not volunteer for presentations or leadership kinds of activities but I feel like I should do this more often” reflected Anna. Regina echoed some of Anna’s thoughts, “I have gained confidence in my skills as a presenter. I learned a lot about what not to do when leading a discussion. The first is not to make assumptions about the group you are working with and to ask for input from the group if you are not sure you are moving in the right direction”. Both participant facilitators confirmed that they would be willing to take on a similar role in the future and would in fact like to consider a similar program on their units (Field notes, January 12, 2011).

As a participant in these two sessions, I identified two key issues including the difficulty in giving up the sense of control that comes with the facilitator role and the increased ability to gather data. In my journal entry I wrote,

During the discussion of empowerment, I had many questions I wanted to ask the group to try to go deeper and understand their ideas about empowerment and the tension that surrounded the topic. I was worried that the reading strategies would be too complex and when the group began to share their negative opinions about
the reading pieces, I felt uncomfortable for Regina as she tried to help them make some connections to empowerment…During Anna’s session, I wanted to give the participants more time to think and process instead of moving quickly to a new topic as soon as the conversation slowed…As a researcher, it was much easier to take notes and pay attention to details and to behaviors and interactions when acting as a participant versus a facilitator. Both roles required personal reflection and preparation and I did not notice a significant difference in my preference for either role, however, I do recognize that my role as the primary investigator helped to integrate these roles rather than viewing them as two distinctly different roles.

The tension experienced in the Participant Facilitated Phase was highlighted in several ways including the change of roles, the awareness of the differences between core values and ideals and the realities of practice, and in the differences of ideas that existed between individual participants.

**Post Participation Phase**

The post participation phase of the study was characterized by an opportunity to share perspectives of the research experience while also focusing on future actions resulting from participation in the study. The final group session was focused on sharing ideas and plans for the future activity of the group. Though several group members suggested “a sequel” to the program, no one assumed the role of organizer though there was lengthy discussion about how it could be done and possible locations. As Margie wrote in her final journal entry, “This experience has been so valuable. I would
recommend it to anyone but would especially like to share it with my co-workers. The morale in our unit could use a jump start and I think this might be one way to get moving on the right track”. Beatrice stated in the final session,

I did not have any preconceived ideas about participating in this study. I knew I was nearing retirement but I did not know how important it would be for me to spend time looking back at my career. By looking back, I now know that I am not ready to leave nursing. I do have something more to contribute (Field notes, January 19, 2011).

In my field notes from the last session, I wrote,

The mood was subdued – not as much chit chat as usual. The participants wanted to ask me questions rather than talk about their own goals as individuals or as a group - What will the next step be in the process? Will we get to read the final paper? Did you get the information you needed for the study? How can we help you? ... I tried to encourage the group to plan a specific time to reconvene but no plan was made … Individual post participation interviews were scheduled and the session ended… I have mixed feelings – sad my time with the group has ended; excitement to have completed this part of the process; disappointment that the group did not plan to meet again (January 19, 2011).

During post participation interviews, participants did share more of their personal goals as a result of completing the study. Margie stated, “I have decided to provide a mini program focused on professional values and some of the readings we have completed. I am going to use this as one of my Personal Education Plan (PEP) goals for
this year”. Cathy was excited to report, “I am going to complete my narratives for the career ladder program. Participation in the study has given me some ideas and I think I can do the application”. Leslie had a similar goal and in fact stated, “I have been working on my narratives for the career ladder application while doing the reading and writing for this program. It was very helpful. I still have a way to go to be finished but at least I have gotten a start”. Beatrice acknowledged, “I am not ready to retire. I will be continuing in my part time position at least in the near future”. During the final interview, Penny paused when asked about her goals following the program and then carefully stated, “I hope to provide the kind of nursing care I would want to receive and I hope my colleagues who completed this program will be doing the same”.

Section 3: Reading and Writing and Group Sessions

Throughout this action research study, participants were required to be involved in several humanities based learning strategies involving reading, writing, and group work. Data was gathered from each of the writing strategies including weekly journaling, responses to writing prompts (completed both independently and in the group sessions) and the creation of found poems. Participants were also given several literary pieces to read independently or within the group sessions. These pieces included children’s stories, short stories, essays, book excerpts, a memoir, quotations, and poetry. The readings were provided as tools to encourage reflection and were central to the group discussions by providing a relatable, objective focal point for beginning the conversation. Also, the readings were selected to provide inspiration for the writing activities. In addition to the data gathered from the various writing activities, data was also gathered from field notes taken by the researcher in each group session and from pre- participation
and post-participation interviews. Several themes emerged involving the use of reading and writing strategies to assist nurses in reconnecting with their professional values and ideals including: writing strategies are a challenge, writing is a personal pursuit, reading and writing provide a time for reflection, participation in these strategies is a source of personal nurturing, and reading and writing strategies help nurses to reconnect with foundational values. These themes will be explored individually in the following discussion.

**Writing is a Challenge**

The first theme that emerged early on in this research study was related to writing and the challenge it posed for many of the participants. The challenges of writing seemed to arise from one of three areas including the participants’ personal beliefs that they were not good writers, recognition that they did not enjoy the writing process, negative feedback regarding their writing abilities in previous educational experiences. When the issue of writing as a challenge is explored further, it appears that writing typically involves technical or academic writing and less frequently creative writing experiences. Though the recruitment materials used for this study clearly identified writing as one of the key components, the participants were not deterred by the need to write, but in fact embraced it as an opportunity to improve on this skill despite clearly identifying themselves as nonwriters. As one participant indicated, “I am a perfectionist and in the end I like things to be complete…so I feel like I can’t put it all together and get the best piece” (Margie). Many participants describe themselves simply as “poor writers”. As they elaborate, they are often referring to their experiences with formal or
technical writing as a part of their educational experience. One particular interview
encounter clearly exemplifies this theme:

Researcher: “Describe your interest in reading and writing activities?”
Leslie: “I think I am a poor writer. I always enjoy reading.”
Researcher: “Can you elaborate a bit more? Has someone told you that or is it a
personal evaluation?”
Leslie: “I don’t think I ever convey what I want to say.”
Researcher: “So you feel like you have a lot to say and maybe not the words to do
that.”
Leslie: “Yes (begins to cry). I guess I feel it’s a failure on my part.”
Researcher: “How do you feel about the writing activities you will be asked to do
as a participant in this study?”
Leslie: “Oh, that doesn’t bother me too much because then you’re asking me my
opinion and I can write that.”
Researcher: “Would academic writing or technical writing be more of a
problem?”
Leslie: “Probably. Any writing that requires me to clearly share my ideas with
someone else can be a problem. I have never been good at it in school or in my
job.”
Researcher: “Have you done any creative writing or journaling in the past?”
Leslie: “No, but I’m hoping that this program will prompt some thoughts and help
me get through the writing part (stops crying). I’m not worried about the reading
assignments.”

This interview segment demonstrates Leslie’s strong emotional response to one’s writing
abilities. For this nurse, her past writing difficulties in academic or professional writing
have impacted upon her perceptions of her overall writing ability.

**Writing is a Personal Pursuit**

Because so many study participants defined writing as technical or academic in nature,
the writing activities used in this study provided writing experiences that they were
unaccustomed to based on past practices. As Anna shared,
I thought writing would be simply documenting my experiences chronologically. However, I experienced so many emotions which I wasn’t expecting. At times I had to stop because I was so anxious and upset that I was physically shaking.

This brings to the forefront yet another theme regarding writing. Writing is a very personal pursuit and places the writer in a vulnerable position. For several participants, the opportunity to be part of this study highlighted their feelings of inadequacy as writers. Tiffany has struggled with writing throughout her formal education and has received negative feedback but little assistance in improving her writing abilities. She states, “I hate to write. I feel like my writing skills were never very good so it is kind of intimidates me”. Even those who have been journaling for some time find the concept of sharing their writing to be daunting. Their journaling has been very personal and is not written for others to read. As Cathy indicated, “I write when I get motivated. Often it’s usually some tragedy that motivates like after 9/11 or when my daughter died”. These are highly personal thoughts “not necessarily written for public consumption”. Even the most seasoned writer in the group was hesitant about sharing her work, not because of the personal nature, but rather because she “did not want to seem too eager or intimidating to the others”. Regina wrote,

I could sense that reading our work aloud was uncomfortable for some of the group. I enjoy sharing what I write and I like the feedback I receive, but I did not want to overshadow the others or seem too eager. I know writing can be very personal thing.
The responses of group members to each other’s work did in fact contribute to the challenges of writing. “During one of the early sessions, [a participant] read what she wrote and it sounded so eloquent. I should have been inspired but I felt inadequate”, recalled Anna. Regardless of the challenges presented by the writing activities, each participant submitted every writing assignment and many read their work aloud during the group sessions. Though Anna experienced strong emotions while writing about her own experiences as a nurse and as a patient, she also considered the activities to be useful and participation has spawned a “new interest in writing”. Anna shared, “Even though writing has brought back the fear and pain I felt [previously], I feel this is extremely valuable and important. I want to do it. Aha, writing is hard work and it takes a lot of time and it is very intimate”.

A Time for Reflection

Reading and writing activities are viewed as an opportunity for reflection on personal and professional experiences. Reflection is thinking or contemplating about a particular topic or experience without interruption and outside of the busy practice setting. It is a time to allow your thoughts freedom to flow and to be given full attention. The key to reflection is time. The reading and writing strategies utilized in the study were designed to be a vehicle for reflection. As participants in this research study, the nurses were given permission and encouraged to take time during the group sessions as well as to create opportunities between sessions for reflection. Every participant recognized that in their day to day role as a nurse they seldom take time to really think about the work that they do. The reading and writing activities used in this research study provided an
opportunity to stop doing the daily routine and focus on a topic or experience. For example, Becky stated,

    I think the writing thing is going to be the most important for me because as you write or as I write things and think about those things you know then I’m actually forced to sit and weigh what I do. It’s important for me because it’s my self-development. I have never taken the time to do this before this study. When I write I am rested, not at work, and I have a more balanced attitude and I can see the good much more clearly and the bad_dims.

Likewise, Georgia writes, “I’m looking at my thoughts and feelings. Without this opportunity, I do not give myself time to reflect or think about what I do”. Throughout the study, it became apparent that the participants seldom took time to really think about their role as a nurse, but they were pleased with what they discovered about themselves and their experiences when they took time to reflect. For many, it was the writing activities that provided the greatest opportunity for reflection. “The writing activities have definitely stirred up many memories and emotions. I am recalling situations and experiences that I have not reflected upon for many years,” wrote Beatrice. Similarly Anna indicated, “There are few avenues to process what I do, but writing provides a useful time for reflection”. Similarly, the reading activities have also provided a much needed opportunity to reflect on professional roles and personal feelings in a way uncommon to daily life. Cathy writes, “The readings have all been very interesting, often providing insight to otherwise suppressed or diminished personal feelings. Some have touched me personally; more deeply than I normally permit outside influence to reach”. Though at times painful or uncomfortable, the opportunity to reflect is perceived as a
valuable asset to the activities of reading and writing included in this study. Reflection offers new insights into both personal feelings and professional role while at the same time creating a space for personal nurturing which is another theme of this study.

**Source of Personal Nurturing**

Because nursing is a “caring profession”, the needs of others often supersede the needs of the nurse. Historically, nurses have been portrayed as selfless workers. The participants in this study have been socialized to this belief. Many are mothers or caregivers of aging parents (or both), and they move seamlessly from their professional caregiver role into a more personal care giving role with little, if any, time devoted to self-care. Many of the participants viewed their participation in this study as an opportunity to do something solely for their own benefit. As Anna wrote,” I was enticed [to participate in the study] by the opportunity to nurture myself”. For others this benefit of nurturing self came as the study unfolded as Becky stated, “One of the things that I learned is that self-care is not selfish and the time I spend reading and writing and working on this program are benefits to my well-being”. For some, the opportunity to spend time alone focused on the work of this study has been a unique but enjoyable experience. For instance, Tiffany stated,

> In my everyday life, I would never think to take the time to sit and think or sit and write because I am just too busy and it wouldn’t be a priority, just a luxury. I realize how important this time is for me.

Several recognized that an investment in self-care actually leads to better care of their patients and colleagues. For example, Beatrice found that “this whole introspection and
Time for self has sparked a new enthusiasm to continue to mentor and teach other nurses”. Time for self leads to a “feeling of rejuvenation” and a “new zest for the professional and personal roles”. Participants spent as little as 10 minutes daily working on activities related to the study while others spent several hours each week on the same activities. The benefits were not dependent on the quantity of time invested in the perceived self-care activity but rather on simply taking some time out of their daily routines to focus on the activities of the study. As Margie indicated, “I was surprised by some of the ideas that came out in my writing assignments. I discovered how useful the writing, even for a short time, can be to helping me gain a better perspective on an event or situation.” “After participating in the discussions and the writing assignments, I often found myself thinking about the topics while at work. I believe it helped me to focus on what is most important to the patient and to provide better care.” Many participants engaged other nurses within their work area to contemplate and share in discussions on the various topics included in the study.

I was intrigued by how these discussions were influencing my work and thought it would be good to involve some of the staff I work with in discussions related to their experiences. Many seemed surprised that I would be interested in their thoughts or ideas, but once they started talking, they had a lot to say. It is good to stop and think about how our work is affecting us, stated Beatrice who frequently involved new or less experienced staff nurses in these discussions.
The reading and writing strategies provided the participants with an opportunity to put their own needs first. This is unusual behavior for nurses who are typically service oriented individuals who too frequently put their own needs at the bottom of their list of priorities. For the participants, this ability to nurture themselves was a welcome change that prompted some participants to encourage similar behaviors in colleagues. In addition, several participants recognized that they focused more on their patients following these reading and writing activities. Overall, the benefits of self-nurturing prompted by these reading and writing activities extend beyond the confines of the individual involved in the activity to include positive influences on patient care and the well-being of colleagues.

**Reconnecting to Foundational Values and Ideals**

Another significant theme that emerged from this study was the discovery that reading and writing strategies are useful in assisting professional nurses in reconnecting with their foundational values and ideals. Although most participants indicated that they had not formally given thought to their professional values or ideals in any significant way throughout their careers, the strategies used in this program focused their attention on these foundational values and ideals. All of the participants recognized that their core values and ideals had not changed from the beginning of their careers to the present. Many of the reading and writing activities helped them to recall their original values and ideals while providing opportunities to reflect on their current thoughts and actions related to these concepts. For example, Leslie stated,
Reflecting on core values is like déjà vu. I believe we have never truly forgotten [our values and ideals] but I believe that it is essential to go back and reflect on core values and idealism. Sometimes in the real world these things are not attainable, but that should not prevent you from trying to maintain these standards.

Similarly, after completing the readings on the concept of accountability, Becky recognized that reading stories encouraged her to re-evaluate her core beliefs. She stated, “I was pleased to discover that though I feel much has changed in my nursing role, the important values and beliefs have not changed and I can carry out the role by staying focused on these things”.

