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The Lived Experience of Choosing Nursing as a Profession

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The Lived Experience of Choosing Nursing as a Profession

by

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Dedication

To my father, path forger extraordinaire: You light the way for so many, Dad.

And to my mother, who made exceptional courage look easy.

Finally, to all nurses everywhere without whom it would be very dark . . . .

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Collaboration is the key to good works and this dissertation is no exception. I stand on the shoulders of my dissertation committee—Drs. Deborah Volker, Heather Becker, Linda Carpenter, Euk-Ok Im, and Michael Mackert—amazing (and patient) scholars all. I thank you for your support and inspiration.

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The Lived Experience of Choosing Nursing as a Profession

by

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The aim of this phenomenological study was to examine the lived experience of choosing professional nursing as a career and to explore the impact that public perception of nursing had on this choice for purposes of informing effective recruitment and retention strategies. Semi-structured interviews of 10 nurses who had been practicing between 11 months and two years were conducted. Five themes emerged from the data: Up Close and Personal/Exposure and Connection, The Image of Nursing, The Conflict Inherent in Nursing, Recruitment and Retention and the Work Environment. From these themes a description of the lived experience of choosing a career in nursing was formed. For these participants, the choice of nursing as a career bespoke a passion that had been affected—but not yet eclipsed—by conflict, compromised fulfillment, and the internalization of nursing and gendered stereotypes directly

influenced by the image of nursing. Recommendations involved proposals for the support and preservation of the passion for the profession newer nurses demonstrate as well as health policy initiatives for programs, including a new ad campaign for nursing, that would expose the public to the value of a career in nursing and educate them about the significance and complexities of nursing practice.

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Chapter 1: Introduction

As a profession, nursing is inextricably linked to social structure (Takase, 2004). Because public opinion is a powerful determinant of social structure (Stevens, 1992), stereotypes can be an impediment to the success of a profession dominated by women, especially within a culture that tends to value and respect one profession over another (Huffstutler, Stevenson, Mullins, Hackett & Lambert, 1998) and, historically, one gender over another (Fletcher, 2006). As members of a profession originally developed within a patriarchal, hierarchical institution (Fletcher, 2006), nurses have not only had to contend with associated stereotypical images such as angels, handmaidens to physicians (Hallam, 1998), and sex objects (Kalisch, Kalisch & McHugh, 1982), but they have also subscribed to and even reinforced these images themselves (Gordon & Nelson, 2005). Consequently, stereotypes affect nursing in many respects, including the ability to recruit people into the profession and the sabotaging of the self-confidence and values of those who are already members (Fletcher, 2007).

In addition, nurses "follow orders" and, thus, are typically perceived as subordinate to doctors by a public largely unaware that a viable nursing model of healthcare exists, much less understand the differences between the medical model and the nursing model. This lack of understanding effectively supports and is supported by a system in which the contributions of nurses are masked or unrecognized as such (Fletcher, 2006). Hence, the nursing profession struggles to inform the public of its inherent value to the healthcare system, and to communicate the different, albeit equally important, dimensions of medical treatment and primary nursing. Both biomedical

knowledge (patient's illness as disease process) and the holistic processes of healing as undertaken by nurses involve expertise and knowledge essential to the healing process (Hallam, 1998). Indeed, studies linking low hospital nurse staffing ratios to adverse patient outcomes (Clarke & Aiken, 2003; Clarke & Donaldson, 2008; Eschiti & Hamilton, 2011) validate the importance of nursing care to patient safety and recovery from illness. As the Institute of Medicine (IOM) acknowledged in 2004:

> Research is now beginning to document what physicians, patients, other health care providers, and nurses themselves have long known: how well we are cared for by nurses affects our health, and sometimes can be a matter of life and death. (p.2)

Recognition and acknowledgment of the contributions of nursing to healthcare are particularly important in light of the possibility this country will experience a shortage of 260,000 nurses by the year 2025 (Buerhaus, Auerbach & Staiger, 2009). Although this projection is considerably less than those made in earlier years, the magnitude of such a deficit would be twice the size of any shortage experienced in the past 50 years (Buerhaus et al., 2009). Currently, there are 135,000 unfilled Registered Nurse (RN) positions in the United States, partially attributable to fewer people entering nursing programs and choosing nursing as a career (American Association of Colleges of Nursing [AACN], 2012; Lynn, Redman & Zamorodi, 2006). Solutions to the shortage center on recruitment and retention issues, including the incitement to change and fortify the image of nursing (Bolan & Grainger, 2009; Seago, Spetz, Alvarado, Keane & Grumbach, 2006). If it is true, as some have suggested, that we are unable to act differently from our self-image (Fletcher, 2006; Strasen, 1992), then the projection of an

intelligent, autonomous, valued and valuable profession inspiring to both men and women becomes imperative for a healthy nursing profession robust enough to meet the healthcare demands of the 21st century.

Accordingly, changing public perceptions of nursing should be considered an important recruitment and retention strategy. However, the question arises: how can an image so ensconced in social structure be altered? Perhaps the answer lies within the culture of nursing itself and an assessment of how stereotypes are perpetuated by the members of the profession. If the design and implementation of effective, influential interventions depends on understanding the *meaning* of the specific experiences of those whom we study (Munhall, 2007), then any recruitment and retention strategies related to the image of nursing must include an exploration of the experience of choosing nursing as a profession and how the perpetuation of traditional stereotypes by those inside and outside of the profession impacts this choice.

Study Purpose

The purpose of this phenomenological study was to use an emancipatory lens to examine the experience of choosing nursing as a profession, that is, both the experience of the act of choosing nursing and the early experience of working as a nurse once this choice is made. Specific aims included the following:

1) To evaluate the effect of the image of nursing on these experiences,
2) To provide insights into how the decision to enter the nursing profession is made in order to inform effective recruitment strategies,

3) To explore the impact of this decision on the lives and working experiences of those making this choice in order to guide the development of successful retention programs,
4) To make compelling recommendations applicable to the development of robust recruitment and retention programs.

The research question directing this study was: What is the lived experience of choosing professional nursing as a career?

Background

The Nursing Shortage

A clear understanding of the nursing shortage is critical for recognition of the relevance of effective recruitment and retention strategies that are associated with perceptions of nursing. The current shortage is not limited to the United States (U.S.) but is global in scope, making it the top public health issue in the world (Keller, 2010). It is compounded by several factors, including an aging population of nurses. Significantly, nursing is the oldest workforce group in the United States, with an average age of 47 (United States Department of Health and Human Services [USDHHS], 2008). Only 29.5% of RNs are less than 40 years old (USDHHS, 2008), and 55% are 50 years old or older (Budden, Zhong, Moulton, & Cimiotti, 2013).

Fortunately, the shortage in the U.S. has appeared to ease somewhat as the number of licensed RNs increased to a record high of 3.1 million between 2004 and 2008 (USDHHS, 2008). In addition, high unemployment rates caused by the recession of 2008 have stimulated an increase in newer, younger RNs entering the hospital labor

market (Buerhaus & Auerbach, 2011). As unemployment rates continue to rise or hold steady, high rates of RN participation in the labor force are expected to continue (Buerhaus & Auerbach, 2011). However, because 77% of the increase in employment of RNs from 2001 to 2008 can be attributable to nurses over the age of 50 (Buerhaus et al., 2009; Buerhaus & Auerbach, 2011), it is expected that replacing them when they retire will continue to be challenging. Consequently, an examination of the effect of the choice of nursing as a career, especially upon younger nurses' lives, could not be more timely or more important.

Furthermore, of particular significance to this study was the conclusion drawn by Buerhaus and Auerbach (2011) that now is the time to prepare for the possibility of an upcoming shortage caused by an eventual jobs recovery period paired with an increase in RN retirement rates. Reinforcing the need for preparation is the anticipation of a substantial number—32 million or more—of new customers to the healthcare system with the passage of the 2010 Affordable Care Act (AACN, 2014).The development of effective recruitment and retention strategies is a vital priority.

Because future retirement rates will be substantial, experts predict this phenomenon can only be offset by an astonishing annual increase of 50–90% in graduation rates from nursing programs (AACN, 2014; Buerhaus et al., 2009). However, nursing schools are reporting two observations that are alarming for their incongruence with one another and for their implications. First, nursing schools declined enrollment for 79,659 qualified applicants to baccalaureate and graduate nursing programs in 2012 primarily due to a shortage of nursing faculty (AACN, 2014), and, although there was a

2.6% increase in enrollment in baccalaureate nursing programs in 2013 (AACN, 2014), this increase was obviously not sufficient to meet projected demand.

Secondly, though more people are enrolling in nursing schools (Dickerson, 2007), fewer nursing students are actually graduating from these programs (McLaughlin, Moutray & Moore, 2010; Greenawalt, 2001). Two Canadian studies examining the change in baccalaureate students' perceptions of nursing from entry to graduation reveal that by the fourth year, students' initial belief that they could make a difference for others became weakened due to clinical experiences (Day, Field, Campbell & Reutter, 2005), and fourth year students were much less likely than first year students to believe that nursing is valued as a profession (Grainger & Bolan, 2006). Indeed, 13% of the fourth year students in the latter study verbalized the possibility of leaving the profession (Grainger & Bolan, 2006). This is supported by a previous study in which students withdrew from a nursing program after deciding they no longer liked or wanted to join the nursing profession (Bolan & Grainger, 2003).

These shortage projections and study results, coupled with a decrease in nursing faculty (AACN, 2014; Dickerson, 2007), support the fact that RNs will be retiring faster than they can be replaced (Buerhause & Auerbach, 2011; Lynn et al., 2006). Furthermore, more nurses are now employed outside of nursing due to dissatisfaction with the field (McLaughlin et al., 2010; Lynn et al., 2006). As Manion (2004) points out, the importance of recruiting into the profession is a moot point if those recruited do not stay. Alternatively, retention of nurses can significantly contribute to recruitment with the projection of job satisfaction that retention implies (Oulton, 2006).

Career Choice and Culture

Career choice must be viewed within the cultural context in which it is chosen. Specifically, because culture reflects beliefs, behaviors and the social construction of meanings for a particular group, it is intrinsically related to the power structures of the society in which it exists (Bell, 2000; Vandenberg, 2010). Individuals' experiences of social relations and the exercise of their choices—whether personal or professional—will reflect the ideology of the existing sociocultural institutions in such a way that these power structures may go unchallenged or, even worse, be unrecognized as such and become internalized (Bell, 2000).

In a patriarchal culture, sociocultural institutions are supported by a hierarchically gendered power structure, creating the perception that the hierarchy of gender is an organic component of society (Bell, 2000). Indeed, hierarchy is "eroticized" by a media (Bell, 2000, p. 200) through which representations of men and women inform and validate society's constructs of gender (Dahlborg-Lyckhage & Pilhamar-Anderson, 2009), thereby further legitimizing the power of masculinity and the disempowerment of women. Thus, the perceived suitability of behaviors and jobs for both men and women is influenced by subjective experiences of gender (McLaughlin, Muldoon, & Montray, 2010).

The fact that career choices are shaped by social values, norms and gendered roles—with the media being a major contributing factor (Dahlborg-Lyckhage & Pilhammar-Anderson, 2009; Dombeck, 2003; McLaughlin et al., 2010; Price, 2009)—is supported by studies showing that public perception of a profession influences the decision to enter into and to remain in that profession (Cunningham, 1998; Dahlborg-

Lyckhage & Pilhammar-Anderson, 2009; Romen & Anson, 2005). The influence of public perception on career choice is particularly significant for the nursing profession whose social relevance is undermined by its historical identification as women's work, thereby engendering a continuous struggle to enhance its image.

The Habits of Oppression

Nurses contend with gender oppression and medicine's marginalization as power/knowledge discourses (Foucault, 1980) that psychopolitically inform their ways of being (Pannowitz, Glass & Davis, 2009). Foucault (1980) challenges us to think of power and knowledge as interdependent (power is knowledge and knowledge is power) and, thus, as one concept, that of power/knowledge. Foucault (1980) and other poststructuralists contend that truth and meaning are co-created and power exchanged through the sharing of language-a conversation, if you will, between individuals and their societies (Duchscher & Myrick, 2008). Assuming this is true, then nurses have been holding up their end of the conversation in virtual silence. As members of a profession originally developed within a patriarchal, hierarchical institution, nurses have been the passive participants in this discursive co-creation of meaning, resulting in no real democratizing of power. The insidiousness of their oppression is exposed by the passivity with which they deal with issues of image, their participation in acts of horizontal violence, and their quiet tolerance of oppressive behavior, or being silent when they should be shouting.

Significance of the Study to Nursing

The purpose of this study was to develop an experiential understanding of why nursing is chosen as a profession and how the public perception of nursing affects this,

and to explore the meaning and the impact of the choice of nursing on the lives of those making this choice. Though many studies have examined how the choice to enter nursing is made, almost all of these have focused on the experiences of nursing students rather than those of professional nurses and the impact of this career decision on their lives. Significantly, the most recent U.S. study exploring the career choice of professional nurses was published in 1998 (Magnussen). Given the recent influx of new and returning nurses into the field due to the economic downturn of 2008 (Buerhaus & Auerbach, 2011), a study examining the process and the impact of choosing nursing as a career could not be more timely.

In addition, the fact that both men and women now enjoy a vast array of career choices and opportunities within contemporary society deemed an exploration of how nursing is chosen imperative for an assessment of nursing's future.

Knowledge of why nursing is chosen and the impact of this decision can: (a) contribute to the understanding of the impact of image on career choice in nursing and (b) aid in the formulation of psychographic descriptions of the experience of choosing nursing as a profession. Moreover, the study findings can support the design of creative methods for communicating the value and importance of the profession to the public.

Perhaps the most important contribution to the field is the potential that the study findings have to inform the development and expansion of effective recruitment and retention strategies. It is this potential for substantial change that underlies any discussion of the significance of this study to nursing.

Understanding the Impact of Image

Exposure to gender and nursing stereotypes can lead to their internalization, ultimately resulting in their perpetuation by both those inside and outside of the profession. Breaking this cycle could be key to the alleviation of any future shortages. Providing an avenue for the expression of what it is to choose nursing can result in a deepened understanding of how nurses are affected by traditional nursing stereotypes and how the profession itself reinforces these stereotypes. A broader understanding of this process is the first step in empowering those within the profession to reject nursing stereotypes and can generate both strategies and future studies as to how to arrest the continued subscription to such stereotypes.

Psychographic Descriptions and Improvements in the Education of the Public

Results from this study can used to formulate psychographic descriptions of the experience of choosing nursing as a profession. These descriptions can then inform the formation of powerful tactics for recruitment and retention, including the creation of advertising campaigns for nursing targeting both those needing to be recruited and those needing to be retained.

In addition, data from this study can provide insight into current methods of promotion of the profession. This is imperative for the facilitation of more dynamic and effective marketing strategies as indicated by the study findings. The necessary re-education of the public regarding complexities of the profession and the broad scope of nurses' responsibilities can then be achieved with a vibrantly far-reaching advertising campaign that communicates the essential message that nursing is an intelligent, autonomous, valued and valuable profession for both men and women.

Conceptual Orientation

Sensitizing Concepts

Any study exploring the experiences of a group marginalized from the inherent power structure system must reflect vigilance against inadvertently reinforcing a lack of power with both methodology and conceptualization (Meleis & Im, 1999). Indeed, empowering participants is the goal of emancipatory research and should be reflected in every step of the research process.

Furthermore, the defining principle of any qualitative study is to remain as true as possible to the research participants' experiences as a means of exploring and defining social processes. Reflecting a more postmodern approach to research, the use of sensitizing concepts to inform the development of a conceptual orientation protects against the imposition of an unsuitable lens and supports the idea that no *single* truth exists, that there is no one absolutely right way of seeing the world. Conversely, singular paradigms or cultural narratives such as patriarchy attempt to legitimize certain truths as underlying *all* human experience without regard for the diversity of this experience. These metanarratives fail to account for the reality of the multiple perspectives and manifold experiences of the members of society. Accordingly, employing sensitizing concepts helps ensure that potentially disempowering metanarratives are replaced by multiple realities elucidated by pluralist voices (Aranda, 2006).

The term sensitizing concept was originally coined in 1954 by the sociologist Herbert Blumer. Blumer (1954) distinguished sensitizing concepts from definitive concepts by explaining,

> A definitive concept refers precisely to what is common to a class of objects, by the aid of a clear definition in terms of attributes or fixed bench mark. . . . A sensitizing concept lacks such specification of attributes or bench marks and consequently it does not enable the user to move directly to the instance and its relevant content. Instead, it gives the user a general sense of relevance and guidance to approaching empirical instances. Whereas definitive concepts provide prescriptions of what to see, sensitizing concepts merely suggest directions along which to look. (p. 7)

Thus, sensitizing concepts may provide a paradigmatic lens through which to view the phenomena of interest while enabling the researcher to cultivate non-attachment to any prescribed meanings that might be imposed upon the experiences of others. The sensitizing concept refers to something observed, or sensed, but not yet concretized with a definition (van den Hoonaard, 1997). This allows the participants themselves to define the meaning of their experiences. Consequently, the possibility exists that sensitizing concepts will become more clearly operational as data are collected (van den Hoonaard, 1997), and/or may be deemed inapplicable, and, in true qualitative style, a conceptual orientation may emerge from the data that is contextually powerful and relevant to the question being asked.

Underlying the intent to use sensitizing concepts as building blocks for a conceptual orientation is the idea that all theory is conditional and represents specific perspectives of the phenomena to which it can be applied (Aranda, 2006). Hence, using sensitizing concepts contributes to the development of a study design that allows for the

emergence of those narratives marginalized by the more dominant discourse and contributes to an understanding of the study's findings.

During the course of this study, three sensitizing concepts emerged that appeared to be critical contextual elements overlaying the experience of choosing nursing as a profession. Accordingly, these concepts provided an analytic frame for the study. These three concepts were career choice, nursing stereotypes and the discourse of subordination.

Career choice.

Nursing as a profession is historically bound to its association with women, and as such, is strongly influenced by the dynamics of power inherent in any patriarchal culture or institution (Fletcher, 2006). Though it is true that not all nurses are women, it is a woman-dominated profession in which the social vision and experiences of its members are formed by their position in society; gender and power relations are considered as determinants of women's and any oppressed or marginalized groups' experiences. Thus, these are gendered views of the world. Subsequently, because a career choice cannot be divorced from its cultural context, and nursing has long been decreed as women's work, the decision to become a nurse can be considered a gendered decision.

Likewise, career choice cannot be separated from the point in history in which it was made. Unlike today, women's career choices in the past were generally limited to anything that was considered women's work, for example, caring for the sick, teaching the children, or cleaning the house. Currently, both women and men enjoy a boundless array of career choices. This fact, coupled with statistics such as 13%–70% of new

nurses leave nursing within their first year of employment and 26% leave within their second year of employment (Pellco, Brewer, & Kovner, 2009), compelled an examination of the experience of *newer* nurses choosing nursing as a career. Asking *why* newer nurses chose nursing in this age of virtually unlimited career choices and *how* this choice has affected their lives appeared relevant to any understanding of how to alleviate the current nursing shortage and strengthen the profession.

Nursing stereotypes.

As discussed previously, the image of nursing has always been problematic for a profession that frequently faces debilitating shortages. As part of a patriarchal, hierarchically organized healthcare system, stereotypes can be detrimental to the success of a profession comprised mostly of women. Common stereotypes are reflective of the gendered position the profession holds in society, and effectively construe nursing as dissociated from any semblance of intelligence. A particularly egregious example of this is found in a recent print ad from Sweden containing the line "TV series-hot nurses need only apply" (Moran, 2012). Of particular concern is the fact that the ad was defended by the female nurse executive of the hospital who expressed the desire to recruit nursing staff with a sense of humor.

This reinforcement of such nursing stereotypes as angels and sex objects by the media as well as members of the profession has been shown to affect recruitment into the field and retention of those already working. Notably, nursing students in the UK ranked the negative image of nursing as their top concern above pay and stress related burnout ("Students worry about public opinion," 2012).

The discourse of subordination.

The reinforcement of nursing stereotypes by nurses themselves is particularly troubling as it implies a complicity of subordination, an internalization of oppression. Indeed, as Kuhse (1997) explains, "History has burdened nurses with a number of metaphors that may well have inhibited their self-perception as autonomous and self-determining professionals" (p. 16). From the moment that Florence Nightingale insisted that "obedience" be a required trait of "good" nurses (Anthony & Barkell, 2008), the cultural narrative of subordination imposed upon women became the narrative of nursing as well (Freshwater, 2000).

Simone de Beauvoir, widely considered the first person to articulate a woman-centered philosophy, asserted that woman has historically been Other in the world and man has been Self (Vintges, 1999). Woman has been defined by what man *is not* rather than what woman *is*, and she has been complicit in her oppression by allowing the value of her experiences to be determined by society, or by the dominant group in society (Beauvoir, 1949/1952).

Similarly, nursing is perceived as inferior only as it finds itself existing within a patriarchal context (Kruks, 2005). The profession has long been defined by what medicine is not, or by what physicians did not want to do themselves (David, 2000), and as such, has "existed as the negative of medicine" (David, 2000, p. 88).

In addition, the fact that nurses "follow orders" supports the psychopolitical validity of the perception they are subordinate to doctors and that they are the "worker bees" of the healthcare system (Scarry, 1999). Because the nature of their work has historically been considered women's work and task oriented (again, doing what

physicians did not want to do), the concept of a task/time imperative is embedded within their collective psyche (Farrell, 2001). Patients are reduced to tasks—"I need to clean the section (cesarean section) in room 261"—and work is not done until all tasks are completed (Farrell, 2001). Nursing students frequently report disillusionment with the profession during clinical rotations (Pearcey & Elliott, 2004) precisely because they are thought of as "a pair of hands" (Bradbury-Jones, Sambrook & Irvine, 2011, p. 370).

There exists a dissonance between nursing as it is practiced and what it is initially perceived to be (Duchscher & Myrick, 2008). Nurses' ways of knowing become subjugated even as students to an imperative situated within the power/knowledge structures (Foucault, 1980) of a hierarchical system. Thus, adherence to this imperative contributes to the oppression of both nurses and their patients (Scarry, 1999), and allows nurses to collectively support detrimental cultural constructs by engaging in habitual acts that reinforce the socially sanctioned hierarchy of medicine over nursing (Alcoff, 2000; Beauvoir, 1949/1952; Kruks, 2005).

Assumptions

Underlying this study were the following assumptions:

1. Use of the term nurse indicated a registered nurse (RN).
2. Participants in this study were those with a willingness to disclose.
3. Participants disclosed honestly.
4. Insights into the experience of choosing nursing as a career were obtained from nurses' accounts of their lived experiences.