Another thread related to this theme involved the recognition that core values are not only important to the individual but are frequently shared among professional nurses in general. Many of the participants confirmed that they shared similar values and ideals with the other study participants. As Regina wrote,

I have discovered that I share many of the same values and opinions as the others in this class. We don’t have to work in the same area or have the same work experience in order to experience the same feelings. Accountability, for example, is the same in the ICU (intensive care unit) as it is in the OR (operating room) or the ED (emergency department) – it must be practiced by all of us regardless of our workplace or level of responsibility. It is one of the core values of nursing that we generally all agree upon and it must be taken seriously for it is vital to the survival of our profession.
Not only did these reading and writing strategies assist the nurses in reconnecting with their own professional values and ideals, but it also helped them to realize the connection they had with other nurses. The realization that nurses are more alike than different from the perspective of core values was an important discovery for most. Regina, for example stated, “I think we share mutual values and display similar personalities, even though our nursing experiences are as varied as the clouds in the sky”. At times the participants seemed surprised by the fact that there were so many similarities between nurses who from a distance seemed so diverse. For instance, Beatrice wrote, “When I read other nurses’ stories, I find myself relating to many of the experiences and their decisions based on what they value and consider to be important. We all seem to get it – whatever it is!”

Section 4: Reading and Writing Strategies Found to be Most Useful

Throughout the professional development program, a variety of reading and writing strategies were utilized. The reading activities covered a spectrum of genres including poetry, short stories, essays, fiction, memoirs, book chapters, a children’s book, and peer reviewed journal articles. Participants were provided with weekly reading materials focused upon a central theme. They were instructed to read whatever interested them. Most of the readings were short; requiring approximately 15 minutes of time to complete however some were books from which participants could choose to read chapters or even complete the entire piece. Though not expected to read everything provided, most participants noted that they read all the options for each session. “The readings were engaging and really gave me something to think about. I found myself looking forward to the next week’s readings. I believe I read everything that was
offered.” (Regina). Most of the participants acknowledged from the beginning of the study that reading was considered an enjoyable activity. The readings were generally used to stimulate thoughts and discussions among the participants and to help guide the focus on a particular professional value or ideal. In addition, many of the authors were nurses and thus provided an opportunity for the participants to explore the literary works of their professional colleagues. The fact that many of the authors were nurses was a motivation for some participants. The authors were modeling what the participants were doing in their own writing activities. Several participants noted that when reading the works of other nurses, they realized they had “similar stories and experiences to share”. For example, Anna writes, “It made it easier to write my own stories after having done the readings. I felt a connection to what the authors were sharing and realized that I had things to share as well”.

A highlight of the professional development program was a teleconference with nurse midwife and author, Patsy Harman. Harman’s memoir, *The Blue Cotton Gown*, was one of the books read by the study participants. To meet with her via teleconference was a tremendous opportunity for the participants to ask questions of a nurse author and to gain first hand insight into how writing one’s experiences can be an excellent opportunity to reflect upon one’s career and the relationships that exist between client and nurse. As Harman stated during the teleconference,

Writing down my experiences as a nurse midwife has helped me to appreciate the importance of the work I have done and it provides incentive for me to continue despite the struggles with external things such as the cost of malpractice insurance.
During the teleconference, Harman noted that frequently nurses will contact her to thank her for sharing her story. Though she recognized that her career path was uniquely her own, she stated, “there are many experiences and stories within my career that nurses with diverse background and experiences can appreciate”. As her memoir unfolds, Harman shares both the positive experiences and the challenges of life as a midwife. It is this balanced perspective that several of the study participants appreciated.

She [Harman] was exactly as I pictured her, as I read her book – down to earth, outgoing, caring, sincere, a good listener, and a wonderful storyteller. She was very authentic and real both in her book and as we spoke with her. I could relate to her stories because they were so real, not fabrication, stated Regina. Margie had a similar experience during the teleconference with Patsy Harman and stated,

I was so excited to be able to have a conversation with a published author. Just as her book was open and frank, she was so open to sharing with us. Reading and listening to the experiences of other nurses really makes me appreciate the profession more. The idea of using the writing as an expression of my career is fascinating to me. Reading these pieces and talking with Patsy Harman has really motivated me to want to write.

Beatrice was also moved to think about writing a bit differently after reading the works of nurse authors. She wrote in one journal entry,

I find it fascinating that she [Patsy Harman] kept a journal about her patients in such detail. Each new family that I encounter and assist in even a small way has
an interesting story. I often verbally share those stories or experiences with my family or my colleagues but I have never written them. It is a wonderful way to remember the human interest stories that have made my nursing career.

Although study participants did not have the opportunity to meet the other nurse authors on a personal level, sharing their stories through their writings produced similar responses. Leslie commented,

I love to read and listen to the stories of other nurses. I can relate to what they are experiencing and I begin to feel like I am not on my own with the feelings and experiences I have [related to nursing]. I want to be able to share my stories in written form in a way that is similar to these authors. To me, it doesn’t matter if you are a professional author or just starting to write, the story is important and has meaning.

Overall, the readings assisted the participants to recognize the similarities in their stories and experiences; particularly the joys and challenges that exist in the lives of every nurse. The readings were examples of the many ways available through writing to share one’s story. These examples provided the participants with motivation and a realization that nurses have stories to tell. For many of the participants, this was the first time they had explored the writings of nurse authors and the exposure to these pieces was well received.

The writing activities were similarly diverse including essays, poetry, metaphors, and journal entries. With the exception of one activity focused specifically on the creation of a poem and another on the development of a metaphor, the participants were
free to write in whatever format was most appealing to them. They were encouraged to be creative and to experiment with their writing styles. As noted earlier, many were uncertain of their writing abilities and struggled with putting their ideas and experiences into words. Several were surprised by how much they had to say when they allowed themselves the time to write. One participant (Margie) penned in the margins of her work, “I could write much more. I have so much to say”. In a later journal entry the same participant wrote, “I also found that I enjoy writing which was surprising to me. I may actually start journaling”.

Although participants wrote extensively throughout the study, it is necessary to focus on a few specific pieces or strategies in this discussion. Four particular strategies were frequently referred to by the participants as having special significance in helping them reconnect with their professional values and ideals. These included the writing cues identified as (1.) This I Believe about Being a Nurse…, (2.) My Journey into Nursing…, (3.) My Illness Narrative…, and (4.) A Found Poem. In this discussion, each of these strategies and written pieces will be considered individually and then as a body of writings.

**This I Believe about Being a Nurse**

In session one of the professional development program, the participants were asked to create personal lists of important values and ideals in professional nursing. The group was then asked to share these thoughts and create an overall list of values and ideals that the participants as a whole considered to be important to the profession of nursing. This led to a lively conversation among the participants as they compared,
contrasted, and negotiated a list of values and ideals that were agreeable to all participants. The list included: compassion, empathy, teamwork, advocacy, accountability, integrity, empowerment, and the pursuit of knowledge. At the completion of session one, the participants were given three essays taken from the book entitled *This I Believe: The Personal Philosophies of Remarkable Men and Women* (Allison & Gediman, 2006). These short essays each spoke of a very specific belief of the author. Prior to returning for session two, the participants were asked to spend at least fifteen minutes responding to the writing cue: This I believe about being a nurse. The responses ranged from several sentences to lengthy essays but every participant recognized that their beliefs guided their nursing practice, however they also recognized that they had not given this any thought since the early part of their careers. As Leslie wrote,

> I think it is good to take time to reflect on where you have been, where you are going, and what you believe. In the daily grind, the hustle and bustle of life, one rarely has a chance to think about such things”.

Becky wrote,

> I am surprised by how similar our beliefs about nursing are despite the differences in our specialties [of practice]. Taking time to think about this helps me to see that most nurses are working for the same purpose.

Though several of the nurses have more than 25 years of experience, all participants indicate that their professional values and ideals have not changed since joining the profession. Tiffany confessed,
You think you know what you believe, but it is so much more evident when you take this opportunity to reflect openly upon your career and the beliefs that guide your practice. I realize my beliefs haven’t changed that much since I became a nurse but I seldom, if ever, take time to really think about what I believe.

For many, this activity was a confirmation that although much has changed over the years in healthcare delivery, the basic beliefs about what is important to the patient and the nurse have remained very steadfast. Many provided vivid descriptions of professional encounters that exemplify and solidify this belief. For example, Beatrice tells the story of how she came to consider advocacy to be the most important value and ideal she has carried through her career. Her story began in the 1960’s when as a student nurse, she cared for a pregnant teen who was not going to be allowed to continue her education in the public school system due to her pregnancy. As a student nurse, she wrote a letter to the school district advocating for the teens return. Beatrice’s own instructor discouraged her from getting involved and Beatrice conceded to her instructor’s direction. Several months later, still as a student nurse, she came upon this same teen mom along with her new infant who was being admitted to the hospital for bruising and a head injury. The teen mom insisted the infant had fallen off the bed. The seasoned nursing staff was very judgmental and clearly felt that all teen mothers were unfit mothers. Beatrice sat with the teen mom, listened to her story, and discovered that it was the baby’s father who had thrown the baby onto the bed. Once again, Beatrice tried to advocate for this mom but was dismissed by the nursing and medical staff. They had already come to the conclusion that this mom was unfit. No other details were needed. Beatrice’s instructor basically implied that she was only a student and the more experienced staff would
handle the issue. She felt defeated but was determined to be an advocate for all of her patients and continues to hold this as a priority in her nursing care. Through this activity, Beatrice recognized, “I have not given thought to this incident in decades, but it was a pivotal incident in the shaping of my professional values and ideals”.

Similarly, Cathy’s response to this writing prompt focused on caring and empathy as the hallmark of nursing. Cathy sees nursing as a calling involving a commitment that she describes as “extraordinary”. She writes, “Imagine giving yourself to caring for a population who, when in your presence, are at their very worst: unkempt, often angry, confused, in pain, suffering from untold symptoms”. Cathy went on to explain that “there is a realization, early on in one’s nursing career, that caring and empathy are the core of what nurses are called to do while at times forsaking their own needs or well-being”. She felt it is “important to never lose sight of these key elements in nursing practice”.

This particular reading and writing activity provided an opportunity to reflect upon the early part of the participants’ nursing careers and the values and beliefs that were foundational to their practice. Participants then contemplated the roles of these values and beliefs in their current practice. Overall, the responses to this activity indicated that foundational values and beliefs remain an integral part of one’s practice despite the passing of time and the dynamic nature of the nursing profession.

Interestingly, several participants recognized that these activities of reflection and writing were very similar to the process they were being asked to do in their clinical ladder applications. The clinical ladder is a system established by healthcare institutions to recognize the work of nurses and to provide opportunities for advancement and
recognition of their work. Completed applications include several narratives reflecting the various aspects of nursing care. The applications are reviewed by management and a committee of nurse colleagues who determine the degree of recognition that will be awarded. In addition, there is a monetary benefit to achieving a step on the clinical ladder. As Leslie indicated,

>I am in the process of putting together my clinical ladder application which requires some of this type of soul searching activity. I am very uncertain of how to proceed and I hope to come out [of the research study] a stronger, more confident writer. I also hope to be able to use some of my ideas in my application. This is a good start.

The This I Believe about Nursing writing activity was beneficial in several ways. It provided an open forum for the participants to begin to explore what nursing is as a profession and what values and ideals are important to their practice of nursing. As Leslie indicated, “I am not intimidated by this writing assignment because I am being asked to write about what I think”. This writing activity is perceived to be safe by having no right or wrong answer but simply asking the participants to write about what they believe to be true. Additionally, though the participants wrote about varying personal beliefs about nursing, there was an underlying agreement from the group regarding each participant’s beliefs. Through this activity, they discovered that although each participant is a unique individual with unique experiences, nursing is a unifying experience they all share and relate to in their own ways. This activity highlighted the similarities among nurses while also allowing a space to share as an individual.
My Journey into Nursing

The Journey into Nursing activity was designed to explore how each participant found herself in the profession of nursing. To begin, participants were asked to reflect upon their decision to become a nurse including the internal and external factors which may have influenced their decisions. They were encouraged to complete a journal entry regarding these topics. Several essays by nurses describing their entry into the profession were included as the accompanying reading activities. Each essay took a different perspective on the journey into nursing ranging from the traditional high school graduate entering a baccalaureate program because her mother and grandmother were both nurses to a nontraditional journey into nursing involving a college professor who was searching for a more rewarding career and entered nursing school at midlife. Each essay included insights into the author’s decision to become a nurse, glimpses of their nursing school experience and reflections on their first position as a new graduate. After considering their own experiences and the experiences portrayed in the essays, each participant was asked to write an essay entitled, My Journey into Nursing.

The participants commented on the many similarities between their own stories and those included in the readings, however, they also recognized that each story has unique and individual components that are important to consider. This was apparent in the participants’ responses to the writing prompt, My Journey into Nursing. Essentially every participant chose to write a narrative of their personal experience of becoming a nurse. Some spanned a few pages but most were quite lengthy and included specific details. This proved to be very insightful writing activity for the participants as well as being one of the easiest writing experiences. Several themes emerged from these
writings. First, most of the participants came into nursing in one of two ways: a lifelong desire to help others that led to nursing as the obvious career choice or because nursing was an acceptable career path for women providing economic and professional stability. Tiffany identified her personal experiences with ill grandparents as one of reasons she chose to pursue nursing. She stated, “I felt responsible for her [my grandmother] and I wanted to dedicate my life to helping others”. As a first generation college student, Tiffany was also motivated by other family members who “wanted to see her succeed with a degree in nursing and I did not want to disappoint my family”. Similarly, Margie recalls,

I went into nursing because I did not know what else to do. My mother was a nurse and my cousin was a nurse. I grew up in a small town and the only options open to females were nursing and teaching. I was in awe when I got to college and realized all the other options out there. Never the less, I did not change my mind. So, I guess my environment and my parents were the external factors that led me to start pursuing a career in nursing. My personality, my need to be helpful and to feel needed and useful, and yes, to be acknowledged were the internal factors.

For others, the decision to become a nurse was not so seamless, but was directly influenced by parents, family members, and other respected individuals. Cathy considered pursuing a career in art and to this day wonders how her life might have unfolded if she had followed this passion rather than going in to nursing. But, when the offer to attend art school was presented to her and her parents, Cathy recalled “emphatically rejecting that option” even though her parents and teachers thought art
school would be perfect for her. She recognizes now that her decision to enter into nursing was partially influenced by her desire to contradict her parent’s wishes rather than a strong desire to be a nurse. She wrote, “My journey was one born out of teenage stubbornness more than an internal calling”. However, despite the reasons she chose to enter nursing, Cathy considers herself “an exceptional nurse” and she is generally pleased with the directions of her journey has taken her. By considering the factors that influenced their decision to enter into the profession of nursing, participants were able to recognize how their early ideas about nursing might influence their current values and beliefs about the profession.

The second theme to emerge was that nursing school, regardless of what type of program (diploma, associate’s degree, or baccalaureate degree), was a tremendous challenge for most participants and continued to be a very emotion laden topic. “Looking back, it was so much of a struggle going to nursing school” wrote Cathy. In particular she did not like the fact that the curriculum was so rigid and allowed for few choices. Regina accounted her experience in nursing school as “being extremely difficult and lacking support”. She described with much sadness and emotion her experiences in a diploma program where she was “not successful and was forced to withdraw”. Regina continued to pursue her goal of becoming a nurse and transferred to a baccalaureate program where she experienced great success. As she related her story to the other participants in a group session, there was tremendous empathy and recognition that she was not the only one with painful memories of nursing school (Field notes, November 4, 2010). Likewise, Tiffany wrote, “I hated being a nursing student. I felt very inadequate
and stupid. I hated but understood why nursing instructors were always breathing down your neck. I never felt like I was prepared enough for clinical experiences”.