5. Critique of the metanarrative as the foundation of truth and reason reflected the fact that no single truth could be discerned from the multiple experiences of those choosing nursing as a career.
6. Personal narratives manifest from a multiplicity of realities and voices and can provide new meanings and realities while transforming oppressive ones.

Limitations

The limitations of this study included the restricted applicability of findings to a broader population of nurses. Because this was a phenomenological study, a small, purposeful sample was recruited from Austin area hospitals and clinics. Specifically, only those nurses practicing between six months and five years were interviewed; thus, the diversity of voices contributing to the making of meaning was defined by newer nurses. Hence, it could not be claimed that the experiences described by the sample were characteristic of all nurses' experiences, and thus, the process of "relocating the personal" (Kamler, 1996, p. 5) into social, cultural, or even political contexts was challenging. Consequently, the goal of the study to enhance the understanding of the experience of choosing nursing was related to those narratives and their meanings provided by the participants of the study.

Another limitation of this study concerned the fact that a phenomenological study by its very nature dictated that this researcher was also a participant. Though this shortened the psychological distance between researcher and participant, thereby diminishing participants' perceptions of this researcher as occupying a place of power and authority during the interview process, there was no guarantee participants disclosed freely and honestly.

In addition, despite precautions put in place, the question of researcher bias must always be considered when the researcher is a participant. The influence of the historical and cultural contexts in which this researcher and participants found themselves could not be denied, and though this might have enhanced this researcher's ability to relate insightfully and sensitively to the participants' experiences, it may also have increased the chance that bias was imposed upon the interpretation of the data.

Finally, although the focus of this study was the experience of newer nurses in the Austin area, it must be acknowledged that interviewing a more diverse population of nurses could yield more meanings of the experience of choosing nursing as a profession. It is a safe assumption that nurses of different generations, geographic locations, specialties, and positions as well as baccalaureate prepared nurses would provide distinctly different data than that generated by this study. Indeed, interviewing the oldest of old in nursing as to their experiences of nursing and motivations for remaining in the field would be valuable for any program examining recruitment and retention.

Summary

This study was intended to explore the lived experience of choosing nursing as a career and the impact the image of nursing had on this experience. In this introductory chapter, the background and significance of this study to nursing were discussed and the assumptions and limitations that were considered were listed. A conceptual orientation using three sensitizing concepts was explicated. This study aimed to develop an experiential understanding of why nursing was chosen as a profession and how the image of nursing affected this in order to provide insight into how to arrest the

perpetuation of nursing stereotypes as well as develop effective strategies and programs for recruitment and retention.

Chapter 2: Review of the Literature

The purpose of this study was to describe the lived experience of choosing nursing as a career and to assess the impact of the image of nursing on this choice. This literature review first explores the construct of nursing identity before focusing on research regarding nursing image and career choice.

Public Discourse and the Construction of Nursing Identity

Historically, nursing identity has been a feminine and class-bound construct. Care of the sick was often assumed by nuns as far back as the 16th century and assigned to prostitutes in the 17th and 18th centuries (Morris-Thompson, Shepherd, Plata & Marks-Maran, 2011). Before Florence Nightingale arrived on the scene in the 19th century, nursing work was regarded as little more than the domestic work of either holy or socially disgraced women. The influence of the profession's humble beginnings on the development of a professional identity is demonstrated by the tenacity with which these images are maintained within the public's psyche and, arguably, the profession's as well.

Accordingly, the image of nursing has been shaped by discourses related to femininity and how these are communicated and often perpetuated by mass media (Kelly, Fealy & Watson, 2012). Whether in the form of the 16th century nun caring for the sick as an act of holy obligation or Dickens' (1844) whiskey-loving, negligent nurse, Sairy Gamp, the image of nursing has always reflected the equivocality with which the public has regarded nursing knowledge.

Furthermore, the idea that public discourse has constitutive potential in its ability to secure and sustain simplistic depictions of complex concepts and people (Kelly et al., 2012) is realized with the assimilation of a one-dimensional Florence Nightingale as representative of nursing identity. Regaled as the "Lady with the Lamp" in both public and professional circles, Nightingale is best known for her attention to the sick and wounded. Often overlooked or even unknown is her pioneering work as a statistician creating statistical models still is use today in order to secure better outcomes for her patients (McDonald, 2010). As a profession, can the model of caring be embraced as the core component of nursing identity without perpetuating an image of subservience? Caring without acknowledgement or recognition of complexity of practice serves to further substantiate nursing knowledge as inferior or inconsequential to a general public who already believes that empathy rather than intellect is the driving force behind nursing (Morris-Thompson et al., 2011).

Similarly, the Florence Nightingale-dictated nursing traits of discipline, loyalty and obedience have been mythologized to the extent that the internalization of these traits by nurses was once believed to be imperative for the realization of professional socialization and, even more importantly, the projection of competence (D'Antonio, 2010). This continues today as evidenced by the fact that nursing is the only healthcare profession that doesn't require a four-year degree from its practitioners. As Chrisman (1998) stated, "*Nurses insist on being the poorest prepared of all the professions"* (p. 211, emphasis his), prompting the consideration that perhaps education has replaced class as a determinant of nursing identity (D'Antonio, 2010).

In summary, the construction of nursing identity and the meaning of nurses' work are decidedly shaped by nursing's origins. The meaning of work for members of any profession indicates a relationship between knowledge, identity and social status (D'Antonio, 2010). As previously discussed, two of these three components have been particularly problematic for the nursing profession, thus the meaning of nurses' work has found little validation outside the profession. This in turn has resulted in the profession's uneasiness with its own identity. The impact of this discomfort on one's decision to enter the field is important to consider when developing recruitment and retention strategies. The purpose of this review, then, was to examine the experience of choosing nursing as a profession in the literature and to evaluate the effect of the image of nursing on this choice.

The Image of Nursing

The Media

Much has been written about the portrayal of nurses in the media, some of which will be discussed later in this review. However, it is equally significant to consider the ways in which nurses and nursing studies are absent from the media rendering the complexities of nursing practice invisible to the general public. Although nurses comprise the largest group of women in science (Auerbach, Buerhaus, & Staiger, 2007), they are rarely cited in non-nursing publications. In the well-known Woodhull Study (Center Nursing Press, 1997), over 20,000 articles published in 16 newspapers, magazines and healthcare related publications were searched for quotes or references to nurses, physicians and dentists. In the nearly 2000 articles related to healthcare,

nurses were cited only 4% of the time, and in 142 articles from *U.S. News & World Report*, one nurse was referenced one time.

Moreover, while no studies of this magnitude have been recently conducted, examples of a disregard for the relevance of nursing in the lay press continue. For example, in an article in *The New York Times* addressing discharge planning for patients (Alderman, 2010) the author indicates that doctors are primarily responsible for implementing discharge planning into patient care. In spite of the fact that nurses actually developed discharge planning and continue to incorporate it into their plans of care (Morris-Thompson et al., 2011), no nurses or nurse managers were consulted for the article and the role of nursing in the discharge process was never mentioned.

Perhaps even more egregious, an article in *The Washington Post* focusing on difficult diagnoses (Boorman, 2010) related how within one year, five different medical specialists failed to diagnose a man's illness. Eventually, a nurse solved this medical mystery, but, strikingly, she was never named, cited or described within the 1300 word article.

Similarly, in a study examining the presence of nursing on 50 hospital Web sites, nurse-related content was difficult to find (Boyington, Jones, & Wilson, 2006). Less than half the sites (48%) connected a visitor to nursing items when the words *nurse* or *nursing* were typed into the search bar found on the home page; the remaining sites forced a visitor to follow multiple links before discovering any nursing information, thus implicating nursing as unimportant to the distribution of services within those hospitals. Indeed, only 5 of the 50 (10%) identified nursing as important for quality of care. All 50

hospitals were included on the list of *U.S. News & World Report*'s best hospitals in America.

Additionally, in a recent study analyzing the presence of nursing on National Cancer Institute-designated comprehensive cancer centers (CCCs) web sites, only two out of 40 CCC Web sites had oncology nursing representation throughout, and 63% had little to no content on nursing (Boyle, 2010). Conversely, medicine and other disciplines such as social work and pharmacy were broadly represented (Boyle, 2010).

The lack of acknowledgement of nurses' value to the healthcare system within scientific publications, the lay press and hospital websites guarantees that besides actual hospital stays and clinic visits, most of the public's exposure to nursing will be found in the realm of popular culture. Unfortunately, it is in this realm that nursing stereotypes are perpetuated. Consider a British study analyzing the content of 156 national and local newspapers for nursing stereotyping (Ferns & Chojnacka, 2005). Over a five-year period, the term "naughty" was associated with the term "nurse" 252 times. The next highest number of associations was 13 with "medical doctor." In contrast, the term "professional" was associated with nurses 187 times in comparison to 355 times with medical doctors.

Likewise, an analysis of TV medical dramas and recruitment campaigns (Dahlborg-Lickhage & Pilhammar-Anderson, 2009) found most nurses portrayed as working in a behind the scenes manner while appearing to prepare patients for the "'real work' of physicians" (p. 167). The reality of autonomous knowledge-based nursing was rarely if ever realized in these dramas mirroring the invisibility of nursing knowledge in the real world. Consequently, physicians were depicted as superior to nurses, though,

ironically, an important responsibility of the nurses was to care for the male physicians, sometimes to the point of engaging in love affairs.

More recently, the findings of a 2012 study of nursing images on YouTube support the fact that nurses continue to be portrayed in ways that undermine their value to society and the healthcare system (Kelly et al., 2012). Of the 10 most-viewed nurse and nursing videos included in the study, less than 50% depicted nurses as intelligent, educated and skilled. A significant 40% presented nurses as sexual objects and another 20% as witless and incompetent.

The Public

How do society's dominant discourses about nursing affect the public? According to one survey conducted just after the 2008 U.S. presidential election (Ferguson, 2008), 88% of the public surveyed (sample size unreported) thought that nursing was important for quality of health care, but focus groups expressed confusion as to what nurses do and displayed an inability to distinguish nurses from nursing aides.

Confusion about nurses' roles and responsibilities was also a finding of a qualitative study in which a total of 159 lay participants were involved in multiple in-depth interviews and focus groups examining the image of nursing held by the public (Morris-Thompson, Shepherd, Plata, & Marks-Maran, 2011). Large areas of misinformation about nursing were revealed that the study's authors directly attributed to what people had seen on television. For example, nursing was perceived as requiring few qualifications, save for empathy, giving the participants the impression that nurses lacked ambition, had low status, and thus had unfulfilled potential. Though nurses were thought to work hard, their work was seen as menial, and, like the Ferguson (2008)

survey, there was confusion as to the distinction between a nurse and a nursing assistant.

In contrast, findings of a larger survey of the public (n = 1600) led the authors to conclude that most participants were indifferent to the way nurses were portrayed on television shows (Donelan, Buerhaus, DesRoches, Dittus, & Dutwin, 2008). However, an impressive 25% of those surveyed had considered a career in nursing with 15% agreeing they had seriously considered it. Of these, only 2% had actually become nurses. The authors conclude that the 15% who failed to pursue nursing after seriously considering it as a career represents 1.8 million *potential* working nurses. This calculation signifies the need to further explore and evaluate the reasons those already in the nursing profession chose to be there and how to parlay the findings into the design of new recruitment and retention strategies.

Because research has shown that career choice is considered as early as the 7th grade (Erikson, Holm, & Chelminiak, 2004), studies examining the effect of the image of nursing on school age children and young adults is relevant to any review of the public perceptions of nursing. Current nursing research affirms that secondary school systems tend to promote medical school over nursing school with the brightest students being counseled that they are “too smart to become a nurse” (Brewer, Zayas, Kahn & Siendiewicz, 2006, p. 59). In addition, in a qualitative study of parents, teenagers and nursing students in the Boston area (n = 45), the student participants reported being encouraged to choose a career in medicine rather than nursing, and the teenagers repeatedly used phrases such as “only a nurse” to explain why they would not choose nursing as a career (Erikson et al., 2004). These findings support other nursing studies’

findings that medicine continues to be viewed by the public as more prestigious than nursing (Hemsley-Brown & Foskett, 1999; Seago, Spetz, Alvarado, Keane, & Grumbach, 2006; Whitehead & Ellis, 2007) and nurses continue to be perceived as subordinate to doctors (Seago et al., 2006; Whitehead & Ellis, 2007).

All of the reviewed studies found that a significant number of respondents viewed nursing as women's work. Indeed, in one study of over 3,000 college students (n = 3253) 16% agreed that "women are better suited than men to a career in nursing" (Seago et al., 2006, p. 101). Though this percentage may appear relatively low, it was double that of any of the other occupations measured. Furthermore, in the study conducted by Erikson et al. (2004) involving parents, teachers, teens, and nursing students, participants were asked to describe a nurse. According to the authors, *all* the respondents, without exception "described a young, sexy woman in a traditional nurse's uniform with a short skirt, white hat, and white shoes" (p. 84).

Nursing Students

The prevalence of the view of nursing as women's work within public discourse can be found in studies of nursing students as well. In a longitudinal study examining nursing students and factors influencing program completion (McLaughlin, Muldoon, & Moutray, 2010), findings indicated that those who completed their nursing program were more likely to perceive nursing as more suitable for women (mean = 28.02, sd = 2.95). Similarly, a qualitative study of 20 male and 20 female nursing students in Iran (Karabacak, Uslusoy, Alpar, & Bahcecik, 2012) found that the majority of students associated the word "nurse" with "female" or "sister."

Of particular relevance for this review is the fact that while nursing students reported believing they hold a higher regard for nursing than the public does, they were disheartened by the perceived lack of status and respect from the public (Ben Natan, 2009; Bolan & Grainger, 2009). Tellingly, in a sample of 358 students, only 7.4% believed the nursing profession had a positive image (M = 2.4, SD = 1.2) (Ben Natan, 2009), and in another study of 427 nursing students, fully 67.4% expressed that society entertained an incorrect perception of what professional nurses do (Milisen, De Busser, Kayaert, Abraham, & Diercks de Casterle, 2009).

Furthermore, by the fourth year of their program, many nursing students were less likely to believe that professional nurses feel good about what they do (Ben Natan, 2009; Bolan & Grainger, 2009; Brodie et al., 2004). This is supported by a study conducted by Milisen et al. (2010) that found that students' views of nursing were more positive than those of working nurses. Because attrition rates are strongly associated with the dissonance between expectations and experiences (Brodie et al., 2004), these results are particularly alarming for their implications regarding student retention. In addition, several studies revealed that up to 45% of students reported being discouraged from entering the profession by friends and family, citing the perceived lack of status of nursing as an issue (Bolan & Grainger, 2009; Day et al., 2005; Grainger & Bolan, 2006; McLaughlin et al., 2010).

Nurses

Studies of the effects of the image of nursing on nurses themselves have found that, in general, nurses view the profession and the work involved much more positively than what they perceive to be the public's opinion of nursing (Karanikola,

Papathanassoglous, Nicolaou, & Koutroubas, 2011; Morris-Thompson et al., 2011; Takase, 2004; Takase, Maude, & Manias, 2006; Varaei, Vaismoradi, Jasper, & Faghihzadeh, 2012). Despite a more positive view, however, the effect of the public's perception was evident in three studies in which nurses' intentions to leave the field were directly influenced by what they perceived to be a negative image of nursing (Dombeck, 2003; Takase et al., 2006; Varaei et al., 2012). In their study of 220 Iranian nurses, Varaei et al. (2012) reported that a significant 62.6% reported an intention to leave their jobs due to the public's perception of nursing ($x^2 = 12.886$, $P = 0.000$). Moreover, in a qualitative study of 12 Greek nurses, an essential theme emerging from the data concerned the public's image of nursing as a considerable source of professional dissatisfaction (Karanikola et al., 2011).

Nurses in several of the nursing studies echoed the sentiment expressed by nursing students that for the public nursing serves as a metaphor for feminine (Dombeck, 2003; Karanikola et al., 2012; Morris-Thompson et al., 2011). "'Faceless and female'" was the description nurses used in one recent qualitative study to describe their perception of how the public viewed them (Morris-Thompson et al., 2011, p. 689). Significantly, the nurses participating in another qualitative study (n = 36) agreed that they had all been deeply affected by the historical construct of nursing as feminine, and the author noted that the nurses themselves appeared unable to define nursing outside of its generally accepted images (Dombeck, 2003). For example, a female nurse speaking in one of the focus groups discussed how she could always identify a nurse in the grocery store or standing in line at the post office by her calm demeanor and soft, compassionate eyes. According to Dombeck (2003), no one disagreed.

The idea that nurses have difficulty defining nursing outside of the gendered construct with which it is so commonly defined is further exemplified with an Oncology Nursing Survey conducted in 1996 (Krebs et al.). Findings revealed that the most common words oncology nurses used to describe themselves were "caring" (22%) and "compassionate" (11%) with only 4% using the term "intelligent". Similar results were reported in a study conducted *10 years later* in which both the general public and RNs were asked to tell the first word that came to mind when they heard the term "Registered Nurse" (Donelan, Buerhaus, DesRoches, Dittus, Dutwin, 2008). Surprisingly, the public was much more likely to use words like "knowledgeable" and "skilled" while nurses gave words such as "caring," "care," and "compassionate." Again, only 4% of RNs used words such as smart, and none gave the terms "important" or "valuable."

Furthermore, studies reveal that male nurses in a female dominated profession report they often contend with an effeminate or homosexual stereotype (Harding, 2009; Jinks & Bradley, 2004), or, conversely, are only portrayed on TV or in medical brochures as holding leadership or management positions (Dahlborg-Lyckhage & Pilhammar-Anderson, 2009; Jinks & Bradley, 2004). Indeed, the male nurses in Dombeck's (2003) study reported being frequently mistaken for doctors. In addition, a man in nursing is often referred to as a "male nurse" by the public as opposed to just "a nurse" (McLaughlin et al., 2010), further distinguishing gender and validating the idea that the term nurse is used as a metaphor for feminine (Dombeck, 2003).

Summary

Clearly, nursing literature is rife with image scholarship. As demonstrated by the previous discussion, images of nursing have an inherent ability to inform the beliefs and

assumptions of both the public and nurses about the value of nursing. Much of the image scholarship has been centered on the public and nursing students and highlights in particular the media's influence regarding respect for nursing and recruitment into the profession. In addition, media stereotyping coupled with the invisibility of nurses' work in the lay and scientific press undermine nurses' self-confidence while shaping their self-image, affecting their work and influencing their intentions to remain in the profession.

Since 1982, nursing scholars have examined the image of nursing in an attempt to mediate the discipline's discourse with the public and within the profession itself (Kalisch et al., 1982). Despite this attempt as well as several ad campaigns, most notably Johnson & Johnson's recent Campaign for Nursing's Future, the nursing profession continues to be challenged in many ways by negative stereotyping. Interestingly, the last assessment found of the impact of the Campaign for Nursing's Future revealed that of the over 3000 nurses surveyed, 50% believed the Campaign had a positive impact and 50% believed it had no impact (Donelan, Buerhaus, Ulrich, Norman, & Dittus, 2005). Because one of the functions of nursing studies is to raise nurses' awareness and consciousness regarding issues that affect the profession (Kelly et al., 2012), scholarship addressing image continues to be imperative for a profession struggling to influence the way its members are represented.

Choosing Nursing as a Career

For more than a century, career choice has been a topic of speculation and debate for theorists and counselors alike (Leung, 2008). Theories of career choice have tended to focus on various constructs of person-environment fit (Dawes, 2002; Holland, 1997; Lent, Brown, & Hackett, 2002), including career development as a process of

implementing self-concepts developed over life-stages and influenced by vocational environments (Super, 1990) and/or genetic proclivities (Gottfredson, 2002). Of particular relevance for this study was Gottfredson's Theory of Circumscription, Compromise, and Self-Creation (2002) in which Gottfredson theorized career choice as a process of selection through the elimination of career alternatives that are less expressive of one's genetic inclinations. The implications of this theory for nursing were further explored in Chapter 5.

As discussed previously, the choice to become a nurse can be multifaceted, involving complicated self-identity processes. Not surprisingly, most studies of career choice in nursing focus on students. Interestingly, the most common reason given for choosing nursing was the desire to help others, to be of service to others (Beck, 2000; Day et al., 2005; Grainger & Bolan, 2006; Hemsley-Brown & Foskett, 1999; McLaughlin et al., 2010; Miers, Rickaby, & Pollard, 2007; Mooney, Glacken, & O'Brien, 2008; Raines, 2011; Rheaume, Woodside, Gautreau, & DiTommaso, 2003; Seago et al., 2006; Zysberg & Berry, 2005). Other motives included job security (Day et al., 2005; Hemsley-Brown & Foskett, 1999), observing nurses in action (Beck, 2000; Larsen, McGill, & Palmer, 2003; Prater & McEwan, 2008; Raines, 2011), having a family member as a nurse (Barriball & White, 1996; Dockery & Barnes, 2005), and perceiving nursing as a *good fit* with personal attributes (Miers et al., 2007; Raines, 2011).

Tellingly, in three of these studies, participants revealed that medicine, rather than nursing, had been their first career choice (Beck, 2000; Hemsley-Brown & Foskett, 1999; Mooney et al., 2008). Indeed, in the study conducted by Mooney et al. (2008),

fully one third of the study participants had not made nursing their first choice. None of the studies discussed how or why these students found themselves in nursing.

Comparatively, other studies reveal that while career advisors tend to view nurses positively, they are more likely to recommend a career in medicine rather than nursing (Latham, Morris-Thompson, & Plata, 2013; Morris-Thompson et al., 2011). In the study conducted by Latham et al. (2013), a total of 30 career advisors confirmed that the idea of nursing as a female-dominated vocation in which nurses are seen as little more than doctors' handmaidens continues to be a commonly held view.

Not surprisingly, gender role identification is a widely recognized influence on career choice in nursing (Price, 2009). Currently, men comprise approximately 9% of the nursing workforce in the United States (Buerhaus et al., 2009). If barriers to recruitment such as gendered stereotyping could be removed, it is projected that the number of men who would enter the nursing workforce could offset the anticipated deficit through 2025 (Buerhaus, 2009). However, current studies show that men are significantly more likely to leave nursing programs than women (McLaughlin et al., 2010), and perceive an inherent bias within nursing education systems (Dombeck, 2003; McLaughlin et al., 2010). Conversely, men are more likely than women to enter nursing because they have confidence in their ability to advance quickly and become leaders in the field (Zysberg & Berry, 2005).