It is an expectation that nursing school will be challenging and at times uncomfortable. Every nurse in the group was able to relate to the demands of nursing education and interestingly a few expressed concerns that the current methods of educating nurses may not be rigorous enough. As Regina stated,

Nursing is an incredibly difficult career path. Today, many new nurses only last a couple years before leaving the profession. Today’s nursing education does not fully prepare them for the challenges and expectations of the real world. Nursing education needs to be tough to fully prepare them for what they will need to do.

As the participants shared their nursing school experiences after completing the Journey into Nursing writing assignment, it was apparent that their educational experience was forever etched within their memories and continued to influence their values and beliefs regarding what is essential in nursing practice.

Third, the core values and beliefs emphasized in one’s nursing education remain central to practice over the course on one’s career. For most participants, the core values and beliefs that were emphasized in their nursing education were very similar regardless of where they went to school or in what time period. As was indicated earlier, the group was able to come to a general consensus when developing a list of professional values and beliefs that were pivotal to their nursing career. From the writings and discussion surrounding the topic of My Journey into Nursing, it is apparent that the values and beliefs emphasized in nursing education have remained a constant in each participant’s
current practice. This writing activity provided an opportunity for the participants to explore from where their values and ideals originate. Their writings indicate that the values and ideals did not simply appear but were in some cases nurtured prior to committing to a nursing career and then reinforced during their nursing education. Regardless of how the participant became a nurse, the values and ideals established in nursing education remain central to their current practice. Tiffany wrote, “it feels good to reflect upon my novice nursing time and to recognize that what I believed to be important then has not changed even though my practice setting has changed several times”. The group confirmed in their discussion that it is important to “go back to basics” in nursing whether that be by putting yourself in a nursing student’s shoes or by remembering how you came to be the nurse you are today. Reflection also confirms that many of the basics such as the core values and ideals remain unchanged despite the fact that change is occurring rapidly in the healthcare environment.

The Journey into Nursing writing activity above all others provided a sense of oneness among the participants. The discussion and willingness to share openly was unsurpassed in any other session. Nursing education has a significant influence on every student. The values and beliefs that stem from this early time in professional development remain critical throughout the duration of one’s career. Though little time is spent reflecting on this crucial first step, it is clear that the values and beliefs espoused in nursing education have a lasting influence and therefore should be given credence when considering career satisfaction and well-being. The Journey into Nursing writing activity helped to create a link between their reasons for becoming a nurse, the influences of their nursing education, and the core values and beliefs that guide their current practice.
Illness Narratives

Another effective writing activity focused on illness narratives which provided participants with an opportunity to explore how their personal experiences with illness, debilitation, and the patient role may influence their professional values and ideals and ultimately their nursing practice. Participants were asked to reflect upon a personal experience with illness. In addition, participants were asked to read specific chapters from two non-fiction books written by nurse authors. The first reading option was *Critical Care* by Theresa Brown. In one chapter, Brown shares her experience of a debilitating accident that halted her nursing career for a time and provided a new perspective on health care through the lens of the patient role. The second reading option was *The Butcher’s Daughter* by Sandra Lesher Stuban. Participants were encouraged to read a specific chapter of this book in which army nurse, Lieutenant Colonel Stuban, receives the devastating diagnosis of amyotrophic lateral sclerosis (ALS). This reading and writing activity was specifically designed to address the core value of empathy.

Empathy was identified as a high priority value and belief in nursing practice by all the participants. In order to move this altruistic value into a practical realm, each participant was asked to construct an illness narrative. The illness narrative could feature the experience of themselves as the patient or their experience supporting a family member or friend in the patient role. Either way, it was an opportunity to get a first person account of the experience of illness and to reflect upon how this pivotal life event may have influenced professional values and ideals. The resulting pieces were poignant, personal and extremely insightful. The participants commented on how difficult it was to write these pieces, but also how rewarding it was to have put these experiences into
words. Anna wrote at the end of her illness narrative, “Writing this was extremely
difficult and painful. It revealed to me anger about the doctor’s delivery of my diagnosis
which I had not felt before”. Georgia wrote about the loss of her sister to a terminal
illness. There are many insights in her writing related to talking about end of life care
and the impact this care has not only for the patient but for other family members.
Georgia reflected on the things that she would do differently if ever faced with a similar
situation. These insights shed light on personal wounds that can be painful but, Georgia
acknowledged, “will forever change the way I will address these issues in my personal
and professional roles”.

Darla wrote about the death of her grandfather and the “expectation of my family
to avoid talking about the death because it would be too sad for my grandmother”. This
experience had a profound effect on Darla, yet she did not realize how this experience
had influenced her until she wrote this piece. Darla is striving to care for herself more
and to allow herself to feel hurt and express feelings that previously were not addressed.
At the end of her narrative, Darla wrote, “I am grateful for this chance that I have been
given to bridge the gap between past and present. Thank you”. For Darla this humanities
based activity helped her to recognize how past experiences have influenced her nursing
practice. She is more open to the sharing of emotions, opinions, and ideas with patients
and their families. Her core values and ideals related to nursing practice have been
shaped in some way by this life experience.

Several group members were willing to share their illness narratives while some
felt they were too personal to share with the other participants. As Becky stated, “I am
willing to share my story because I learned from it and although it is a bit personal, it is a
lesson that many people can benefit from hearing”. Becky’s narrative captured her experience with a skin lesion that required a dermatology referral, excision of the lesion, and finally turned up with a diagnosis of skin cancer. Becky wrote, “What I learned about the process is that people do have to wait three months for appointments, appointments are scary, sometimes things hurt, the phone call with ‘the news’ never comes at a good time, and it feels awful to have people look at you when you know it [the lesion] isn’t normal or pretty”. For others like Anna, sharing her narrative with the group was too personal and intimate though she expressed a desire to share her story. For her it was even a challenge to write it much less share it verbally. Anna writes in her journal,

As I began writing I thought that writing would be simply documenting my experiences chronologically. However, I experienced so many emotions which I wasn’t expecting. At times I had to stop because I was so anxious and upset, that I was physically shaking. Even though writing has brought back the fear and pain I felt three years ago, I feel this is extremely valuable and important. I want to do it; I am praying that it is a survivor’s story. I now know it [writing the illness narrative] will take me a lot longer that I originally thought.

During the sharing time with the group, Anna spoke very briefly about the topic of her narrative, but provided few details and at times became emotional (Field notes, December 10, 2010). She indicated during one group session that she knows this personal experience” has changed her role as a nurse forever”. “I know that I am more empathetic and I try to find accurate and honest information for my patients” stated Anna.
Through the discussions and journaling, it was apparent that this activity provided new perspective. Reliving the experience through the writing of the narrative provided an opportunity to reflect on the feelings and thoughts that surrounded these experiences. Participants frequently commented that they would not make the same mistakes with their own patients or that they would take the time to really listen to the stories that each patient had to share. Specifically, the illness narrative was a way to help participants realize how personal struggles with illness have influences on their view of health care and the role of the nurse. There was recognition that life experiences are important and do influence the values and ideals that guide professional nursing practice. As Margie wrote,

I have not really put a whole lot of effort into reflecting on my personal story (too much work, too many memories – some good; some painful). I did however come away from this session with an appreciation for the fact that everyone has a story. That is what I love about being a nurse. I get to listen to someone else’s story…listening and being empathetic to another person’s story. I wonder what impact their story will have on my story. Will I have any influence on my patient’s story? Time will tell.

Margie as well as other participants recognized the power of story and the intricate way in which a nurse’s personal story is intertwined with a patient’s story. It is this powerful intersection of experiences that affects values and ideals. For example, Beatrice wrote about her experience of helping a dear friend and nurse mentor die a difficult death with dignity. She reflected upon the lessons learned from this moving experience,
Just as my friend taught me to be a competent nurse, she taught me dignity in death. She reinforced my need to be a patient advocate, to respect patients and to be family-centered in my care. I will always miss her and I realize now that my nursing care will always reflect what I learned from her.

Though the illness narrative activity was primarily focused upon the professional value of empathy; several other core values and ideals emerged through the discussions and writings related to personal illness experiences including integrity, accountability, and advocacy. Therefore, the use of illness narrative was a highly effective approach to assist nurses in correlating personal life experiences with the development of core values and ideals. For the most part, these life experiences solidified values and ideals that were already important and present to some extent in the participant’s nursing practice. The activity heightened the awareness of the need to keep values such as empathy, advocacy, and respect for human dignity central to their work.

**Found Poems**

Unlike the previously discussed activities, the found poems were a group activity designed to encourage the participants to consider other writing styles and explore new ways of expressing ideas. At the opening of each session, participants were consistently given an opportunity to talk about their writings, readings, and thoughts since the previous session. In one of the later sessions, the topic was empowerment and it was a difficult concept to define and although the group agreed that nurses should be empowered, there was some disagreement regarding the degree of empowerment present in nursing practice. The found poem activity required each participant to read aloud a brief sentence or short paragraph from their journal or from the assigned readings that
represented what empowerment meant to her. As the participants read their excerpts, the other group members were asked to write down words or short phrases that resonated with them. After each participant shared their excerpt, the participants were asked to consider the words or phrases they had written down and use some or all of the ideas to create a poem. The participants were given approximately 15 minutes to create their found poem and were then asked to share their work with the group. The participants were able to express a variety of viewpoints regarding empowerment. For example, Darla wrote in a journal entry regarding empowerment, “I don’t believe that we are empowered as nurses. We take orders; we don’t give them. We are not speaking the same language as those who run healthcare like a business. Until we can speak the same language we will never be empowered”. Darla’s found poem clearly represented her feelings regarding the state of empowerment in nursing:

There is much we must change, validate and rearrange

To force the barriers allowed

To impede improvement in our range.

Penny took a different angle regarding empowerment. She wrote in her journal, “Empowerment means knowing myself, my value, my worth. I don’t need to proclaim that knowledge or have others validate it…it comes from within me and has very little to do with any external circumstances”. Similarly, her found poem reflected her beliefs:

Knowledge of value and worth

Gives confidence to see opportunities
Ability to affect change and reach goals

For myself and for others

For others, it was an interesting way to think about a concept that previously was too abstract to define in a simple sentence. As Cathy suggested, the found poems were a way “to consider empowerment from a different angle” particularly since there were various conflicting opinions about empowerment in nursing. For Cathy, her found poem was an opportunity to explore what could be rather than the reality she had experienced to this point in her career. Cathy indicated that she did not feel empowered as a nurse, but her found poem provided an opportunity to share what she would like to see happen in her career:

I control my environment;
I have value;
I have worth;
I have knowledge, confidence and the force within me
To change and improve the barriers ahead of me.

The group discussion surrounding the topic of empowerment was filled with conflicting opinions. As indicated previously, the group members agreed that empowerment is an important aspect of nursing, however, several group members felt that empowerment was absent from nursing practice while others felt nurses are empowered to varying degrees. The verbal exchange was more strained than previous sessions. However, the introduction of the found poem provided a new opportunity to express ideas in an activity that moved the group dynamic from a strained exchange to a
more open and receptive exchange of ideas. The group’s reaction to the reading of the found poems was one of enjoyment and appreciation for the work of the other participants regardless of whether the idea being expressed was aligned with their own beliefs. Participants were impressed with the quality of the work particularly with so little time invested. “Wow, I would never have expected such profound ideas from this type of activity”, expressed Penny. “I am constantly impressed by the work of this group”, stated Regina. The group also commented on the talents and very different approaches used to create a poem describing empowerment. During observations of the group, it was apparent that there was a new appreciation for the group and a new understanding of the concept of empowerment as it related to the participants value and belief system. As individuals, the participants were proud of their accomplishments and for many, this was an opportunity to step away from their comfort zone and to explore a new way of working with words. “I would never have thought I could write poetry but this activity has shown me how important it is to try new things and to not always rely on what I am comfortable with”, observed Leslie. Not all participants were eager to join this activity. Initially for some, the found poem activity created some anxiety from those participants who like to plan and process their ideas before writing. As Margie indicated, “I just like to be able to digest and think about thing a little bit more”. However, at the completion of the activity, even those less eager at the start of the activity had created their own bit of poetry related to their values and ideals.

Overall, the found poem was a new strategy for all participants, but it quickly became a useful tool to explore a complex term related to their professional values and ideals. This activity provided new perspectives on the concept of empowerment while
encouraging each participant to create a unique definition of empowerment in the form of a found poem. In addition, it was also an opportunity to build comradery among the participants and to open up a non-threatening space for the sharing of differing ideas and opinions.

The found poem was a fun way to see how our ideas are different yet interconnected. The found poem activity demonstrated how values and ideals can be difficult to define and how easily our definitions can be influenced by the words or experiences of others, remarked Regina.

These four reading and writing strategies were very well received during the professional development program. These four strategies were identified as most effective by the participants during the post participation interviews and from statements made by participants throughout the professional development program. Each activity was created to assist the participants in recognizing what professional values and ideals are central to their professional nursing role and to also reflect upon the interconnection between their identified core values and ideals, the sources of these values and ideals and their current practice.

**Section 5: Influence on Career Satisfaction and Well-Being**

Coming into the research study, the participants did indicate varying degrees of career satisfaction ranging from minimal satisfaction to very high levels of satisfaction as discussed in Section 1 of this chapter. Throughout the study, the participants frequently commented on the new appreciation for nursing they were gaining as a result of
participation in this study. By the final interview, each participant clearly identified ways in which their participation in this research study had influenced their career satisfaction and well-being. The changes were focused on three areas: a renewed appreciation for their individual role as a nurse, pride in being part of an exceptional group of individuals who selected nursing as their career path, and a realization that nurses are more alike than different - sharing common values and beliefs.

Renewed Appreciation for Individual Role

The renewed appreciation for their individual role as a nurse was exemplified in comments by many participants in group discussions and in the writings. Margie identified what she called a “gestalt” while writing a metaphor of her role as a nurse. The “gestalt” was a sudden understanding of what her role as a nurse has meant to her over recent years. A portion of Margie’s metaphor piece follows:

I hold onto my nursing career like a security blanket. I believe that as a nurse, I will always have opportunity for employment. A security blanket can be used for many things – a warm covering, a costume accessory, a rope. As a nurse, I can fill many different roles – inpatient nursing, school nurse, educator, etc. Just as the edges of a security blanket become worn, the disappointments and crises of nursing can wear at nursing career satisfaction. Yet, I hold onto my profession just as a child holds on to every last shred of that precious security blanket.

Margie used a security blanket to describe her views of her current nursing position. Throughout the research study, Margie had implied that she was not fully satisfied with her current position. She truly loved being a nurse but was not feeling gratified by her current position. The metaphor activity encouraged Margie to look at her career from a
different perspective. Through this writing activity, Margie came to realize that her part
time position fit her family’s needs and schedules but was not challenging her
professionally. Margie’s career was a safe place (a security blanket) where she did not
need to invest too much of herself and could successfully meet the needs of her family
due to the part time hours and more flexible scheduling.

It was not what I anticipated writing but it’s what came as I developed my
metaphor. I thought wow; this is what my career is at this point. From a career
perspective, I may consider doing something else in nursing. My passion has
been renewed and I want to move forward,

stated Margie. Among the things she is considering are graduate school, nurse
practitioner certification, and opportunities to give back at a free clinic in her community.
Margie is seeking opportunities “that will challenge who I am as a nurse while allowing
me to do what I love – being a nurse”.