Significantly, participants in the only two studies found exploring the career choices of nurses, rather than nursing students, echoed the same sentiment of discouragement from friends and family (Harding, 2009; Magnussen, 1998). Indeed, in Harding's (2009) study of male nurses, society was also listed by many of the men as a

source of negative pressure against their career choice. However, as Harding (2009) points out, the 18 New Zealand men in his sample were more interested in personal fulfillment and making a living than in any barriers to nursing.

Similarly, the 15 women in Magnussen's (1998) study reported a similar attitude, with the desire to be of service superseding any resistance from family and friends. This is particularly relevant when considering that the women in this study graduated from nursing school between the substantially wide ranging years of 1900 and 1985, and all had to defend their choice to pursue a nursing career.

Summary

Much of the nursing scholarship related to career choice is devoted to the study of nursing students with the desire to help others being the most often cited reason for entering the profession. Many students in these studies had initially chosen a career in medicine, a choice apparently advocated by career counselors who view nursing as a less than prestigious profession. In addition, gender role identification can greatly influence the choice of nursing as a career.

Notably, no recent studies were found examining the meaning for both genders of choosing nursing as a career and the impact of this choice upon their lives. An understanding of the career choice process and its impact, especially in the dual context of the current shortage and professional development informed by a hierarchical system, is imperative for the advancement of more effective recruitment and retention strategies related to the reworking of the professional image of nurses.

Discussion

For nurses, the concept of professional identity is a complex issue. The statement “I am a nurse” not only declares a professional affiliation with one of the largest systems of a society, but such a self-declaration often construes to the public a marginalized position within that system. Historical, symbolic, and even moral aspects of the profession are conveyed as well (Dombeck, 2003), and these elements are easily distorted by stereotypes. Stereotypes alter professional identity, causing a gap between what is real about a profession and distorted media portrayals of that profession and/or its members and, consequently, persistent public perceptions. Because the image of a profession as depicted by the media can be considered a measure of the social and economic value of that profession (Kemmer & Silva, 2007), this disparity is particularly problematic for nursing which struggles to articulate its essential relevance to the public, other members of the healthcare system, and even to some within the nursing field itself (Fletcher, 2007).

Nurses have tended to deal passively with issues related to image (Dombeck, 2003) and as a marginalized group (Fletcher, 2007), thus contributing to the durability of nursing stereotypes and to an existential tension concerning identity within the profession. As the social theorist Calhoun (1994) asserts, “We face problems of recognition because socially sustained discourses about who it is possible or appropriate or valuable to be inevitably shapes the way we look at and constitute ourselves, with varying degrees of agonism and tension” (p. 20). Herein lies the inability of the profession to powerfully define itself for the public beyond its stereotypes.

Nineteenth-century nursing history begins with Florence Nightingale teaching obedience as an essential quality of a good nurse (Anthony & Barkell, 2008) and with the Victorian consideration of nurses as virtuous workers (Gordon & Nelson, 2005). If nurses can not extricate themselves from traditional images of their work, that is, virtuous, *caring* work (Fealy, 2004; Gordon & Nelson, 2005; MacIntosh, 2003)), and toward emphasizing nursing as knowledge-based work (Gordon & Nelson, 2005) and as a thinking profession (Buresch & Gordon, 2006; Fletcher, 2007), then the general public can not be expected to do so either.

The lack of status of nursing as reported in nursing studies is most often related to the perception of nursing as women's work. Contributing to this perceived lack of status is the "invisibility" of the complexities of nursing practice (Hemsley-Brown & Foskett, 1999; Huffstutler et al., 1998) as exemplified by the absence of nursing studies in the national media.

Opinion polls reinforce the belief that nurses are valued for their qualities of caring and trustworthiness, but not for their knowledge (Gordon & Nelson, 2005; Needleham & Hassmiller, 2009). This is reflected today in the public's confusion as to what nurses do (Needleman & Hassmiller, 2009) and the inability to distinguish nursing care from that of nursing aides (Needleman & Hassmiller, 2009), or even physicians (Huffstutler et al., 1998). Nurses continue to be perceived as subordinate to physicians (Brewer et al., 2006; Seago et al., 2006; Takase, Maude & Manias, 2006), and less intelligent than physicians (Huffstutler et al., 1998; Takase et al., 2006), and medicine continues to be viewed as more prestigious than nursing (Brewer et al., 2006; Erikson et al., 2004; Seago et al., 2006; Sullivan, 2002). Because nurses are thought to be mostly

women and physicians mostly men (Dahlborg-Lyckhage & Pilhammar-Anderson, 2009; McLaughlin et al., 2010), nurses are often portrayed as the sexy lovers and/or caretakers of physicians (Dahlborg-Lyckhage, 2009; Ferns & Chojnacka, 2005).

Ultimately, nurses have the power to challenge these public perceptions and the ways in which they are perpetuated. Exploring the meaning of choosing nursing as a career and the impact of image on this choice could expose the means by which nurses may become empowered participants in shaping the meanings of their representations, indeed, in shaping the representations themselves. These representations can be used to heighten the recognition of the scope of nurses' work and its impact on the healthcare system, thus enhancing nurses' self-image as well as informing recruitment and retention strategies relevant to a public engaged in nursing discourses that help determine the path of the profession.

Conclusion

Being a nurse is not easy. The struggle to be acknowledged and understood—i.e., to be recognized as an equal contributor to healthcare—can diminish the value of the choice to serve. Consequently, many may decide the struggle is not worth it; indeed, if shortage statistics are any indication, many have already made this decision.

Additionally, exposure to gender and nursing stereotypes can lead to their internalization, ultimately resulting in their perpetuation by both those within and outside of the profession. Breaking this cycle could be key to the alleviation of the nursing shortage. This study was focused on just such a goal and included the interviewing of nurses in order to extract meaning from and comparisons of their experiences. Nurses of different practice locations, genders, specialties, and positions participated. Finally,

there was a continued focus on the image of nursing and the education of the public regarding the importance and value of the profession, its complexities, and the broad scope of nurses' responsibilities.

Chapter 3: Methodology

The purpose of this study was to examine the lived experience of choosing nursing as a profession and to describe and evaluate the impact that public perception of nursing, or the image of nursing, had on this choice. This chapter articulates the philosophical perspective guiding the study and justifies the use of a feminist phenomenological methodology for the research. In addition, the research design, including sampling procedures, data collection procedures, data analysis methods, protection of confidentiality, bias control, and study rigor and trustworthiness issues are described and discussed.

Philosophical Perspective

Postmodern Feminist Phenomenology

> We need to dissolve the false "we" into its real multiplicity and variety and out of this concrete multiplicity build an account of the world as seen from the margins, an account which can expose the falseness of the view from the top and can transform the margins as well as the center.
>
> –Hartsock, 1990, p. 171

Arguably, the limitations of a singular paradigm as the basis for a philosophical framework can be avoided with the application of multiple integrated perspectives (Ogle & Glass, 2006). A postmodern approach that eschews the univocity of meaning,

postmodern feminist phenomenology has at its core the rejection of a universal paradigm for Being as it focuses on what the unique, embodied *meaning* of Being in the world is for each individual and how this meaning contributes to the fluid construction of knowledge of world phenomena.

Keeping in mind that a feminist perspective does not necessarily connote a woman's perspective, within a feminist perspective gender and power relations are considered as determinants of women's and any oppressed or marginalized groups' experiences (Fealy, 2004). Thus, feminism advocates for inclusiveness and collective action that confronts and opposes the marginalization of any group or individual (Ironside, 2001). The inclusive focus of feminism is aptly summed up with Bermosk and Porter's (1997) statement " Feminism as an integrative healing process that manifests as a social and political movement as well as a therapeutic journey aims to restore women and men to their full stature as joyful, loving, responsible human beings" (p. 87).

Like both postmodernism and phenomenology, feminism advocates for multiple ways of knowing. Interestingly, a central tenet of postmodern feminism is the belief that our ability to engage in critical reflection facilitates the development of alternative(s) to the dominant cultural narrative by supporting the deconstruction and subsequent reconstruction of social meanings (Kendall, 1992). Likewise, a central tenet of both feminism and postmodernism is the undoing of any dominant cultural narrative, particularly those that marginalize or disenfranchise, in favor of knowledge creation based on multiple perspectives and lived experiences.

Similarly, phenomenology by its very nature is postmodern, as an inherent assumption of the paradigm is that knowledge is embedded in experience and that there

is not one all-encompassing experience producing a universal truth. Likewise, ". . . to accept a postmodern perspective must imply a reflexive questioning of the very notion of a postmodern perspective. To be located in the postmodern is precisely to question all-encompassing perspectives" (Diekelmann, 1993, p. 28).

Subsequently, nurses need to expose their experiences by naming them, by "giving voice to our world" (David, 2000, p. 88) so that what was internalized becomes externalized, understood, and open to change. Giving voice to our world is a way of reconstructing it as language is the vehicle with which power relations are challenged and strategic reconstruction of self and world occurs (David, 2000; Ogle & Glass, 2006). Giving voice to our world enables a resistance to the subscription to the oppressive structures developed within this world.

Simply stated, then, the philosophical perspective applied here is based on a synthesis of postmodernism, feminism and phenomenology. Three assumptions form the foundation of this perspective upon which an entire framework will be built later in this discussion. These assumptions are as follows:

1) There are multiple ways of knowing;
2) Language and discourse are necessary and significant for the deconstruction of dominant cultural meanings and the subsequent re-creation of more empowering meanings and, even, the re-creation of more inspiring realities. Because of this, meanings/realities are never static; and
3) Knowledge-making is gendered, historic, and contextual in that these considerations give meaning to phenomena.

Subsequently, postmodern feminist phenomenology emerges as an engaging philosophy and tool for nursing research because it reflects what nurses must strive for in their quest for meanings relevant to those they serve as well to the profession itself. This endeavor includes the recognition that experience can never be divorced from gender; thus, the idea of embodiment is essential to the lived experience. In addition, an awareness of the power dynamics between researcher and participant must be cultivated along with efforts made to achieve equanimity, or eradicate any power imbalances. Inherent in these ideas are the assertions that the personal is political and that all knowledge is sociopolitical in nature, and therefore, reflexivity within the research process is "not a property of the self but a (social) practice and process concerned with power, responsibility and accountability and positioning" (Aranda, 2006, p. 141). The *meaning* of a lived experience then does not just refer to a person's (or a profession's) experience, but to the way subjectivity is rendered, that is, where does one place oneself in social reality and how does this give meaning to the "events of the world?" (Levesque-Lopman, 2000).

Entre Simone de Beauvoir.

Simone de Beauvoir has long been considered the postmodern pioneer of feminist phenomenology (Chisholm, 2008) with her book *The Second Sex* (1949/1952) recognized as its primary expression, and an aversion of the fixed subject as a crucial tenet of her woman-centered philosophy. Surprisingly, despite being a woman, a feminist and a phenomenologist, Beauvoir is all but ignored in the nursing research literature with much more credence given to Husserl, Heidegger, and, more recently, Merleau-Ponty, all considered to be in the philosophical forefront of phenomenology.

The case can be made that as Beauvoir has been and is again considered a voice for women *becoming*, so, too, can she be a vehicle for the voice of nursing, a profession known more for *how* it is (caring, trustworthy) rather than for *what* its members actually do and know and what it is to *be* (or *become*) a nurse.

Beauvoir was the first to philosophically conceptualize the body with a gendered perspective and to address how gendered embodiment dictated development within the world and the experience of life events (Goldberg, Ryan, & Sawchyn, 2009). The philosopher Merleau-Ponty (1968) held the body to be "more than an instrument or a means; it is our expression in the world, the visible form of our intentions" (p. 5). Beauvoir took this a step further and elucidated the body as a *situation.* In *The Second Sex* (1949/1952), she wrote, "As Merleau-Ponty very justly puts it, man is not a natural species, he is a historical idea. Woman is not a fixed reality, but rather a becoming…the body is not a thing, it is a situation: it is our grasp upon the world and a sketch [*exquisse*] of our projects" (p. 62).

Beauvoir advocated for the development of these projects-- life projects-- as instruments for shaping individuals into positive, ethical subjects within the world, as vehicles for moving from Other to Self (Vintges, 1999). She chose the term *art de vivre*, or art of living, to connote an approach to life that is defined by moral decisions and actions that occur as a result of an ongoing creative process (Vintges, 1999). These in turn lead to the creation of the Self. Her guiding principle was the promotion of the freedom of others (Morgan, 2008; Vintges, 1999) with which she tailored all her behaviors and actions.

For Beauvoir, consciousness was associated with freedom (Arp, 2000), and freedom reveals a "human world in which each object is penetrated with human meanings" (Beauvoir, 1948/1976, p. 74). These meanings stem from human interactions and communal practices, not from individual consciousness. Thus, Beauvoir (1948/1976) argued that an individual's freedom is dependent upon the freedom of others and "to will oneself free is to will others free" (p. 73). In fact, it is the freedom of others that promotes the development of a specific Self while disallowing identity stagnation: the truth of one's Self is realized through freedom, including recognition of an interdependence on the freedom of others (Haney, 2000).

This reciprocity of the endorsement of freedom between an individual and others has at its core the idea that it is an ethical obligation of each individual to create value in the world as a responsible subject (Vintges, 1999). Doing this supersedes any kind of living *through* others, and thus contributes to the freedom of others to undertake their own individual projects toward self-actualization (Vintges, 1999). In this way, recognition of self in other occurs, and an ethics of tolerance, generosity, and caring is established (Kruks, 2005) as hierarchical dimensions of power are diminished.

Inherent in Beauvoir's quest for a moral self was a suspicion of the existence of an essential unified self buried deep within the psyche. Her striving was a practical one in which a cogent, philosophical self was created and re-created through frequent examinations of personal conduct resulting in creative moral actions (Vintges, 1999).

In addition, Beauvoir did not believe in a universal moral truth—or any universal truths, for that matter—and refused to attempt descriptions of "real" femininity, or assign attributes relevant for a "good" woman. More concerned with authenticity and avoiding

categorization, Beauvoir formulated no truth, but rather created an ethos of feminism through her *art de vivre* ("art of living") (Vintges, 1999). This *art de vivre* then is a program of conduct in which moral actions give rise to a continuously re-created Self, and which allow woman to not only realize but to define her subjectivity in the world.

An *art de vivr*e of nursing.

As a viable expression of postmodern feminist phenomenology, Beauvoir's philosophy is one of meanings being shaped consciously by actions in the world and interactions with others. Thus, an *art de vivre* promotes and indeed rests in the freedom to create new cultural meanings, values, and ethics as alternatives to those of the dominant culture (Vintges, 1999).

In addition, Beauvoir's promotion of an ethics of tolerance, generosity and caring is, ultimately, an emancipatory ethics as "authentic subjective transcendence can only come about through concrete encounters with others" (Bjork, 2010, p.49). Though initially we must stand apart from the world in order to assess our place in it, ultimately, we re-enter this world and interact with others from a newly created sense of place.

Furthermore, an ethics of caring is, of course, what nursing is known for, but the significance for nursing of Beauvoir's philosophy lies in embracing and **communicating** this ethics as a promotion of actualization. Tolerance, generosity, and caring are *embodied* through practice and research not because this is women's/nurses' work but because this creates an authentic actualization of nurses individually, of the profession, and, ultimately, through the evocation of a freedom of *becoming* who they are meant to *be* in the world, the actualization of all whom the profession serves. Thus, we create and re-create ourselves with acts that contribute to, support, and at times even create

the freedom of others, and, in doing so, the deconstruction and subsequent reconstruction of social meanings is accomplished (Kendall, 1992).

Philosophical Fusion

Postmodern feminist phenomenology reflects the synthesis of a postmodern viewpoint with a feminist phenomenological perspective. This philosophical fusion has at its heart the following assumptions:

1) Meanings, experiences and knowledge are socially and linguistically constructed and politically and historically situated within a gendered position. Subsequently, the idea of embodiment is essential to the lived experience;
2) Critique of the metanarrative as the foundation of truth and reason, or that truth is a commodity developed by cultures and institutions;
3) Personal, smaller, more "local" narratives manifesting from a multiplicity of realities and voices serves to provide new meanings and realities while transforming oppressive ones;
4) There is reciprocity between power and knowledge;
5) Knowledge arises out of language, thus language mediates experiences and establishes rather than reflects reality;
6) Empowerment is realized through reflexive self-awareness and emancipatory action; and
7) Authentic actualization is ultimately dependent upon the freedom of others to create meaning and value in the world.

Research Design

Feminist research is a process the purpose of which is to change the distribution of power within particular settings (Fletcher, 2006). Knowledge produced from feminist oriented research is meant to evoke and support change on both an individual and a cultural level (Aranda, 2006). If, as Munhall (2007) contends, "Emancipatory nursing actions are those that increase the potential of an oppressed group to gain power" (p. 135), then interpretations of research participants' experiences from a feminist perspective can indicate actions necessary for the future empowerment of both the participants and the profession. In this way, feminist nursing research can aid nurses in moving beyond the constraints of modern assumptions about experience and toward the acquisition of more transformative knowledge (Aranda, 2006).

Both feminist and nursing research have powerful, historical ties to qualitative research. Because nursing is a profession associated with caring and human interaction, qualitative research produces results meaningful for an understanding of the holistic processes of healing as undertaken by nurses. As a philosophy and a qualitative methodology often used in nursing research, feminist phenomenology is concerned more with ontological questions ("What is it *to be*?") than epistemological investigations ("How do you *know*?"). The effectiveness of feminist phenomenology lies in its emphasis on *embodied meaning* within experience (Munhall, 2007). Extracting and explicating meanings from experiences broadens and even defines what it is to be human.

Substantial acknowledgement of the need for more qualitative research in the area of career choice can be found in nursing and occupational literature (Betz &

Hackett, 2006; MacIlveen & Patton, 2006; Saks & Ashforth, 1997; Price, 2009). Reliance on quantitative measures such as psychometric testing and person-environment fit tools preclude an understanding of the influence and diversity of contextual phenomena as well as gender and other individual factors (Price, 2009). A qualitative methodology such as feminist phenomenology can provide a robust understanding of the complexity of factors that are rooted in career choice and career identity construction by focusing on the *experience* of choosing a career and how meanings are created from such an experience.

Accordingly, this study uses a Beauvoirian feminist phenomenological approach to discover, explore and extricate meaning from the lived experience of choosing nursing as a career. With a focus on the reciprocity intrinsic to Beauvoir's ethics of freedom, that is, self-actualization as dependent on the freedom of others to create meaning in the world, the researcher can offer—and, in turn, is offered—opportunities for "reciprocal inter-subjective relatedness" (Ryan, Goldberg, & Evans, 2010, p. 184). This inclusive, organic, evocative and multivocal approach allows the researcher to capture, interpret and derive meaning from the process of choosing nursing as a career and the lived experience of those who have made this choice. Private and confidential semi-structured interviews were conducted using open-ended questions. The resulting discussions yielded the rich descriptive data that is the foundation of all phenomenological research: verbatim descriptions of lived experiences delivered from a unique, historical, contextual, gendered perspective.

Sample Setting and Selection

Phenomenological research requires that its participants have experience with the phenomenon being studied and be able to adequately discuss these experiences (Corben, 1999; Polkinghorne, 1989; Smith & Osborn, 2008). Consequently, a purposeful sampling strategy was used to ensure diversity and experiential fit (Munhall, 2007). Both men and women were recruited from Central Texas area hospitals and clinics. Criteria for participation included the following:

1) High school education obtained within the U.S.;
2) Current employment as a registered nurse and without previous experience or employment as a licensed vocational nurse;
3) Employment as a registered nurse for not less than six months to ensure a sufficient amount of experience, and not more than five years as per the discussion of career choice included in Chapter 1 of this proposal;
4) The ability to articulate an understanding of the purpose of the study;
5) Demonstration of a willingness to participate in the study; and
6) The ability and willingness to reflect upon and adequately discuss his or her experience of choosing nursing as a career.

Sample Size

A distinctive feature of any phenomenological method is the goal of obtaining a richly detailed, interpretive account of others' life experiences. In order to achieve this goal a small sample size is warranted—depth, rather than breadth, is the common consideration (Smith & Osborn, 2008)—and theoretical saturation is the criteria by which sample size is ultimately determined (Sandelowski, 1995). Theoretical saturation, the

purpose of which is *discovery* (Wuest, 2007), refers to the point in the study when no new information is being obtained. As will be discussed in the section on data analysis, a phenomenological method requires that data analysis be closely synchronized, or even concurrent, with data collection, that is, analysis of one interview occurs during the interview and continues after the interview is over and before the next interview occurs. When new themes and information stop emerging from the data, saturation has occurred and data collection may stop.

A typical phenomenological study includes 6 to 10 participants (Kuzel, 1999). Earlier qualitative studies examining similar phenomena may be used to guide the researcher in proposing a sample size. However, few qualitative studies can be found in the nursing literature addressing career choice and most of these were conducted with nursing students rather than with registered nurses. Notably, only one study was found using a phenomenological methodology (Beck, 2000), and this study, too, involved nursing students (n = 27). Given the nature and the goals of a phenomenological study, including the vast amount of data generated to be analyzed, a sample size of 6 to 15 registered nurses was proposed and 10 participants were recruited for this study examining the lived experience of choosing nursing as a career.

Recruitment Procedures

A snowball sampling technique was employed to recruit participants for this study. Several unit Educators at this researcher's place of employment as well as another Central Texas hospitals were asked to identify potential participants based on the inclusion criteria for the study. Likewise, Instructors teaching at a local School of Nursing were asked to do the same. Recruitment packets were provided to the

Educators and Instructors for potential participants (Appendix A). In this way, any potential for coercion was avoided, as this researcher did not communicate with potential participants about the study until those who were interested contacted her.

Included in the packet was an informational letter briefly describing the purpose of the study with an invitation to participate as well as this researcher's email address and phone number. In addition, a reply form and a self-addressed stamped envelope with which to return this form was included in the packet, thus providing three options for contacting this researcher. Emphasis was placed on the voluntary nature of the study, and no one was contacted who did not demonstrate an interest in participating.

Those who did display an interest in participating by returning the reply form or directly contacting this researcher by phone was again informed of the purpose of the study and then queried as to their willingness to participate. Additionally, they were informed that the research was being conducted by a doctoral student in nursing at the University of Texas at Austin in partial fulfillment of the requirements of the degree. Potential participants were not informed of this researcher's place of employment during the recruitment process or subsequent interviews, and none of this researcher's unit colleagues were recruited for the study.