For Tiffany, the renewed appreciation for her individual role as a nurse came in a
less direct manner. As the youngest member of the group (seven years of experience)
and the only advanced practice nurse in the group, Tiffany struggled with some
comments that seemed to minimize the work of the younger generation of nurses. For
instance on several occasions the group conversation focused on the “younger
generation” and questioned their motivation and work ethic which was perceived by
some participants as being different from the more seasoned nurses. Interestingly, from
the facilitator’s field notes, these comments seldom offered specific examples and often
simply stated that younger nurses “do things differently” or “think differently” than the
more experienced nurses. Other participants supported the newer generation of nurses by
stressing the importance of mentoring and educating. Beatrice (with over 35 years of nursing experience) stated,

The new nurses do have different ways of doing things, but it is often because they have new knowledge and skills that nurses from my generation do not possess. Sometimes, I think we are threatened by their knowledge and abilities, but instead we should be mentoring and helping these nurses to grow in nursing.

Comments such as these brought back memories for Tiffany of not fitting in at the beginning of her career with the more experienced nurses. Tiffany stated,

I remember my first job as a staff nurse when I felt overwhelmed and the more experienced nurses would not offer to help but would make negative comments about how I was doing things. I did not stay at that job for very long.

However, throughout the study she came to realize that she has the same degree of passion for her work and believes she is making a positive contribution to her patient’s healthcare. She feels she is representing the new generation of nurses.

Participating in this study has provided an opportunity to share my perspectives as a younger nurse with those who are more experienced. I hope that through our exchange, we will all come to realize we have more in common than we have differences,

stated Tiffany. Tiffany acknowledged that there are differences in the way the newer generation of nurses go about their work but notes that change can be positive. She also recognized that there is room for many approaches and nursing roles in healthcare. She stated, “Age should not be a primary factor [in determining the effectiveness of care]”.
Though Tiffany sees herself returning for further education in the future, she is currently content in her role as a nurse practitioner. Tiffany stated,

I have a renewed appreciation for the work we do on a daily basis. I have the highest respect for these women [participants] I just met. A lot of them are seasoned nurses and have taught me a lot. I am very proud to be in this profession.

The reading and writing activities provided an opportunity for the participants to reflect upon their personal contribution to the profession. The participants were given time and strategies to assist them in reflecting upon their past and current roles in the profession. Although there was not a specific activity focused on future roles in nursing, many participants used the time in this study to consider future avenues for their career development. As Margie stated above, she was considering further education, a new position, or volunteer work using her nursing skills. She wrote,

It [the Journey Into Nursing writing activity] caused me to look at my experiences sometimes with a different view or with new meaning. Both the reading and writing activities have helped me to reflect on my career and life experience to this point. They also caused me to think about where I want to go with my career in the future.

Others came into the study with aspirations of completing the career ladder application. Several of these participants actively pursued this application as the research study came to a close. As Cathy indicated, “I felt I had a better understanding of my role as a nurse and could write the narratives needed for the career ladder application”. For Cathy, her role as an operating room nurse provided a different type of patient interaction. While
participating in this study, Cathy came to appreciate her role and “realized through the reading and writing activities that I do have stories to tell and experiences to share”. It was this recognition of her stories and experiences that prompted her to believe she could construct narratives for her career ladder application. Others gained renewed appreciation for their current role and intended to continue in their present position. Beatrice, who has had a 35 year plus career in nursing, stated,

This [study] was a trip down memory lane for me. I reflected upon my career up to this point. I realize this is what I was supposed to do with my life. Though I have considered retiring, I am going to keep doing this for some years. I have had a reaffirmation of what I always thought about nursing but never took the time to write down until now. This time has given me validation that what I have done is part of me; it is who I am. I am not ready to quit just yet.

Actively participating in these reading and writing activities provided as Becky indicated, “a back to myself” opportunity. Becky writes,

By focusing on the things that haven’t changed liked core nursing beliefs, values, and ethics, I have found it helps keep me grounded and peaceful in the face of change. I’ve felt happier at work and aware that I’m satisfied helping someone when they are vulnerable, afraid, bleeding, wet and dirty even when no one says thank you. Nothing needs to be said. I feel thankful to feel contentment in knowing that what I am doing matters.

As a whole, the participants agreed that the reading and writing activities coupled with group discussions did in fact give them a better perspective of their career path. There was a renewed appreciation for their individual contribution to their patients’
outcomes and the profession at large. There was a renewed appreciation for the individual’s work and for several participants, a renewed commitment to the profession of nursing. Overall, career satisfaction and well-being was influenced by participation in this research study.

Pride in Being Part of the Nursing Profession

In addition to gaining an appreciation for their individual contributions to nursing, participants also indicated a sense of pride in being part of a profession that makes such a large contribution to the health care system and more specifically to the lives of individual patients and families. As Margie wrote in a journal entry, “I have gained a deeper appreciation for other nurses and their experiences. I am also in awe of how well-educated and well-spoken nurses are. I am proud to say I am part of this group.” For many participants this study was a unique opportunity to explore their own writing talents while simultaneously being exposed to the creativity and aptitude of their nurse colleagues. The participants were impressed with the talents and abilities of their peers.

As a journal entry by Becky stated, “I think of their [other participants and authors] words and I feel inspired to do a better job. I also feel a sense of pride for the collective good that nursing is doing for others.” The common ground established by the hundreds of stories read, written, and shared during this research study was very powerful in creating a sense of unity among nurses. This sense of belonging had the capacity to improve career satisfaction and well-being not only among the participants but as in the case of some participants there was motivation to share these activities with co-workers in hopes of improving workplace morale on a larger scale. Margie wrote,
Reading and listening to the experiences of other nurses really makes me appreciate the profession more. I just really want to convey to my co-workers my passion for nursing, share that feeling and hopefully inspire someone else.

During Margie’s post participation interview, she indicated that she was hoping to develop a program for nurses on her unit that would incorporate reading and writing activities as a way to help share her passion as well as reignite the passion for nursing in her colleagues. Margie established this as part of her Performance, Evaluation, and Development Plan (PEP) goals for the upcoming year. The PEP goals are part of a career development program established by her institution. For her there was a distinct benefit to sharing the pride of the profession with other nurses and she was very proactive in developing an approach which she hoped would be useful.

The pride in being a nurse comes not only from within nursing but from the public’s perception of nursing as a profession. During one session on the value of integrity, I shared statistics with the group that indicated nurses are the most trusted of professions. In addition, several readings were provided to the participants written by individuals whose lives had been affected by nurses – often times as part of very routine care not necessarily in extraordinary circumstances. Cathy responded to this in her journal by writing,

I believe our profession is respected by people and that patients really, really trust nurses. I have known that or at least occasionally thought it for a long time but really hadn’t given it much consideration until challenged to do so here.

Moreover, it isn’t everyone who can give technically sophisticated care using in depth knowledge and in a moment’s notice tenderly and gently care and console a
patient who may have just been given unbearable news. We are road warriors, in for the long haul fiercely protecting those entrusted in our care. We are often extraordinary individuals and I would say that if we were to judge someone by the number of acts of kindness they have given, then nurses have no boundaries.

Frequently throughout the study, the sense of pride in being part of the profession of nursing seeped into the writing and discussions. At first, the pride was expressed with caution, not quite wanting to sound too self-absorbed, but gradually flowing more freely. This change was exemplified by Penny. During one of the early sessions, Penny wrote about her recent “change of heart” regarding her nursing career. Penny had many different positions in her 35 year career as a nurse. She stated she felt she understood the negativity and bad attitudes that are pervasive in many work places, but she also acknowledged that several years ago she made a choice a view her work differently. In her *This I Believe about Nursing* essay, Penny wrote,

> I believe that God gave me the personality and gifts needed to be a nurse and that He is not surprised by the outcomes. I believe that there is no wasted time in God’s economy and all my experiences have led me here. I believe that no matter where you work, there will always be more work than you can ever get done, more patients than you can ever care for, employees that you don’t like and don’t have good work ethics and bosses that don’t give you everything you want. I believe the grass is not greener on the other side –just another field with some good grass and some weeds. I believe you will only be as happy as you choose to be.
Penny was somewhat hesitant to share this new perspective with the group because “I know many nurses would view my perspective as unrealistic but I love nursing and I have decided not to let the negative attitudes of many ruin my career. I think this belief comes from experience”. Interestingly, Penny did not share her essay or her ideas with the group during the early sessions, but as time passed and the group became more comfortable with one another, Penny did share her very strong beliefs and pride in being a nurse. Penny’s metaphor describing her nursing career came in session five. She wrote and read to the group the following:

The metaphor that came to mind for me comes from the word of God. We are commanded to live life together, socialize together and not neglect the church body in order to encourage each other in the faith. We are not meant to be isolated as we live out life. This class [research study] has shown me that I am encouraged in my nursing by being in the presence of other nurses who are uplifting and encouraging. We have to remind each other why we entered this career, why we stay and why it is important. It has renewed my enthusiasm. I am proud to be a nurse not simply because of what I do every day, but what I now realize my peers are doing every day. Before this [the research study] I believed I could be happy by focusing on what I do each day but now I realize how much I do need the socialization with others who share similar beliefs. I want everyone to know I am proud to be a part of nursing.

It was with this ability to share openly that it became apparent that pride in their profession came from being part of something bigger than themselves as individuals and really did impact career satisfaction and well-being in a positive manner.
Nurses Share Common Values and Ideals

Career satisfaction and well-being were also influenced by the realization that nurses share common values and beliefs. This research study was focused primarily on the values and beliefs of nurses with the basic assumption that nurses do have a group of shared values and ideals. From the participants’ perspective, it seemed to be a surprise to them that nurses would have similar core professional values and ideals. Glenda works in a very independent nursing role with limited direct interaction with other nurses; therefore she was uncertain at the onset of this study regarding the degree to which nurses have shared values and ideals. She stated in her post participation interview, “I was pleasantly surprised to learn how many similar values we share as nurses despite the differences in our workplace or specialties. Even though I get my validation from my patients, it is nice to know that other nurses are experiencing similar things and ideas.”

Again, this realization that there is a commonality in the values and ideals of nurses helps to foster a sense of connectedness to other nurses and to the profession at large. This connectedness influences career satisfaction and well-being. For instance, Anna spoke of her realization that nurses regardless of clinical specialty do share a common bond based on their values and what they believe to be important in their work. She wrote, When our group met for the first time and we introduced ourselves; there were so many different specialties and backgrounds present that I thought we would never find any common ground. I was interested in the perspectives from nurses in different work areas but I did not think we would have very much in common - our jobs are so different. When we started talking about values and ideals, we were all saying the same things. It was amazing how so many different people can have the same ideas.
Regina was very optimistic in her view of the commonalities among nurses.

Approximately midway through the study when asked to journal about her insights as a participant, she wrote,

I guess I would have to start off saying that I am constantly amazed at how much more alike all of us are, rather than different, although we’re in all disciplines of nursing, with a range of ages and personalities. If I close my eyes, I can see the bond forming between us, weaving my personal nursing experiences with those of the others, and I’m starting to see that in the end we’re going to be left with a beautiful tapestry from our various nursing experiences, with one central focus – we love it!

When I asked Regina to expound upon what it is that is similar about nurses, Regina did not hesitate to say, “We are all grounded in the same values and ideas about what constitutes good patient care. Because we agree on these important points, many of our differences do not seem to matter so much”. Not every participant was quite so positive about her career choice, but even those individuals could recognize the shared values and ideals within nursing. Cathy writes, in response to the writing prompt I had never thought about _____ in that way before,

I was completely surprised by the overwhelming response of about how much those girls [study participants] love what they do. Over and over again, the resounding theme seemed to be contentment in their jobs. I guess their work has had great meaning. [Work] circumstances beyond my control turned my world upside down recently…my profession is both admirable and disheartening. So many are dedicated to the profession…that which brought many to the vocation,
the caring intimacy of patient interaction, is largely gone by the wayside.

However, nurses are unselfish professional always striving to give their best in every circumstance… Nurses share this common bond rooted in the values and ideals that are vital to nursing.

For Cathy and other nurses who are dissatisfied with their career path, the recognition that there are shared core values and ideals in professional nursing seemed to provide some sort of satisfaction. Interestingly for Cathy, in her final interview she announced that she would be working on her application for the clinical ladder program at her institution. She had gained a new perspective on her career and desired the recognition she felt she deserved for the excellent work she was doing. She confirms that the value of her work was, in part, reinforced by the various reading and writing activities as well as group discussions focused on core values and ideals. Cathy stated in her post participation interview,

Some of the activities you encouraged me to do made me see myself differently. I saw things I didn’t like about myself and my role as a nurse. I know that I feel empathy and compassion for my patients but I don’t want to share that with others because of my own discomfort. I don’t console like others do and so I see myself as callous and I believe others view me that way as well. This has challenged me to do things differently. My work is extremely important to me and I want others to know that I am not the callous person they may think I am. Writing my narratives for the career ladder application will give me an opportunity to share with others what nursing really means to me at a personal level. Writing will be
the way I can share what I feel every day but what others do not necessarily observe.

From the outside, nursing may appear to be so many different roles, specialties, and ways of doing things and it is easy to see why nurses may struggle to see the similarities. However, throughout this study, the participants recognized how very similar nurses are in their values and ideals. These values and ideals make up the core of nursing. Once nurses can appreciate this fundamental similarity, their differences become less important and nurses feel less isolated and more a part of the profession. They see each other as comrades. As a result, career satisfaction and well-being has an opportunity to improve.

By considering the individual nurse’s contribution to the health and well-being of patients and families, participants gained an appreciation for their individual professional worth contributing to career satisfaction. By sharing the stories and experiences of other nurses and recognizing through these stories that nurses do have commonalities rooted in their professional values and ideals, nurses develop pride in their profession and they begin to see the similarities among nurses despite the diversity found in the nursing. This new consciousness contributes to career satisfaction and well-being.
CHAPTER FIVE

DISCUSSION AND CONCLUSION

The intent of this action research study was to implement and explore the use of humanities strategies involving reading and creative writing to assist professional nurses in reconnecting with their core values and ideals. A comprehensive review of the findings was presented in the previous chapter. This study was posited on the following research questions: (a) how do nurses view the use of reading and creative writing as tools to reconnect with their professional values and ideals? (b) what reading and creative writing strategies do nurses perceive to be most useful in helping them reconnect with their professional values and ideals? (c) how does engagement with reading and creative writing influence career satisfaction and well-being in nurses?

The current chapter is organized into four key sections. The first section discusses the relevant findings related to the theoretical framework of transformative learning theory and adult learning as well as the findings related to the use of humanities in the health professions. The second section discusses the implications for practice in the fields of nursing, humanities and arts in healthcare, and adult education. The third section explores the limitations of the study and offers suggestions for conducting future research. The final section provides a personal reflection by the researcher.

Section 1: Relevant Findings

The data collected from the pre and post interviews, creative writing activities, journals entries, discussions and field notes during the eight session action research study provided a wealth of relevant findings related to transformative learning theory and adult learning and the use of humanities in the health professions. These findings will be discussed in the following section.
**Transformative Learning Theory and Adult Learning**

This section will be focused on four main concepts related to the theoretical framework and adult learning including learner readiness, fostering transformative learning, spiraling back, and epistemological change. Each concept will be discussed in light of how transformative learning has informed the findings of this study and how this study has provided new insights into the understanding of transformative learning theory and adult learning.

**Learner readiness.**

In this action research study, participants entered into the study through self-selection. The responses to the initial recruitment efforts were extremely positive and indicated an eagerness to be involved in the study. This readiness to participate could be related to several factors associated with age and life experiences. The age of the participants did vary but the majority of participants were middle age women ranging in age from approximately late thirties through late fifties with 10-30 or more years of nursing experience. As a whole, they seemed to be searching for something that would help them make sense of their role as a nurse. They were open to exploring their experiences as nurses and were perhaps questioning why or if they should continue down this career path. According to Mezirow’s (1991) perspective of transformative learning, adult development does impact on learner readiness. For example, a learner’s receptiveness to information may be based on their life stage or time of transition and in adult developmental models based on life events or transitions, individuals are active participants in their development, actively constructing knowledge rather than simply absorbing it (Clark & Cafarella, 1999). This is also congruent with a commonly accepted
assumption regarding middle age adult development (Erickson, 1963; Sheehy, 1976; Brim, Ryff, & Kessler, 2004). Middle age adults come to realize a significant portion of their life has been experienced and they are frequently taking inventory of what they have accomplished and where they are in comparison to their hopes and expectations. Based on this assumption of middle adulthood, this study may have been very appealing to assist these individuals in looking back while moving forward to their future careers in nursing. This process of taking personal inventory of one’s life has been referred to as integrating circumstances within transformative learning theory (Clark, 1991, 1993). During an integrating circumstance, a person is consciously or unconsciously searching for something which is missing in their life and when that missing piece is found, the transformation process is catalyzed (Clark, 1991). In respect to the findings of the study, the participants may have been seeking, at a conscious or unconscious level, a way to make sense of their career in nursing and the opportunity to explore their professional values and ideals through this action research study may have guided them to finding the missing piece. The study findings provide examples of integrating circumstances and also concur that integrating circumstance can in fact catalyze the process of transformative learning.

The study findings indicate that several participants entered into the study because they were evaluating their professional role in nursing and seeking a tool to assist in this process. This is consistent with transformative learning theory in that questioning or critical assessment of assumptions leads to a desire for discourse or, in the case of this study, a desire to join a group of individuals where the opportunity for discourse may be present. Mezirow discovered through his work that “to freely and fully participate in
discourse, participants ideally require…a reasonable minimum of personal security, health, and education” (Mezirow, Taylor, and Associates, 2009, p. 20). By middle age and with extensive career experience, the participants were in a position to feel more secure professionally than their younger counterparts and they had extensive formal and informal education as well as life experiences from which to draw knowledge and to question assumptions. This combination of factors created a sense of readiness to explore their professional roles.

In addition, practical aspects of this demographic of middle age women may have also contributed to their readiness to participate in this study including more flexible work schedules, less demanding family commitments, and an ability to invest time in a personal pursuit. For instance, many of the study participants functioned in somewhat autonomous roles (nurse practitioner, diabetes educator, lactation consultant) and therefore had some level of increased flexibility with work schedules to accommodate participation in the study. Similarly, with the exception of two participants, the participants’ family responsibilities were decreased due to the ages of their children (teenagers or adults). Several participants were single with no dependents. Creating a space to learn and fully engage in the study is more difficult when there are multiple factors competing for time and attention. When working with adult learners, it is important to keep in mind the many responsibilities and conflicting roles that may influence the readiness of adult learners. This finding also sheds light on the role of context and its influence on learner readiness. Context has been identified as a concept that has been historically overlooked in Mezirow’s conception of transformative learning (Clark and Wilson, 1991; Taylor, 1998). However research has identified both personal
(e.g. prior learning experiences) and sociocultural (e.g. historical events) contextual factors as significant in transformative learning (Taylor, 2007). The findings indicate that both types of contextual factors influenced learner readiness within this study.

Learner readiness is dependent on internal factors such as questioning the purpose of one’s life work and also on a variety of external factors including the learning environment and practical matters such as time and additional responsibilities. This study, based on participant self-selection, indicates that adult learners are able to assess their own readiness to learn based on a myriad of internal and external factors. These insights into learner readiness support the assumption of transformative learning regarding the need for learners to identify their personal desire and willingness to participate in this type of transformative learning experience (Taylor, 1997). Learner readiness is crucial to the success of any type of adult learning, and it is directly related to how the study participants viewed the use of reading and creative writing as tools to reconnect with their professional values and ideals. According to the study findings, participation in this research was one of the first opportunities many of the participants had to focus on themselves and this was a motivating factor. As one participant wrote in a journal entry, “I have spent my lifetime caring for others (children, parents, patients, family members) and I never realized how important it is to care for me. Self-care is not selfish”. This recognition of self-nurturing in the form of reading and creative writing activities is a vital aspect of learner readiness. Without this level of readiness, many participants would not have had the motivation to participate and complete the study. In addition, their readiness provided an openness to the use of these humanities based strategies particularly the writing activities. As the findings indicate, writing was viewed
as a challenge prior to beginning the study, but the participants’ readiness to learn helped them to embrace the challenge and view the use of reading and creative writing as useful tools to reconnect with their professional values and ideals. This supports the basic assumption of adult learning which indicates that adult learners are drawn to learning experiences that they perceive to be beneficial (Knowles, 1980).

This study begins to provide further insights into our understanding of a learner’s readiness within the framework of transformative learning theory and adult learning by recognizing that the adult learner is able to recognize their own needs, at both a conscious and unconscious level, and is in fact searching for something that is missing in their ability to make meaning. Though the learner may not be actively seeking a specific learning opportunity, there is an internal compass which allows the learner to be open to opportunities as they become available. Based on the study findings, this appears to be true particularly in women during the period of middle adulthood when a combination of internal and external factors may be likely to align therefore creating a desire to seek new learning opportunities. Findings suggest that these contextual factors are important influences on learner readiness. This readiness and motivation to learn opens up a space for the learner to explore new ways of meaning making. The study findings indicate that although the factors which constitute learner readiness are specific to each individual, there may be similarities among groups who share certain characteristics or interests such as age or profession (ie. middle age nurses). For this specific group of study participants, the findings indicate that they were ready to engage in a program based on reading and writing strategies to explore their professional values and ideals.
Overall, the study findings align with what has previously been established regarding learner readiness from the perspective of transformative learning theory and adult learning while also providing some additional insights into how learner readiness influences the learner’s interest in exploring new ways of learning.

**Fostering transformative learning.**

In recent years, significant research in the field of transformative learning theory has focused on fostering transformative learning (Taylor & Snyder, 2011). Fostering transformative learning has relied upon a learner centered approach (Taylor, 19997, 2000, 2007). Despite this frequently cited connection between a learner centered approach and fostering transformative learning, there is little empirical evidence to support what constitutes a learner centered environment (Taylor & Snyder, 2011). An action research design offers a useful approach to understanding the concept of learner centeredness. This methodology provides the opportunity for participants to assist in the development of the program including topic selection, strategies, evaluation and assuming the role of facilitator.

The findings of this study support the idea that certain essential practices are needed to foster transformative learning and to develop a learner centered environment. According to Taylor (2000, 2009), these include but are not limited to the fostering of group ownership and individual agency, developing an awareness of personal and social contextual influences, promoting value laden course content, recognizing the interrelationship of critical reflection and affective learning, and the need for time. From the beginning of this action research study, participants were encouraged to assume ownership for the direction and course of the exploration of professional values and
ideals in nursing practice. For example during the first session, participants created a list of the values and ideals they believed to be central to the profession of nursing. This list was then used to develop the themes for each subsequent session. This promoted the learner centeredness that is needed to spark personal agency and group ownership. The opportunity for participants to take on the role of facilitator was also a way of fostering active engagement. Throughout the study, participants were provided with various readings and writing activities that encouraged reflection upon their personal and socialized beliefs regarding nursing practice. The participants were encouraged to explore these ideas in an individual context (journaling, independent reading and creative writing activities) and in a shared discourse (group discussions, sharing of writings) with other participants. In addition, many participants chose to engage their colleagues within the workplace in discussions regarding the key themes (ie. empathy, integrity, empowerment) of the professional development program. Each of these learning experiences assisted in the development of awareness for personal and social contexts related to professional values and ideals and to the transformative learning experience. The fostering of transformative learning was also stimulated by the heavily value laden content of the study. By design, this study was focused on values and ideals and therefore provided a fertile environment for transformative learning to take place. As the participants critically reflected upon their individual professional values and ideals in the context of their nursing and/or personal experiences, they were frequently confronted with emotions and feelings that were either new to them or had not been given recognition in some time. Although the group as a whole remained relatively rational in their learning, there were moments when the participants did push the boundaries into the
emotional realm of learning. For example, one participant who was writing about her personal experience of receiving a cancer diagnosis stated,

I had to stop writing at one point because I was crying. The tears were a mixture of fear and anger in the way the diagnosis was shared with me. I realized that I had not cried at the time I heard the news but now as I reflect on this experience, I am filled with emotion. I have much to learn from this experience and my reaction to writing about this experience. I am feeling something I have not allowed myself to think about in the past.

This type of emotional learning occurred most frequently during the learning strategies identified as most useful to the participants including (1) This I Believe about Professional Nursing (2) My Journey into Nursing (3) Illness Narratives and (4) the found poems. This engagement with the affective and emotive ways of learning fostered transformative learning.

Perhaps one of the most important factors influencing the fostering of transformative learning is the need for time (Taylor, 2000). Repeatedly, the participants of this study noted how significant it was for them to be able to focus a specific block of time to their own learning and development. Without adequate time and a specific space being created for the exploration of values and ideals through the reading and writing activities, encouraging learning would have been more difficult if not impossible. Even though participants recognized the importance of values and ideals to their professional practice as a nurse, they had not attended to these concepts until this study provided the time and space for this type of critical reflection and discourse through both cognitive and affective learning domains.
The findings of the study substantiates that there is not one standard approach to fostering transformative learning but instead it is important to be aware of individual differences and contextual influences (Taylor & Snyder, 2011). For instance some participants found the free journaling experience to be very useful in encouraging critical reflection upon professional values and ideals while other participants wrote very little if not provided with a specific writing prompt. Similarly, several participants embraced the strategy of the found poem while others found this to be an uncomfortable strategy for exploring their values and ideals; however, it is important to recognize that participants completed the strategies regardless of their comfort level. Multidimensional ways of learning have been loosely defined in the literature but generally refer to any combination of the following concepts: cognitive or rational processes, affect or emotions, creativity and/or expressive ways of knowing, pleasure, kinesthetic learning, and individual and collaborative learning experiences (Taylor & Snyder, 2011). This study supports the multidimensional approach to learning as a way to foster learning among a diverse group of learners who may have varied interests, personal learning strengths, and experiences. In addition, the multidimensional approach encourages the individual learner to explore new methods for stimulating their own learning and development. This point is particularly vital to the nursing profession where so much of the learning that takes place is skill or technology focused (involving cognitive or rational) while frequently overlooking the altruistic or aesthetic learning needs (engaging affect and creativity) of the learner.

The findings of this study begin to identify more specifically what practical steps can be utilized in the creation of a learner centered environment including very specific
strategies which the participants have identified as effective tools such as the previously identified writing prompts and reading the works of nurse authors. The findings also indicate that both enjoyable learning strategies and uncomfortable learning strategies can be effectively used to stimulate learning. Though recent studies based on transformative learning theory have focused on the concept of pleasure related to creating effective learning experiences through the use of media and popular culture (Tisdell, 2008), other empirical research has focused on how challenging and uncomfortable learning experiences may influence adult learning (Gravett & Petersen, 2009). There remains an accepted assumption in adult education that to be learner centered, the learner must be consistently agreeable to the learning strategies and methodologies in order for learning to occur. For example, it is common practice to have a learner choose the assignment or strategy that is most appealing to them or to develop their own strategies to meet their learning needs (Cranton, 2001). This study challenges this underlying premise of adult education. For example within this study, participants clearly identified writing as a challenge and several participants expressed uncomfortable feelings regarding the found poem activity however by participating in these activities new learning and meaning making was realized. From the perspective of transformative learning, these types of uncomfortable activities are often the catalyst or disorienting dilemma (Mezirow, 1978, 1991, 1994) that leads to new learning. Creating this form of tension (e.g. assuring a safe learning space where learners can comfortably share their ideas and feelings while also feeling challenged to learn) is not entirely new to adult educators however this tension becomes particularly relevant to transformative learning, due to its predisposition for learner-centered practice. Educators working within the framework of transformative
learning theory attempt to lead learners to the edge in order to foster transformative learning. It has been noted that learners are perhaps most prone to learning when they are on the edge of their comfort zones and it becomes the job of educators to create conditions under which learners are pushed to their learning edge. By creating this experience, the learner moves from resistance to acceptance of new or expanded perspectives (Gravett & Petersen, 2009). This study demonstrates the ability of learners to move to the edge of their comfort zone within a safe and secure learning environment thus fostering transformative learning.

**Spiraling back.**

Through the many strategies used to foster transformative learning, this study provided significant opportunities for the participants to spiral back which is defined as a journey to get back to where one started while being aware of where one has been (Sharp, 2001). For participants in this study, spiraling back meant giving time and attention to the professional values and ideals upon which their nursing practice was established while also becoming aware of how these values and ideals may have changed or remained steadfast during the course of their careers. The findings of this study indicate that spiraling back was useful to help the participants recognize their own personal story through strategies such as responding to the writing prompt, My Journey into Nursing or by writing a personal illness narrative. At the same time, they were simultaneously reintegrating into the collective group of nurses through the process of understanding themselves as individuals and how the individual fits together with the larger whole. This is the process of individuation, a central concept in the extrarational perspective of transformative learning (Cranton & Roy, 2003). Through this process, participants came
to know who they are and what they believe as individuals. Participation in the various learning strategies led to an opportunity for increased self-awareness. Simultaneously, the participants as a whole came to realize their commonalities despite their diversity of experiences and specialties. These commonalities were often times based on the core values and ideals established early on in their nursing careers while continuing to influence their practice today. This idea of reconnecting is actually an opportunity to spiral back and become more self-aware. According to Mezirow (2000), self-awareness is a part of the transformative process.

The findings demonstrate how effectively reading and creative writing activities can be used to assist with the process of individuation and spiraling back. The conscious reading of literature and creative writing followed by critical reflection and dialogue assisted the participants to increase their awareness of their self. This occurred in part because the activities were focused on learning rather than on teaching that is an important distinction when viewing learning through the lens of transformative learning theory (Burk, 2006). For example, there was not a specific outcome determined by the facilitator associated with each activity but rather simply the opportunity to critically reflect upon the identified theme (empathy, integrity, empowerment etc.) through the guidance of selected readings, writing activities and group discussions. In addition, “the opportunity to write is to take ideas out of one mind and make them available for contemplation not just for the writer but for others as well” (Burk, 2006). The writings provided opportunities for reflection by the writers but an added piece was the reading of the text within a group setting. At times this took the form of reading aloud from one of the selected reading pieces or from the participant’s work while at other times it was
exchanging a written piece with another participant in the group. This sharing through various forms of text was an opportunity to encourage the critical reflection needed for individuation. Essentially, the participants remained who they were at the start of the study, but through the journey of spiraling back with the assistance of reading and creative writing strategies, they came to know themselves better. This self-awareness may be directly related to their sense of career satisfaction and well-being. Though nothing has changed in their work environments or job descriptions, this new appreciation for who they are as an individual and as a part of the nursing profession may provide a new perspective.

The self-awareness that emerges from the experiences of spiraling back and the process of individuation supports Mezirow’s (2000) more rational perspective of transformative learning. However, the journey of spiraling back and the process of individuation are core concepts to the extrarational perspective of transformative learning, and in this respect the study supports the notion that transformative learning can be useful for individuals who function more rationally as well as for those who function in more extrarational ways using affective and emotive means. Based on these findings, it is important for scholars of transformative learning theory to recognize that the various perspectives provide the greatest insights into adult learning when viewed as additive perspectives rather than as mutually exclusive of one another. For example, it is important to consider that learners engage in both rational and extrarational ways of learning but do not necessarily make explicit distinctions between the two ways of learning.
From a practical perspective, the use of humanities based strategies such as reading and creative writing are effective ways to assist learners in the spiraling back and the process of individuation. The meaning making that emerges from these activities occurs in both the cognitive and affective domains while providing opportunities to make meaning of the self as an individual and the self as part of the greater whole.