Finally, for those who agreed to participate, an interview date, time and location was arranged based on the participants' preferences. As per purposive sampling and the snowball technique, after the interview was conducted, the nurse was asked if she or he cared to identify other nurses who might qualify for and be interested in participating in the study, particularly any nurses whose demographics differed from those who had already participated, thus securing the potential for rich data from both male and female

participants of varying ages, clinical backgrounds, and levels of education. If potential participants were identified, a recruitment packet was provided to be given to that person or persons.

Demographics

Study participants were made up of eight women and two men. Because men comprise 9.1% of the professional nursing force in the United States ("Minority Nursing Statistics", 2014), and given the small sample size of this study, two men out of 10 total participants was consistent with national statistics. The youngest participant was 25 years of age and the oldest was 49. Seven were married.

All 10 participants were RNs with years of experience as a RN ranging from 11 months to two years. Four of the participants had nursing experience prior to beginning their current jobs. Significantly, all four had left their first jobs after nursing school due to the demanding nurse-to-patient ratios instituted on their units and/or in their hospitals or physicians' offices. Five of the participants held positions as Clinical Assistants while in nursing school, and one participant had previously held a position as manager of a home health agency. During the time of this study, nine of the participants were employed among five different local hospitals representing two different healthcare organizations and one participant had recently started a job in an outpatient clinic owned by a third healthcare agency.

Nine of the 10 participants had earned an Associates Degree in Nursing (ADN) and one had earned her Masters in the Science of Nursing (MSN) after completing an alternate entry MSN program. Six of the nine who held ADNs were already enrolled in

RN to BSN programs with the remaining three planning to begin in the Spring of 2015. Four of the nine ADN participants had earned baccalaureate degrees in other fields.

Of particular significance for this study is the fact that of the 10 RNs participating, six of them had chosen nursing as their second career. Previous careers ranged from construction to teaching to being the owner of a local restaurant.

Protection of Human Rights

Approval for the study was obtained from Departmental Review Committee (DRC) of the School of Nursing at the University of Texas at Austin and the Institutional Review Board (IRB) at the University of Texas at Austin as well as the IRB of the Seton Healthcare Family prior to any participant involvement in the study.

Informed Consent

A signed consent form was necessary before participating in the study (Appendix B). The consent form reiterated the purpose of the study, explained that participation was strictly voluntary, and informed the participant of the right to withdraw themselves or their data from the study at any time without repercussions. The participant was given the opportunity to ask any questions before signing the consent form and at any time during the reading and signing of the form.

Privacy and Confidentiality

Allowing the participant to choose the time and location of the interview, to take breaks when needed, to defer any questions she or he did not want to answer, protected privacy of the participant and to review interview content both during the interview and

after the interview was concluded. Confidentiality was maintained by this researcher and was protected by the deletion of names and identifying information from transcripts and all parts of the audit trail. These were replaced with alphabet codes that were also used to identify participants' audiotapes.

Audiotapes, transcripts, field notes, reflective journal, and all forms included in this study were stored in a locked file cabinet in this researcher's home office to which only this researcher had access. Only this researcher and the members of her dissertation committee will read the transcripts. At the end of the study the audiotapes will be erased. All paper data such as interview transcripts will be used solely for completion of this study and then shredded.

Potential Risks

The potential risks were no greater than having an everyday-type discussion and the possible loss of confidentiality. Protection against loss of confidentiality is addressed in the previous discussion regarding maintenance of the participant's confidentiality. The methods discussed are commonly used with adequate efficacy.

Potential Benefits

Potential benefits included the opportunity for personal reflection and the advancement of nursing research. As discussed in the literature review, the development of more effective recruitment and retention practices is imperative for the health of the nursing profession and, consequently, the health of a society facing an already severe nursing shortage. Though admittedly a small study, this research examining the meaning and the impact of the choice of nursing on the life of one who has made this choice could, at

the very least, provide justification for a larger study as well as provide guidance for the development of effective recruitment and retention strategies.

Data Collection and Analysis

Data Collection

The concept of accessing people's lived experiences in research is consistent with Beauvoir's idea that meanings of everyday experiences are generated by human interactions and communal practices (Beauvoir, 1949/1952). Because people's experiences and the meanings ascribed to these experiences are *embodied* ones, that is, they are informed by a temporal consciousness of what it is to exist in the world, these experiences can only be interpreted and understood by another who "makes something of what the world makes of her" (Moi, 2005, p, 72).

Accordingly, an interview approach was utilized with an eye toward Beauvoirian phenomenology and a focus on deriving meaning from the participants' lived experiences of choosing nursing as a career. Tape recorded, semi-structured interviews were conducted in person with participants and were arranged in advance with a mean interview time of 71 minutes in length. Locations were chosen by each participant and ranged from participants' homes to an empty hospital lobby early one morning at the end of a participant's shift. Because cultural context is crucial for data extraction and interpretation—it enriches data and helps make it "thick" (Sandelowski, 1994, 1998)—consideration must also be given to the historical context of these interviews as taking place within a profession dominated by women, amidst a nursing shortage, and in the historically hierarchical, patriarchal institution of healthcare.

Before the interview began, confidentiality and consent were discussed and consent forms signed (Appendix B). The demographic form (Appendix C) was then completed and, though consent to audio record was obtained with the written consent form, verbal permission was requested as well.

The interview began with questions pertaining to the choice of nursing as a career and gradually progressed to questions regarding participants' recommendations for effective recruitment and retention strategies (Appendix D). Every effort was made to facilitate a natural, conversational exchange of dialogue between this researcher and the participant, and in this way, fostered mutual understanding and inter-subjective depth (Lowes & Prowse, 2001), and thus promoted an ethics of freedom as the participant and this researcher became co-researchers in their exploration of the participant's experiences.

In addition, the semi-structured approach allowed for the exploration of multiple aspects of each topic that were personally meaningful to each participant. The participants were open, frank, and occasionally emotional about their experiences.

Field notes were written as soon as possible after each interview and included thick descriptions of this researcher's own feelings, impressions, and insights; contextual information such as time and location of interview; and observations of any non-verbal cues communicated by the participant. Furthermore, any initial impressions of emerging patterns or themes were recorded. All field notes were included in the interview transcriptions for data analysis.

Data Analysis

A phenomenological method by its very nature directs that data analysis begins with the researcher's preparation for the study, continues during the interview process, and is, according to Ashworth (1997), an ongoing contemplation of the interview interaction. Subsequently, exploration of and explication of the three sensitizing concepts—career choice, nursing stereotypes and the discourse of subordination—as *potential* critical contextual elements of the experience of the choice of nursing as a career was considered a beginning point of data analysis for this study as well as guided the formation of open-ended interview questions. Being careful not to impose meanings upon participants' experiences, an awareness of these concepts without attachment to any acts of defining contributed to an understanding of the data that was contextually powerful and multilayered as it emerged from the interview process. However, in order to remain true to a phenomenological approach, the possibility that these concepts could become operational as the data continued to be collected and analyzed, and/or they may be disregarded as inapplicable was acknowledged and revisited throughout the research process.

Furthermore, an examination of this researcher's own perspectives, beliefs and personal history preceded interactions with the participants since these factors could not only influence the relationships with participants but also the analysis of the data as well. Rather than a hindrance to the research process, these factors were considered crucial elements of an inter-subjective process, as researcher and participant became co-creators of meaning (Ashworth, 1997), once again demonstrating how this methodology reflects Beauvoir's (1948/1976) concept of an ethics of freedom.

Subsequently, in preparation for the current study and then as an ongoing process, this researcher acknowledged, examined and reflected upon her personal experience of choosing nursing as a career with the recognition that this experience would naturally influence all aspects of the study, including data analysis. Hence, data analysis was both self-reflexive and methodical as this researcher strove to work with participants to elicit meaning from their experiences.

To this end, taped interviews were transcribed verbatim, including the interviewer's questions, false starts, pauses, laughter and any other features of the interview. This was considered an invaluable process in that it allowed for a preliminary immersion into the material and the discovery/uncovering and fostering of emergent revelations. Names and any other identifying information were stricken from the transcripts to ensure anonymity and confidentiality, and transcripts were double and triple-checked for accuracy.

The aim of phenomenological data analysis is to capture the content and complexities of the meanings of the participants, meanings that are never transparently available (Smith & Osborn, 2008). Thus, engagement during the interview interaction followed by repeated, iterative engagement with the transcript is essential to analysis of the generated data. Accordingly, Colaizzi's (1978) method of data analysis requires just such an interpretive relationship and was used to guide this study's data analysis. It included the following steps as cited in Edward and Welch (2011):

1) Immersion in the data occurred by transcribing interview recordings, listening to the participants' discourses for meaning, and then re-reading the transcriptions several times;

2) Statements significant to the phenomenon being explored were extracted by underlining pertinent words, phrases and statements, and by making notes in the margins and on separate sheets of paper. These were then numbered for an accumulation of relevant statements;
3) The meaning of each significant statement was formulated;
4) These formulated meanings were organized into clusters of themes in order to identify interrelationships among the data and the influence of contextual conditions on those connections (MacIntosh, 2003). These theme clusters were then validated with references to the original transcripts and any discrepancies that occurred were noted;
5) An exhaustive description of the phenomenon being examined was developed by synthesizing theme clusters and their associated formulated meanings;
6) The fundamental structure or essence of the phenomenon was identified through a rigorous analysis of the comprehensive description developed in Step 5 above; and
7) The essence of the phenomenon was validated with participants. Any additional information provided by the participants was integrated into the final description of the fundamental structure of the phenomenon.

Study Rigor, Trustworthiness and Bias Control

Arguably, because meanings elicited from interviews are ultimately co-created by the researcher and participants, rigor and trustworthiness are dependent upon the full disclosure of the researcher regarding her preconceptions and her contributions to the interview process (Lowes & Prowse, 2001). Acknowledging that reality is multivocal—

that is, reality is made up of many voices, including this researcher's—experiencing and describing world phenomena is consistent with the aim of phenomenology to comprehend phenomena from participants' perspectives of their experiences (Ashworth, 1997; Lowes & Prowse, 2001). Consequently, demonstrating congruence between method and philosophy—one of the objectives of this chapter—as well as clearly explicating the aims of a study can be considered essential to establishing rigor (Lowes & Prowse, 2001).

In this study, transparency of the relationship between interviewer and participant and this researcher's contributions to the research process was demonstrated in several ways. First, this researcher's presuppositions and preconceptions about the phenomenon being explored as well as her experience with the phenomenon was identified and then recorded in a reflective journal that was used throughout the research process. A documented shared interest in and experience of the phenomenon being investigated can ultimately fortify the validity of the study's findings (Whyte, 2003), thus heightening the importance of such a journal. Also included in this journal were ongoing reflections of the ways in which assumptions changed with data collection and how the experiences of the researcher shaped data collection, analysis and the final account of the process. Field notes were written in a reflective and reflexive manner as well, thus the reflexivity of this researcher supported her own *art de vivre* as frequent examinations of personal conduct, in this case of perceptions and biases, gave rise to a continuously re-created Self resulting in creative moral actions (Beauvoir 1949/1952), that is, the demonstration of study rigor and trustworthiness.

In addition, this journal has become part of an audit trail that includes interview transcripts, substantiation of the process of data analysis with examples of theme clusters and exhaustive description, and the final interpretation and description of the fundamental essence of the phenomenon. Inherent throughout the audit trail will be significant verification of congruence between philosophical framework and study methodology.