**Epistemological change.**

Epistemology refers to our way of knowing rather than focusing solely on what we know. Therefore our experience is less about what happens to us, and more about what we make of what happens to us (Kegan, 2000). Through a change in epistemology, a learner not only forms a meaning or changes a meaning, but also takes into consideration how the meaning is made. It is this whole process that creates a new epistemology. For instance, once an individual begins to recognize how they are shaped by the context, culture, and other forces of socialization, they are transformed by an increased awareness and understanding of how learning occurs (Kegan, 2000).

Transformative learning is essentially an epistemological change (or way of knowing) (Kegan, 2000).

A transformation takes place when there is a deep shift in one’s beliefs or attitudes or a transformation of one’s entire perspective (Mezirow, 2000). The findings of this study do not support this traditional definition of transformation, but rather what the participants experienced was a re-establishment of the importance of the their attitudes and beliefs regarding their professional values and ideals. Throughout the action research study, the participants clearly stated that they did not change or transform their fundamental principles and values throughout their nursing careers or through
participation in this study as transformative learning theory often suggests would occur if a transformation had occurred. For example, during the study not a single participant indicated a change in their core values and ideals related to their nursing practice. Instead, participants consistently acknowledged that their core values and ideals remained unchanged however they did recognize that they had not given much attention to these professional values and ideals during their careers. As a result of self-reflection, most of the participants indicated that they were returning to their inner compass of professional values and ideals, which had been submerged under the stress and strain of a busy workload, increased technology, and the generally dynamic and demanding health care environment. The professional values and ideals of the participants were not absent but were not consciously acknowledged in their daily practice. This reconnection or attention to professional values and ideals is an epistemological change.

The study provided a time to examine one’s professional values and ideals by exploring the various influences that contributed to the shaping of these professional values and ideals such as formal education, work experiences, personal experiences, and the culture of healthcare. The result of this exploration was a new awareness of one’s ability to acknowledge and act upon these values and beliefs rather than being controlled by unexamined values and beliefs. Keegan (2000) would describe this change as a move toward greater self-authoring meaning, in this situation; the individuals are not endorsing a new set of beliefs. Instead they are re-engaging previously held beliefs through a new way of knowing that gives rise to these previously held values and beliefs. Participants experienced what Keegan (2000) would refer to as a move to internal authority over their professional values and ideals instead of external identification (beliefs of others, the
culture of healthcare, formal education). Therefore it is possible that when they held these beliefs in the past, they were held externally through identification with the nursing profession. Now these same beliefs are being held internally, through a personal choice.

This shift or change is a form of transformative learning. An example of this shift might be the struggle several of the participants were having, prior to the study, regarding the completion of the narratives for their career ladder applications. As applicants, they were asked to create narratives that exemplified the institution’s mission and goals. The participants found this to be difficult because they did not make a direct or personal connection to these concepts. After spending time reconnecting with some of their own professional values and ideals, they came to realize that their core values and ideals were in many ways similar to those of the larger institution. Through this new way of knowing participants were able to take control of their professional values and ideals rather than feeling as though they were being controlled by the socialized values and ideals of the institution. As a result, the participants were then able to move forward with the narratives and complete their applications.

An explanation of what potentially contributed to this returning or revisiting of core values can be explained by the participants exposure to new epistemologies or ways of knowing that provided them with opportunities to reconnect with these deeply imbedded values and ideals related to professional practice. As they were encouraged to spend time looking at their nursing journey retrospectively, they began to make connections between their ideal values in the early part of their nursing careers and their practices today. Several factors were of potential significance including the innovative and creative strategies designed to engage the cognitive and affective domains, the focus
on humanistic and altruistic concepts rather than on the instrumental knowledge (e.g. technological skills and scientific knowledge) that now dominates the educational experiences of many nurse, and perhaps the shift of control from the traditional teacher centered approach to a more individually controlled learning experience (learner centered). The various reading and creative writing activities employed in this study provided an opportunity to learn in new and exciting ways while maintaining some degree of safety and security. For example, every participant enjoyed reading prior to enrolling in the study and every participant had experiences with writing so these were not entirely new learning modalities. However, the types of reading options and creative writing activities were new and stimulating particularly in the way they pushed the participant to move beyond the rational and into the affective and emotive ways of knowing.

Transformative learning theory has worked to define what constitutes a transformative experience and this study substantiates the idea that there are multiple definitions of a perspective transformation. Specifically, transformation occurred through the re-establishment of the core values and ideals of nursing practice. This return to an original form of knowing can in fact be a new way of knowing or a new epistemology. Taking on a new epistemology is one way of defining a transformative experience.

**Humanities in Healthcare**

The following discussion will focus on the findings as they inform the use of humanities based strategies to promote learning within a healthcare environment. Though the primary evidence to support the use of humanities in the education of health
professionals has been focused on medical education and physician training (Alkauskas & Charon, 2008; Charon, 2009, Kirklin, 2001; Sierpina et al., 2007), these study findings indicate that there is a similar need within the profession of nursing. The medical profession began to identify the need for a renewed focus on the humanistic side of medicine in the 1960’s (Hawkins et al, 2003) as a response to what was perceived as a declining understanding and appreciation for the human aspects of medicine (compassion, empathy, connectedness) as a result of the rapid advances in technology and the explosion of scientific knowledge. Unfortunately, there is no evidence in the literature to support a similar movement within the profession of nursing. As science and technology, demanding schedules, and increased stress continue to dominate the world of health care, the study findings indicate that nurses are concerned about the impact this environment has on the care they provide to their patients and their own appreciation for the work they do. For example, “Because of the fast pace in the PACU (post anesthesia care unit), I am exhausted at the end of the day. I don’t want to think about work; I just want to get home. I don’t take the time to think about the care I have provided; I just do it and I seldom really think about the work I have done”, stated one nurse in the pre-participation interview. The findings indicate that nurses have little opportunity to reflect and make meaning of their careers and possibly this was an impetus for enrolling in the research study. One participant exemplified this by stating in her email response to the recruitment flyer, “I was immediately drawn to respond to your call for research participants. I thought this might be a way for me to really figure out what I am doing with my career”. This aligns with what Charon (2000) has discovered in her work with writing and physician education,
Contemporary medical practice is evolving in a direction that tends to prevent such personal searches for meaning. Rather than more time and more reflection in the doctor patient relationship, current practice has conformed to economic forces that dictate less time and reflection (p. 67).

The study findings indicate that nurses are experiencing similar demands and constraints on their time and ability to reflect on their practice.

One approach frequently cited in the literature as a way of assisting physicians to take time and critically reflect on their practice and the humanistic aspects of medicine is through narrative medicine (Alcauskas & Charon, 2008; Charon 2000, Charon, 2009). The conceptual frameworks used in narrative medicine are borrowed from literary studies and provide an understanding of the use of reading and writing as ways to interpret and make meaning of one’s experiences (Alcauskas & Charon, 2008). The curriculum used in narrative medicine programs typically includes two key components: reading of literary text related to health and illness as a way of gaining practice in hearing and interpreting the stories of others and reflective writing about the patient and professional’s individual yet shared experience (Alcauskas, Charon, 2008). The inherent goal of narrative medicine is to increase feelings of empathy and personal satisfaction in the professional role and to improve relationship building between physicians and patients. The limited research that has been done with narrative medicine does indicate affectiveness in reaching these goals (Alcuaskas & Charon, 2008, Belling, 2006; Donohoe & Danielson, 2004; Skelton & Hammond, 1998; Sierpina et al., 2007; Wear & Aultman, 2005).
Unlike the goal of narrative medicine stated above which focuses on the physician-patient relationship, this action research study focused on the nurse to self and nurse to nurse relationships. Despite this difference in focus, these study findings are similar to the discoveries made with physician-patient relationships. The findings indicate that the use of literary text related to nursing and the core professional values and ideals of the profession effectively assisted the participants to recognize the importance of their role as a nurse and to gain new pride in being part of the profession. Rather than focusing on the qualities of the physician-patient relationship, which has been central to narrative medicine, this study focused on the professional core values and ideals of the nursing profession. It demonstrated that by providing an opportunity to hear the stories of other nurses and to interpret these stories in relationship to the profession and to their personal role as a nurse led to a renewed sense of connectedness to other nurses and to the early phases of their individual nursing careers. Simultaneously, the findings related to the writing strategies were also similar to those identified in the study of narrative medicine experiences with physicians. Writing takes time and focus and as a result is an effective tool to assist in reflection upon the professional values and ideals and experiences of being a nurse. What the findings indicated is that writing, though done independently in this study, created a shared experience or a connection to the profession of nursing through the realization that the core values and ideals are more alike than different among nurses. The nurses frequently made statements such as “I realize how much we share as a group of nurse” and “we all seem to get it – whatever it is [about nursing]” and “although what I do at work is very different from at the start of my career, there are many things that remain the same”. The study findings indicate a renewed
appreciation for their individual roles as nurses and their increased pride in being part of the profession of nursing support the use of humanities based strategies as tools to reconnect with the professional values and ideals. According to the findings, this renewed appreciation and pride contribute to a sense of well-being and satisfaction.

The renewed sense of well-being and satisfaction can be attributed to expressive writing which has been used to promote physical and mental health and well-being (Baird, 1995; Bolton, 2004; Dellasega, 1999, Pennebaker & Beall, 1986; Pennebaker & Segal, 1999; Lepore & Smythe, 2002; Smyth, 1998) and has been found to be particularly useful in dealing with stressful situations by providing a structure and meaning to the events thus making the emotional effects of that experience more manageable (Pennebaker & Seagal, 1999). The findings of this study indicate that the writing strategies in conjunction with reading and group discussion did promote a sense of improved well-being and career satisfaction. Specifically, this seems to be related to the use of two particular writing strategies: My Journey into Nursing and the Illness Narrative. My Journey into Nursing was an opportunity for several participants to explore the emotional experience of their nursing education and first nursing positions. For those who chose to write specifically about these experiences, the writings were filled with negative feelings but also a realization of how that experience helped to shape their professional values and ideals. Likewise the Illness Narratives frequently focused on very emotional and stressful situations such as a cancer diagnosis or the loss of a loved one. When asked to reflect on how these experiences influenced their professional roles, the participants often discovered that the process of writing and reflecting about these
emotional and memorable experiences helped them to realize how the experiences shaped their current role as a nurse.

For example a participant wrote,

The first time a child died while under my watch was probably the worst experience I have had as a nurse. I can remember all the details, the child’s name, how he looked, and how incredibly painful the experience was for the parents and how much I just wanted to cry. I knew that was not how a nurse was supposed to act. So I held it in until my shift was over. I never told those parents how sorry I was for their loss because I knew if I tried to talk to them, I would cry. I often think about that night and what I would do differently if I had a ‘do over’… Now years later, I realize that it is so important to show empathy and that crying with a family does not make me less of a professional but more of a person.

It is this management of stressful and emotionally complex situations through writing that potentially leads to well-being. The findings of this study indicate that expressive writing does prevent the “holding in” or inhibition of emotions as noted in the empirical study by Smythe (1999). This study indicates that not only is expressive writing useful to helping to deal with emotions as a way to improve well-being but also that written expression can take this one step further by offering a time for reflecting on how the stressful or emotional event has shaped the individual leading to new meaning. In this study, the writings indicated that the participants were in fact able to identify how their professional values and ideals were influenced by stressful and highly emotional experiences. Frequently, the experiences confirmed the core professional values and ideals of the participants’ practices. This writing experience created an opportunity for the
participants to reconnect with their professional values and ideals and contributed to a sense of well-being and satisfaction in their role.

Overall, the findings of this action research study support the role of humanities in the education of health professionals and provide insights into the use of narrative medicine not only in physician education but also in the education of nurses and potentially other health professionals. The study findings also support the use of expressive writing as a method of exploring and managing stressful and emotional experiences while concurrently creating new meaning from the experience as it relates to professional values and ideals.

**Section 2: Implications for Practice**

The findings of this study offer several implications for practice. A discussion of these implications will follow including the disciplines of nursing, humanities and arts in healthcare, and professional development.

**Nursing**

The implications of this study to professional nursing should be considered on multiple levels including the significance to individual nurses, the profession as a whole including education and practice, and the health care system. Essentially these implications to practice are like a set of interconnected links beginning with the significance to the individual and then moving onward to encompass the larger scope of the profession of nursing and finally impacting the overall healthcare system. Furthermore, there are specific implications for nursing education and the use of humanities that have the potential to influence all aspects of nursing practice.
The most significant implications to individual nurses focused on an improved sense of well-being and increased career satisfaction stemming from the reading and writing strategies and the overall focus on professional values and ideals. The study findings imply that reading and writing strategies focused on professional values and ideals are well received and very useful tools to assist nurses in exploring important aspects of their career. By providing nurses with readings that resonate with them at a personal and professional level, they are able to explore the similarities and the differences related to their own life experiences through reading. Reading itself may offer “disorienting dilemmas” in the form of concrete literary examples (Jarvis, 2003). The reader may identify with characters whose values and actions are in alignment or in opposition to their own. Either way, reflecting on these values and actions may challenge the existing perspectives of the reader (Jarvis, 2003). Likewise the process of writing requires time and attention which leads to critical reflection and personal insight (Burk, 2006; Pennebaker & Seagal, 1999). The combination of reading and writing engaged the nurses in significant reflection and this reflection led to recognition of what values and ideals guided their practice from the early years to their current role. The findings indicate that this resulted in recognition that although many things have changed over the years in nursing and healthcare, they have consistently been guided by a set of core values and ideals. As they wrote about their experiences as a nurse and shared in the experiences of others, they became reenergized by the good work they had done based on these core values and ideals. The implication of these findings is that this experience created a sense of satisfaction and appreciation for their individual contributions to patient care and nursing which influences overall career satisfaction and well-being.
As individual nurses experience a greater appreciation for their personal contributions to the profession, the study findings imply that this appreciation is extended outward to include a sense of pride in the nursing profession as a whole. This finding has significant implications for the nursing profession which traditionally has not taken credit for its many accomplishments and at times has suffered from poor morale (Buresh & Gordon, 2006). The findings indicate that participation in this type of career development program has the potential to make a significant contribution to turning around a long existing trend in nursing related to the lack of recognition or appreciation for the many contributions of nurses.

The increased sense of well-being and career satisfaction that results from participation in this humanities based professional development program also has significant implications for the healthcare system at large. The health care industry is struggling to develop and maintain a workforce of professional nurses (Buerhaus, 2009). The retention problem can be related to multiple factors but is frequently associated with increased stress, feelings of burnout, and moral distress (Corley, Elswick, Gorman, & Clor, 2001). The study findings imply that engaging nurses in strategies that assist them in reconnecting with their professional values and ideals and increasing their career satisfaction would be useful to retaining nurses and addressing the issue of moral distress. This approach to the problem could be used in conjunction with the current methods being employed by health care institutions. Unlike the traditional methods used to improve retention which tend to be costly to the healthcare organization (increased salaries, paid time off, flexible benefit packages) and do not address the internal issues of moral distress or burnout, this type of professional development program is more fiscally
manageable particularly if used proactively to help in the process of maintaining career satisfaction through an appreciation for the role of the nurse and pride in being part of the profession of nursing.

The implications for the nursing practice and the health care industry extend beyond improving career satisfaction and well-being. Study findings imply that this sense of increased career satisfaction and an acute awareness of the professional values and ideals that are central to the practice of nursing have the potential to improve patient centered care. According to the study findings, as the nurses experienced a heightened awareness of professional values and ideals such as empathy, integrity, accountability contributed to an increased attentiveness to their patients’ needs and to the provision of quality care. The potentially positive impact on quality of care for patients and increased career satisfaction for nurses imply that professional nurses, healthcare institutions and patients should consider advocating for programs that encourage the use of humanities based strategies such as reading and creative writing to assist nurses in reconnecting with their professional values and ideals.

The implications related to nursing are not limited to the practice realm but also impact nursing education. Though the findings of this study were based on the experiences of practicing nurses in a professional development program, several of the findings do apply to the baccalaureate and advanced education of nurses. Students at every level of nursing education could benefit from the implementation of humanities based strategies as identified in the findings of this study to assist students in gaining insights into the core professional values and ideals that guide professional practice. These same strategies would be useful in graduate education to assist professional nurses
in identifying and reconnecting with the core values and ideals of the profession while preparing for the transition to an advanced practice role (i.e. nurse practitioner, nurse anesthetist, nurse educator).

**Humanities and Arts in Healthcare**

This study also has implications for the field of humanities and arts in healthcare. The findings provide evidence to support the development of humanities based learning opportunities for nurses and other health professionals. Because of the many demands associated with providing care in the high stress environment of healthcare, health professionals from all disciplines (i.e. medicine, physical therapy, social work) may benefit from opportunities to explore their professional role through the use of humanities based strategies such as those used within this study. Though the individual disciplines do vary, many of the humanities approaches could remain consistent. Because the field of medical humanities is well established within many academic medical institutions, this study implies that these programs could provide important humanities based learning opportunities for nurses and other health professionals. It also supports the expansion of these programs to involve faculty from a variety of health disciplines in order to expand the depth and breadth of the programs provided.

Similarly, findings from this study also support the newly emerging field of arts in healthcare which “seeks to transform the healthcare experience by connecting people with the power of arts at key moments in their lives” (State of the Field Committee, 2009, p. 1). The focus of these arts and humanities programs is two-fold including the patient and the healthcare provider, however much of the evidence supporting these programs is anecdotal. This study provides needed empirical data to encourage further development
of programs involving humanities based strategies such as reading and creative writing for nurses and other health care professionals. The study supports the implementation of arts in healthcare programs because of the tremendous potential that exists to improve the well-being of nurses and all healthcare professionals through these innovative arts based strategies. Health care organizations should be encouraged to take the first step by developing small program opportunities such as the one used in this study and then growing these programs as evidence of effectiveness develops. Findings from this study imply that the interest and motivation to participate exists among nurses and a similar response may be found among other members of the healthcare team.

The study findings imply that interest and motivation was sparked by the uniqueness of this professional development program including the use of humanities based reading and creative writing strategies and the focus on professional values and ideals. The innovative approach of this program was identified as an early motivator for participation which implies that a gap exists in the professional development and continuing education of nurses. This type of program begins to address that gap.

Through the development of this action research study, several very practical aspects of implementing a similar program based on reading and creative writing strategies have been identified. First, the format and durations of the program and the learning environment are crucial in creating a positive learning experience that provides for adequate individual reflection and group discussion. Time for self-nurturing and critical reflection is something the study found to be missing in the daily practices of the participants prior to taking part in the study. Therefore, it is imperative that programs of this nature provide adequate time and a relaxed atmosphere that does not feel hurried.
Participants can build relationships and establish a sense of trust among themselves and with the educator. This can be accomplished by scheduling multiple sessions with approximately one week between group sessions, limiting sessions to approximately 90-120 minutes, and meeting in a space outside of the work environment but within close proximity to the workplace. The study showed that by allowing one week between sessions, continuity was maintained and information remained fresh while also providing adequate time to reflect and process new insights and to prepare for the next meeting. The time frame of 90-120 minutes per group session was adequate. It was important to remain within this time frame because of the busy professional and personal lives of the participants. The participants remained engaged for this time period and did not appear to lose interest. The meeting space should be relaxed and supporting of conversation and interaction among the participants while being easy to access for logistical purposes. Creating this learning environment will open a space for introducing the reading and writing strategies that will guide the exploration of professional values and ideals.

The most effective humanities based strategies were discussed at length in Chapter 5. These are useful strategies to draw upon when developing a program. A few key practices were noted to be most helpful when selecting the reading and writing activities. Overall, reading materials should be brief (able to be completed in one 15-30 minute time frame) in order to be well received. The findings indicate that nurses have a tremendous appreciation for the written works of nurse authors and these pieces resonate with the nurses helping to generate new ideas. The study findings implied that participants were inspired by the writing accomplishments of the nurse authors. (See Appendix F) Because nurses may be new to creative writing, the readings can also
provide examples from which to draw upon when completing the writing activities. The findings imply that writing prompts were very useful in helping the nurses to consider their professional values and ideals while also helping them to consider the various influences on their values and ideals. Because the comfort levels with writing are very variable, nurses should be encouraged to work within their personal comfort zone. Similarly, the nurses should be offered time to share in discussion but this too should be guided by their level of comfort. Because of this learner centered approach, the facilitator can expect a variety of written responses and group participation. (See Appendix C)

**Professional Development**

The findings of this study have practical implications for the professional development of nurses and other health professionals. Professional development is significant to nursing and health care institutions. Meaningful professional development opportunities offered at nurses’ places of employment may increase nurse retention (Ulrich, Buerhaus, Donelan, Norman, & Dittus, 2005). Though the majority of nursing professional development programs are focused on specific skills and competencies needed to provide safe and effective patient care, research has indicated that these programs should also enhance personal development in order to increase job satisfaction (Andrews, 2004; Donelan, Buerhaus, DesRoches, Dittus, & Dutwin, 2008). The findings of this study support the connection between professional development and career satisfaction and well-being. This sense of improved career satisfaction came from the renewed appreciation the participants had for their individual roles as nurses and from their pride in being part of this profession. Active participation in the career development
program helped the participants re-establish their connection to their professional values and ideals thus leading to an improved sense of well-being and satisfaction. Study participants recognized that this program of professional development was different from many of the programs they had attended over the course of their careers. For instance, this program was focused on their personal role as a nurse rather than focusing on a skill set or technology needed to improve patient outcomes. This shift in the focus of professional development programming has the potential to increase the effectiveness of continuing education programs on nurse retention and career satisfaction. The findings support the idea that as nurses participate in professional development, they are not only seeking learning experiences to increase their skills reflecting the science of nursing but are also seeking skills reflecting the art of nursing. The science of nursing reflects the technology and advances in disease management and is considered essential to nursing care. The art of nursing considers the altruistic qualities such as empathy and integrity needed for quality patient care. This attention to the art of nursing may have the potential to touch upon what makes nursing unique and what brings satisfaction to the nursing role. The findings show that the use of reading and creative writing are strategies and tools that can be used in professional development programs to address the art of nursing.

The study findings also indicated that nurses are seeking professional development activities that nurture them as individuals by providing opportunities for personal reflection and sharing with other nurses. Frequently, professional development programs are very teacher centered and focus on the dissemination of knowledge from the educator to the learner. What this study indicates is that nurses are seeking time for personal nurturing and the establishment of connections with other nurses. As
professional development programs are created, it is important to consider a few key points to assure that programs will be opportunities for nurturing and personal development. To begin, participants of professional development programs should have the opportunity to participate in creating the agenda and the focus of the continuing education program. Next, time should be made available during professional development programs for the sharing of experiences and for interaction among participants. It is during this time for critical reflection and discourse that ideas are processed and the participants may be more likely to appreciate the learning that is taking place. Too often professional development programs have extensive agendas with immense quantities of information, but little time for assimilation of ideas or networking with other participants. Providing a window of time for reflection and sharing could potentially improve the effectiveness of professional development programs. Finally, nurses are seeking opportunities for professional development that challenge them to move outside their comfort zone. The responses to this study indicate that nurses are motivated by new approaches to professional development and value “outside the box” opportunities for continuing education. Educators in continuing education programs should take the opportunity to explore their own creativity as teachers in order to expand upon the types of programming they are providing. Innovative and creative opportunities could potentially motivate not only the participants but also the professional development educators.

**Section 3: Addressing Limitations and Directions for Future Research**

This section will include a discussion of specific limitations related to this study as well as recommendations for future research.
Limitations

Limitations of this study were addressed in chapter one. Three of these limitations will be revisited here. One limitation was that I, as the researcher, facilitator, and active participant in the program, hold a perceived position of power that may influence the degree of freedom that students feel to honestly express their feelings. I am also a nurse committed to a long standing career in nursing. My career longevity and overall satisfaction with my role as a nurse may also influence their ability to openly and honestly share their opinions of dissatisfaction. I attempted to alleviate this limitation by promoting a safe, secure and trusting learning environment. My attempts included: (a) Creating a quiet, relaxed, private meeting space in a living room at a local coffee shop away from the health care environment. I positioned the furniture in an open circular arrangement or we met around a large conference table. (b) Establishing a set of ‘group rules’ agreed upon by all participants in the first session. These focused on keeping the shared personal and professional information confidential and within the confines of the group meetings and respecting the opinions and ideas of each participant. (c) Modeling appropriate behavior.

During my interaction with the participants whether in group or interview sessions, I demonstrated active listening, posed open ended questions, and reflected the participants’ responses back to them. I offered constructive criticism and redirection in a respectful manner while appreciating the differences in viewpoints. I also encouraged them to challenge my viewpoints if they contrasted with their own. (d) Creating participant ownership for the session topics and assignment. To begin the program, the participants developed a list of professional values and ideals that they agreed were central to the
practice of professional nursing. During each session as a plan was developed to address the next topic identified on this original list, the participants were encouraged to share ideas for reading and writing activities and they were fully involved in selecting meeting dates and times. Each of these strategies is also consistent with the fostering of transformative learning.

The students indicated that they appreciated these strategies as they empowered them to feel comfortable sharing personal feelings and experiences. They felt their opinions and ideas were valued by me as well as the other participants. However, the participants were never completely able to reconcile my various roles particularly the role of researcher. They indicated that because this study was directly associated with my doctoral work, I was ultimately the person in control. This was particularly noticeable when they were indecisive about the plan for an upcoming session or when conflicts in opinions occurred; they looked to me as the person with the final voice. I also noted that when the participants moved into the role of facilitator and I assumed a participant role, the participants often directed questions or responses to me rather than to the participant facilitator.

Another limitation discussed in chapter one was my limited experience in carrying out action research. To address this limitation, I strived to establish trustworthiness of the study by collecting qualitative data from multiple sources (journal entries, writing pieces, pre and post interviews, field notes etc.). The plethora of data provided triangulation and this served to enhance the trustworthiness of the study. Although I never carried out a formal study on the use of humanities based strategies to explore professional values and ideals, I had incorporated similar strategies into several
other nursing education courses and was comfortable with this approach. Overall, my experience as a nurse educator and my commitment to developing a trustworthy study contributed to the participants’ overwhelmingly positive response to this action research study.

The third limitation was use of voluntary participation and self-selection of the participants to the study. This created a mix of participants with varying degrees of career satisfaction, attitudes regarding the profession of nursing, and experiences with reading and creative writing. This was at times a significant challenge particularly in the first sessions when the participants did not yet know each other and a trusting environment was not yet solidified. To encourage the free expression of feelings of both satisfaction and dissatisfaction with their careers, I worked to assure that everyone had an opportunity to speak if desired. At times I posed a question to try to encourage sharing of both positive and negative opinions regarding the profession of nursing as a way of involving more participants. Similarly when I realized that one participant in particular had extensive experience and interest in creative writing, I tried to assure that she was not always the first participant sharing her pieces or monopolizing the discussion. This had the potential to silence some of the participants because her writings and ideas were perceived to be better than their own and therefore they did not feel like they had anything of substance to share. I made a point of providing the same type of positive reinforcement for group sharing regardless of skill level. By the later sessions these issues did not appear to be as significant due in part to my efforts coupled with the positive group dynamics that developed over the course of the program.
Suggestions for Future Research

This study adds to the body of knowledge for nursing, humanities, transformative learning and adult education; it answers specific questions about the use of reading and creative writing strategies to assist nurses in exploring their professional values and ideals. The study also provided valuable insights into the process of action research as a new and emerging methodology within adult education.

Further research endeavors could explore the longitudinal effects of participation in this action research study on the career satisfaction and well-being of the participants. Similarly, replicating this study with the addition of a quantitative tool to assess career satisfaction and well-being would be useful in providing a better understanding of the degree of impact the program has on career satisfaction. In addition, this research design could be replicated in specialty practices or units within a healthcare organization to explore the influence not only on the individual well-being of the participating nurses but on the overall morale of a specific practice area. Because there is a significant emphasis on interdisciplinary education within the health professions, future research could be directed toward the use of humanities based strategies to explore the professional values and ideals of the interdisciplinary healthcare team.

Section 4: Personal Reflections

As I take time to reflect upon this incredible learning experience, I realize that the experience has influenced me as a researcher, a nurse, and as a human being. I will briefly share some of the insights I have gleaned from my action research study as they relate to each of these roles.
This action research study grew from a desire to do something that would not only benefit me as a doctoral student but would have the potential to benefit the participants. When introduced to action research, I was intrigued by the methodology particularly the opportunity to have extensive interaction with my participants and to create a study that would have relevance to the participants. At the same time, I was daunted by the degree of flexibility required for this type of research. I like to work with a plan and have a structure for most things in my life and certainly in my professional and academic endeavors. My new role as an action researcher really stretched me out of my comfort zone. I quickly discovered how similar the research process is to the nursing process and I felt very comfortable using interview techniques that encouraged open expression and required active listening. In that respect, I was gaining confidence in my role. Working with the participants to plan and implement each session was a greater challenge, but the element of surprise that was constantly present was very motivating. I was also motivated by the enthusiasm of the participants. They expressed genuine excitement and interest in the research I was conducting and in my success in the research process. As the plethora of data began piling up in my office, I suddenly had a realization that although the participants had been an integral part of the action portion of the study; the data analysis was going to be an independent endeavor. I was not prepared for how much time would be involved in reading, organizing, and coding the data. I discovered what it means to “let the data speak to you” – this happens only after you have worked with the data for countless hours and suddenly you are awakened from a perfectly good sleep to a revelation about your data analysis. One benefit of action research that I discovered as I worked through the data analysis is that I really knew my participants and could hear
their voices speaking to me as I read their journals and writings. It was during some of these moments that I recognized how privileged I was to be doing this type of research.

As I wrote chapters four and five, I was constantly cognizant of the need to capture the voices of each of the eleven participants. I believe the process of action research really increased my level of accountability to my participants. It struck how important my role as a researcher is in providing a voice for those who committed to participation in my study. This was my greatest “AHA” moment. Will I do another action research study in the future? Absolutely.

As a nurse, I have reconfirmed my belief that this is a career with limitless opportunities. I am energized to move forward with my latest new role as a nurse researcher. Before this study, I viewed research with the same trepidation that many of my nurse colleagues experience. But now with a bit of experience, I view research as yet another opportunity through which to embrace nursing. My hope is that I will share my enthusiasm and insight with other nurses—particularly those in clinical practice where research often remains yet another thing to do.

As a nurse educator, I am constantly aware of how creative nursing students can be when given the time and space for this type of learning. Unfortunately from my vantage point this creativity is not always recognized or encouraged in nursing education or within clinical practice. I was thoroughly impressed by the intelligence, insights, and creativity displayed by the nurses in this study. This affirms my belief that nurses are not developed using cookie cutter molds and expectations but by building on their unique strengths and creativity.
As a result of this study, I have evaluated where I would like to move my career in the future. Though I will continue as a nurse educator, I will also seek opportunities that support and encourage my new role as a nurse researcher and I will seek to teach in an environment that promotes the creativity of both students and faculty. Most importantly, I have resolved to avoid compromising my career satisfaction and well-being as a result of institutional pressures and expectations. I am proud to be a nurse and I hope to use my abilities to promote this same pride in my students and nurse colleagues.

This research project has confirmed two insights that I have suspected for some time about myself but have not critically reflected upon until now. To begin, I have no patience for my own shortcomings. Pursuing an action research study forced me to confront my personal shortcomings in multiple areas including: knowledge of the action research process, managing a schedule that was constantly evolving, and failing to meet my own self-imposed (and most often unrealistic) time frame. I realized toward the end of the study that this lack of patience makes me frustrated and negatively affects my work and my sense of well-being. I am trying to be kinder and more realistic with my expectations of myself while also trying to focus on the process rather than rushing ahead to the outcome.

I have also come to terms with the fact that I am at a juncture in my career path. This is a healthy realization and I feel very fortunate to be in a situation where change is an option. The study has confirmed that I am open to exploring new directions for my career and completing this study has given me confidence to pursue new opportunities. My found poem from the session on empowerment seems to best express these feelings.

Knowledge as a foundation.
Opportunity to create change.

Inner confidence.

Moving forward.

**Summary**

This chapter provided a discussion of the study’s relevant findings. The findings were organized into two categories including those related to transformative learning theory and adult learning and those related to humanities in the healthcare. Relevant findings related to transformative learning theory and adult learning included learner readiness, fostering transformative learning, spiraling back, and epistemological change. The discussion of relevant findings related to the humanities in healthcare included the role of humanities in the education of health professionals and extending the use of narrative medicine into the education of nurses and other health professionals. Also included in this discussion was the use of expressive writing as a method of exploring and managing stressful and emotional experiences while concurrently creating new meaning related to professional values and ideals. This chapter also considered the implications for practice related to this action research study. In particular the benefits and limitations of using humanities based strategies to assist nurses in reconnecting with their professional values and ideals were identified in relationship to the disciplines of nursing, humanities, and professional development. Limitations of the study were identified specific to the experience of the researcher with the action research methodology, the influence of the researcher as a nurse and program facilitator, and the self-selection process used to identify study participants. Suggestions for future research were provided and focused on several areas including a longitudinal study of the well-
being and satisfaction resulting from participation in this program, replication of the study in specific nursing specialties and nursing units, and replication of research focused on interdisciplinary groups. The chapter concluded with a personal reflection related to the action research study on my roles of researcher, nurse, and individual.
References


APPENDIX A

RECRUITMENT FLYER

Do you remember why you chose nursing as your career path?

Be Renewed!

Are you stressed or distressed in your current role?

Be Refreshed!

Do you strive to provide competent and compassionate care?

Be Reconnected!

Reconnecting with Your PASSION:

Story and Professional Nursing

This eight session professional development research study will integrate engaging readings, stimulating group discussions, and creative writing activities to help you explore your passion and commitment to nursing.

The primary investigator for this study is Melissa Snyder MSN, CRNP and Doctoral Student in Adult Education at Penn State Harrisburg

This program will be offered as part of an action research study. To be eligible for participation you must be currently employed as a registered nurse, have at least five years experience as a registered nurse and have at least a bachelor’s degree in nursing.

To learn more about enrolling in this program, contact Melissa Snyder by phone at 570-648-3217 or by email at mjs314@psu.edu by October 27, 2010. Program is expected to begin in early November 2010.

Enrollment will be limited to 15 Participants.

Participants will receive 10 continuing education credits through the Pennsylvania Nurses Association upon completion of the program.
Dear Nursing Colleague,

As a nurse, you are constantly giving of yourself for the well-being of others. It is time for you to have an opportunity to nurture yourself AND your career. A FREE professional development research study, Reconnecting with Your Passion: Story and the Profession of Nursing is being offered to you on site. Not only will you be REFRESHED, RENEWED, and RECONNECTED but you will also earn 10 continuing education credits for completing the program!

This program is part of my action research study to fulfill the dissertation requirements for the Doctoral Program in Adult Education at Penn State Harrisburg. If you are interested in participating, please open the attached flyer for more information about the program and how to register.

Thank you for your time and attention. I hope to meet you at RECONNECTING WITH YOUR PASSION: STORY AND THE PROFESSION OF NURSING!

Sincerely,

Melissa J. Snyder MSN, CRNP

Doctoral Student

Adult Education Penn State Harrisburg

School of Behavioral Science and Education
APPENDIX C

SESSION FORMATS

Session 1: Identifying Professional Values and Ideals

Journal Entry - (during group session)

Create a list of what YOU consider to be important values and ideals in professional nursing. Provide examples if you feel moved to do so.

Journal Entry – (home)

Reflect on your experience of becoming a participant in this research study. What are your first thoughts about the experience? What are your personal goals for participating? Be honest!

Jot down any books or other works about nursing that you would be interested in reading and discussing as a group.

Read one, two, or three of the following This I Believe Essays...

*The Power of Presence* by Debbie Hall

*Tomorrow Will Be a Better Day* by Josh Rittenberg

*Always Go to the Funeral* by Deirdre Sullivan

Writing Activity – Set aside 15 minutes of uninterrupted time and respond to the writing cue – This I Believe (about being a nurse)... You may jot down a few quick thoughts, an outline, or a complete piece.

“*The scariest moment is always just before you start. After that, things can only get better*”.

*Stephen King – American Author*
Session 2: The Call to Nursing

Journal Entry - (during group session)

Reflect upon your decision to become a nurse. What drew you into the profession? What internal and/or external factors influenced your decision to become a nurse? How did it FEEL to be a nursing student?

Journal Entry – (home)

Reflect upon the values and ideals that were important to you at the onset of your nursing career. Is there a particular example from your early nursing career that illustrates these values and ideals? How does it feel to reflect upon your time as a student nurse or a novice nurse?

Continue to jot down any books or other works about nursing that you would be interested in reading and discussing as a group.

Read one or two of the following essays:

My Nontraditional Choice by Holly Anderson, RN, CCM

Why I Stay by Katherine Suzanne Harris BSN, BA, RN

Writing Activity – Set aside 15 minutes of uninterrupted time and respond to the writing cue: My Journey into nursing...

When you’re a nurse you know that every day you will touch a life or a life will touch yours.

~Author Unknown
Session 3: Creating Empathy – Sharing Stories

Journal Entry - (during group session)

How do you create an empathetic spirit in your professional role? How does your life experiences (personal/professional) influence your level of empathy?

Journal Entry – (home)

Now that we have completed three group sessions, how do you feel about using reading and writing activities to assist in reconnecting you with your professional values and ideals? What strategies seem to be most useful for you (i.e. group discussions, reading aloud, journaling, writing prompts)? Why? Does participation in this program influence our level of career satisfaction/well-being? Describe your response.

Read one or two of the following chapters:

Benched taken from Critical Care by Theresa Brown

The Diagnosis taken from The Butcher’s Daughter by Sandra Lesher Stuban

Writing Activity – Set aside 15 minutes or more of uninterrupted time and write our own illness narrative. Reflect upon how this experience has influenced your professional practice and ability to be empathetic.

TROUBLE GETTING STARTED?? -Consider reading the chapter on Personal Essays taken from Courage and Craft by Barbara Abercrombie – This may provide insight or help to get you started with your own essays or narratives.

“Stories of caregiving can help us to sharpen our empathetic skills, enabling us to be better, more humane, and even more emotionally fulfilled providers.”

Courtney Davis
Session 4: Writing Our Stories – Sharing Our Stories

Journal Entry - (during group session)

Describe how it feels when you listen to or read the stories of other nurses. What have been some of your greatest insights? How does this type of activity influence your career satisfaction?

Journal Entry – (home)

You have now completed four sessions of this program. Describe any new insights you have about your professional role. How have your thoughts and/or actions within your professional role been affected by your participation? What are your reactions to the interview/discussion with author, Patsy Harman?

Read one or two or all of the following readings:

‘Kasmar’ pages 39-44 and 91-91 from The Blue Cotton Gown by P. Harman

The Fine Art of Apology: When, Why, and How to Say “I’m Sorry” by R. Kevin Grigsby (This is a different writing form than we have looked at thus far)

Live and Help Live from Kitchen Table Wisdom by Rachel N. Remen, MD

Writing Activity – Set aside 15 minutes or more of uninterrupted time and respond to this writing prompt: Accountability is...

It is not only what we do, but also what we do not do, for which we are accountable.” Moliere
Session 5: Accountability

Journal Entry - (during group session)

What new insights have you discovered about yourself and your profession during this program? What areas are in interested in exploring in more detail.

Journal Entry – (home)

Create a metaphor to describe the way participation in this program has influenced your professional role. If this program has not influenced you in any way, discuss your thoughts as to why it has had no influence.

Read one or two or all of the following readings:

- *Nurses and Empowerment: Empowering and Being Empowered*
  - Handout - The process of Empowerment and Workplace Empowerment
  - Nurse Ratched taken from *One Flew Over the Cuckoo’s Nest* by Ken Kesey

- *The Secret Garden* – Children’s Book – Reread it or Read it for the first time

- *Lord of the Flies* – read the synopsis of themes – handout

Writing Activity – Set aside 15 minutes or more of uninterrupted time and reflect on *One Flew Over the Cuckoo’s Nest*. We have all known a “Nurse Ratched” in our nursing careers. Can you recall one incident which illustrated how your “Nurse Ratched” may have lost her control and/or power over others? If not, why was she able to continue to wield such influence without consequences?

“There is only one real failure in life that is possible, and that is, not to be true to the best one knows.”

*Farrar*
Session 6: Empowerment

Journal Entry - (during group session)

Both *The Secret Garden* and *Lord of the Flies* illustrate empowerment. What does the word mean to you personally as a nurse?

Journal Entry – (home)

Part 1: Which empowerment quote did you like best from the list and why? If someone asked, how would you answer – what does empowerment mean to you in one sentence?

Part 2: Define integrity. How did you learn integrity?

Read any combination of the following readings:

Definition of Moral Distress from *Case Studies from Nursing Ethics*

*Honest Abe* by Adam Khan taken from *Self Help That Works*

*The Emperor’s Seed* unknown folk tale

Eric Liddell - Taken from Google site [www.hyperhistory.net](http://www.hyperhistory.net)

Writing Activity – Set aside 20 minutes or more of uninterrupted time and reflect on a situation that commonly occurs in your practice setting that creates moral distress for you and the staff you work with. Is leaving the unit or the hospital the only way of resolving the distress? What would need to change to resolve the distress and is such a change possible? Who might facilitate the change?

“Integrity is what we do, what we say, and what we say we do.” – Unknown author
Session 7: Integrity/Moral Distress

Journal Entry - (during group session)

Consider the following critical thinking questions.

How would you describe your unit’s moral agency (the ability to habitually act in an ethical manner)?
1 2 3 4 5 6 7
Zilch........................................................................................................Prepared to address any challenge

How would you describe the degree of moral distress you and your staff/team typically experience on a daily basis?
1 2 3 4 5 6 7
None at all..................................................................................................Off the charts

How would you describe the degree to which your staff/team’s moral distress is negatively affecting morale on your unit?
1 2 3 4 5 6 7
We hit the bottom.........................................................................................Flying high

How are YOU able to positively impact your unit’s degree of moral distress? Be specific.

Journal Entry – (home) Please take time to respond to these questions and return them to me at your final interview.

What have you learned about each of the following by participating in this program?

My self
My colleagues (those in the group)
My profession (all nurses at large)

What was your greatest “Aha” moment during this program (a time when you thought “I have learned something new” or “I had never thought about ____ in that way before”)?
APPENDIX D

PRE-PARTICIPATION INTERVIEW GUIDE

Data Collection Instrument: Pre-Participation Interview Guide

1. What is your current level of nursing education?

2. How many years have you been practicing as a registered nurse?

3. Where you are currently employed?

4. Describe your interest in reading and writing activities.

5. Discuss why you are interested in participating in this workshop.

6. What values and ideals do you consider important in your role as a nurse?

7. Describe an experience in your role as a nurse that caused you to question your values or ideals.

8. Describe an experience as a nurse that may have caused you to act in a way that did not align with your professional values and ideals. How did you feel during this time?

9. How do you typically manage stress or difficult work related issues?

10. How would you define your career satisfaction or well-being?
APPENDIX E
POST PARTICIPATION INTERVIEW GUIDE

Data Collection Instrument:  Post Participation Guide

1. What roles did writing and literature have in your professional life prior to participating in this workshop? Describe your views of writing and literature since participating in this workshop?

2. How do you view the use of literature and writing activities as tools to reconnect with your professional values and ideals?

3. Describe a particularly useful activity in this workshop. Describe an activity that was not useful. What was the difference between these two experiences?

4. How did participation in this program affect your career satisfaction or sense of well-being?

5. Describe how participation in this study will influence your future role as a professional nurse.

6. Describe your experience in an action research study? What was most useful about the experience? What was least useful?

7. Were there any specific discoveries during this program that changed your perspective on your professional nursing career? If so, describe.
APPENDIX F

PARTICIPANT INFORMATION SHEET

Name:

Current Position/Title:

Number of Years as an RN:

Brief Work History:

Work Address:

Email Address:

Home Phone:

Cell Phone:

Work Phone:

Typical Work Schedule:

Reason you are interested in this program:
VITA
Melissa J. Snyder

EDUCATION:
Post-Masters Certificate, University of Pennsylvania, Nursing Education, April 2005
MSN, Widener University, Family Nurse Practitioner, August 1997
BSN, Lycoming College, Nursing, May 1990

PROFESSIONAL EXPERIENCE:
Assistant Professor of Nursing, Bloomsburg University of Pennsylvania, Bloomsburg, PA August 2007 to present
Instructor of Nursing, Thomas Jefferson University, Danville, PA, August 2005 to July 2007
Family Nurse Practitioner, Geisinger Health System, Danville, PA, August 1997 to present
Registered Nurse, Pediatric Intensive Care Unit and Pediatric Oncology, Geisinger Health System, Danville, PA, March 1991 to December 1995
Registered Nurse, Adult Medical/Surgical Unit, Penn State Milton S. Hershey Medical Center, Hershey, PA, May 1990 to March 1991

PUBLICATIONS:

SELECTED PRESENTATIONS:
Reconnecting with Your Passion: Story and Professional Nursing, podium presentation at the American Association of Colleges of Nursing Baccalaureate Nursing Conference in St. Louis, Missouri, November, 2011


Angels, Devils, or Other: Television Media and Nursing. Podium presentation at the 58th International Conference of Adult and Continuing Education sponsored by the American Association of Adult and Continuing Education in Cleveland, Ohio, November 2009.

Health Literacy in Rural Populations: Practical Applications. Podium presentation at the 57th International Conference of Adult and Continuing Education sponsored by the American Association of Adult and Continuing Education in Denver, Colorado, November 2008.