Perhaps the ultimate demonstration of study rigor and trustworthiness was the return of results to the participants for clarification, verification and validation. After all, it was their experiences that were being made sense of, that meanings were being derived from, thus they were the ones who needed to authenticate those meanings and in doing so, substantiate the integrity of the research.

Finally, this researcher's dissertation committee—whose feedback about the methods and the findings helped her identify inconsistencies, incongruences, and any unrecognized or unstated biases that may have inadvertently influenced the study—guided this study. In this way, trustworthiness was supported and strengthened and biases were minimized.

Summary

This chapter began with a review and explanation of postmodern feminist phenomenology, the philosophical perspective guiding this study of the lived experience of choosing nursing as a career. The methodology for a feminist phenomenological study was then described, including detailed explanations of sample size and selection; data collection, namely, the interview process; and data analysis based on the Colaizzi

(1978) method. In addition, ways in which the rights of participants were protected and steps to ensure rigor and trustworthiness were discussed.

Chapter 4: Research Findings

The purpose of this study was to explore the lived experience of choosing nursing as a career with consideration of the effect that public perception of nursing has on this choice. This chapter describes the information collected from the 10 in-depth interviews that serves as the data for the study. In addition, the results of the analysis of this data are presented.

Self-Reflection

Self-reflexive transparency is the obligation of any researcher employing phenomenological methodology. Accordingly, three prevailing personal beliefs were continuously examined throughout this research process. These included the belief that choosing nursing as a career is a gendered decision; the expectation that some, if not all, of the participants would have internalized nursing stereotypes; and the anticipation that the participants, like the researcher herself, were as likely to acknowledge the importance of intellect as they were to acknowledge compassion when contemplating the qualities necessary for success in the field.

The following discussion of this study's findings effectively illustrates how each of these beliefs were influenced and/or changed by this study, subsequently demonstrating how becoming a co-creator of meaning with participants can result in a transformation of previously held beliefs by the researcher.

Data Analysis

As discussed in Chapter 3, engagement with participants and with the material generated by the participants' interviews is the core of Colaizzi's (1978) method of

qualitative data analysis. To this end, data analysis began with data collection, that is, the interviews were vehicles of engagement with participants while true immersion in the data occurred with verbatim transcriptions of participants' interviews involving repeated listening of recorded passages. The transcription process, though time consuming, was a valuable one in that it provided for the discovery/uncovering and fostering of emergent revelations.

The transcriptions were reviewed multiple times as a method of dwelling in the data. Key concepts relevant to the participants' experiences were initially extracted by the highlighting of significant words, phrases and statements supported by notes entered in the margins and on separate notebook paper. Additionally, once specific meanings of these words, phrases and statements were formulated, sections of dialogue were matched with these meanings as further confirmation of their validity for this study.

Furthermore, extensive notes were taken exploring the applicability of the sensitizing concepts Career Choice*,* Nursing Stereotypes*,* and The Discourse of Subordination to the emerging themes. Consider, for example, the following note:

> P1's [Participant 1] statement that if she could do it all over again she would choose to become a doctor rather than a nurse because of the "nicer title" ("I'm the doctor, she's the nurse.") and P9's appreciation of being routinely mistaken for an M.D. are solid examples of nurses' participation in a discourse of subordination, in a complicity of subordination.

This ongoing assessment also helped to guide the process of analysis while every effort was made to minimize the imposition of personal assumptions about the

relevance of these concepts. The use of a reflective journal assisted these efforts as exemplified in the following passage written after the 7th interview was concluded:

> Connection seems to be the underlying impetus/motivation for choosing nursing. Maybe my railing against the gauziness was necessary to come full circle to an ideal of balance—heart *and* mind the tools of the trade. Or maybe it's the prevailing stereotypes I rail against, though I can't lose sight of the important work of the heart.

The researcher's process of examining assumptions and beliefs supported the phenomenological intention that participants and researcher become co-researchers and co-creators of meaning in the exploration of experience.

Initial analysis yielded 155 significant statements with corresponding formulated meanings. An example of a statement/meaning pairing is found in the answer given by Participant 3 (P3) when asked why she decided to go into nursing followed by the resulting formulated meaning.

> P3: I had a few experiences with my own kids with nurses that made me more interested. . . . Just seeing nurses that were really good with my kids that made everything better made such a big difference in seeing the other side of it [nursing]. . . . I think I just got more interested in doing nursing—the difference you can make, especially in the parents' experience, the family's experience.
>
> Formulated meaning: Experiences with nurses, especially involving loved ones, influenced the desire and the decision to become a nurse.

Some of the statements had similar or even the same formulated meanings. For example, the statements given by P2, P5, and P9 when asked about nursing retention shared a corresponding formulated meaning.

> P2: . . . if I had a magic wand if would be awesome, especially in acute care—the business focus is way too much into nursing—it would be ideal or perfect if the nurse could have three patients. . . . I feel like if it were possible, retaining nurses would not be a problem because I've run into nurses where all of them—"Oh, I'm on blood pressure medication, I'm on blood pressure medication." . . . so I feel like if the ratios were looked at that would retain nurses.
>
> P5: My first job was at [local hospital], and I got paid more, but the ratios were higher. A friend from school recommended [a different local hospital where she is currently employed] because of the teamwork and the ratios.
>
> P9: And there's so many comorbidities with those Oncology patients. And then they go septic quick and you've got to be able to identify that. And that's why they [charge nurses] fight for decreasing those ratios because it's rough. They [administration] were trying to do 1:5 [one nurse to five patients], 1:6 and major, MAJOR mistakes were made, major mistakes. . . . Retention—they [administration] need to decrease the ratios.
>
> Formulated meaning: High nurse-to-patient ratios led to burnout, mistakes made when giving patient care, and changes in places of employment. Lower nurse-to-patient ratios are recommended for nursing retention.

Further analysis resulted in the tentative merging of the formulated meanings into five themes out of which an overarching description of the essence of the experience of choosing professional nursing as a career was generated. This description provided the answer to the study's research question.

Findings

Perhaps the most striking aspect of this study was the palpable and passionate sense of love for nursing conveyed by every participant crosscutting gender, all topics of every interview, and every theme emerging from the data. As one participant so ardently put it, "It's [nursing] your whole everything."

However, more subtly conveyed, but equally as palpable was an underlying tension apparently born of a struggle to reconcile a career that 'feeds your heart" with a perceived lack of external support validating the value of this career. This is identified in the researcher's own reflections with the observation that "I'm struck by and impressed with the passion for nursing communicated by all—this mirrors my own—but the 'buts' are always there and they ain't pretty."

Consequently, every nurse in every interview communicated passion for the profession, but an inherent sense of conflict informed every theme except the first one, Up Close and Personal/Exposure and Connection. Thus, the five themes that evolved from the organization and analysis of the formulated meanings were (a) Up Close and Personal/Exposure and Connection, (b) The Image of Nursing, (c) The Conflict Inherent in Nursing, (d) Recruitment and (e) Retention and the Work Environment.

Keeping in mind that “people are greater than the sum of their themes” (Munhall, 2007, p. 196), the *meaning* of the experience for these participants surfaces within evolving definitions of these themes. Rather than considering these definitions as neat packages of meaning to be opened individually, they should be considered more like threads to be interwoven into a tapestry of meaning that can be unraveled and rewoven into a similar, but different design as more meanings emerge from experiences and perceptions.

Themes

Up close and personal / Exposure and connection.

The impetus for choosing nursing as a career can be summed up in one word: exposure. Meaningful interactions with nurses exposed participants to the potential for service and connection and fulfillment that nursing inspires. Having a mother who is a nurse was an influential factor as well.

For some people, the decision to become a nurse may be a complicated one, but for all 10 participants in this study the decision to become a nurse appears to have been relatively simple. Every single participant except one either had a mother who was a nurse and/or the participant decided to become a nurse after experiencing meaningful nursing care in a healthcare setting, most typically a hospital. Even the one exception, P9, who repeatedly said, “Nursing chose me.”, decided to pursue a career in nursing after working a construction job at one of the local hospitals during which he became friends with several of the nurses as well as the hospital’s hiring coordinator. In addition, when asked what influenced his decision to become a nurse, he said, “I say

that the road led me, but I remember my mother—she just retired from driving a school bus—but that was one thing she always wanted to do was be a nurse."

Six of the 10 participants described having meaningful encounters with nurses while either they or their loved ones underwent treatment while in a hospital, clinic or under the auspices of home health. The desire to provide the kind of service they received, teach the way they were taught, and the potential to create the deep connection with others that they experienced as patient with nurse ultimately inspired their choice to pursue a career in nursing. Consider the following passages from two of the participants:

> P7: My mom is a nurse. She has been a nurse for 30-something years so I think it's always been a part of my sphere of what to do with my life, but I think I really decided I wanted to be a nurse when E [her daughter] went to [a local hospital], when E went to NICU. . . . Yeah, she was there for seven days. And I remember those nurses' faces, I remember them so clearly, and I remember them so clearly, so clearly. That's when it really hit me that this was something I wanted to do. Yeah, and that it was a special job, that it was something that meant something, you know, because it meant so much to me.

> P8: I ended up moving to _____. My sister lives there. . . . While I was there she had another baby. At her hospital you could watch the nurses, kind of like a transition nursery where you could see them measuring and assessing and all that. And so I was watching through the window when my second niece was born, and as I was watching her I got all, like, emotional [she tears up], and I was, like, it's time to go back to school [wipes tears from her eyes].

One participant movingly made a promise to her dying father that she would become a nurse after assisting nurses with his dialysis.

> P2: A nurse would come during the week. By the way, there were two of them, and, I could tell, two different styles of nursing. One of them was very empowering so he got that aspect of his care without him knowing they were doing that. And the other one, she wanted to do everything for him. Yeah, so I just looked at them and that style of the first one really piqued my interest. . . . So then I really started talking to the one who would make him a part of his care. During that time that I was helping with dialysis, he [her father] kept saying, "You're so good at this. You're just like the nurses. . . ." So then I made him a promise that I was going to become a nurse…and exactly a month to the day, Dad passed away. So this nursing thing means a lot to me.

Substantial meaning can be found in a career choice based on a covenant made with a dying father and, subsequently, one that was informed by the experience of assisting nurses with the dying process. For P2, the practice of nursing appeared to be a way to honor and remain connected to her father who was no longer with her. Ironically, then, her passion for nursing could be construed as fueled by loss assuaged by the connection to both her father and, potentially, her patients.

Notably, for six of the participants nursing was their second career choice. All six described their first careers as generally satisfying but not personally fulfilling. As one participant (P5) so aptly put it, "My original degree was in business. I was really good at it and made a good income, but I didn't feel personally fulfilled." After the birth of her second child, she realized she "wanted to be part of something special. Nurses made

the experience [of giving birth] special, meaningful. My desire [to become a nurse] came from my experiences."

Significantly, one of the 6 participants related her desire to pursue nursing as a second career as germinating from a hospital experience, but not because she was inspired in the same way as the other participants. Indeed, this particular participant (P1) chose nursing because during her hospital stay the nurses "seemed like they weren't doing that much. I thought, 'Oh, I can do that. I can talk to people. . . .' And they even have time to [pause] manicure their nails." She then added, "Life must be good for these nurses, they hardly do anything."

What made P1's initial impression of nursing so significant besides the fact it was grounded in a hospital experience was that it typified the idea that the general public underestimates the value and complexity of nursing practice with perceptions of nursing as just "talking to people." In addition, a low regard for nursing was implied with the phrase "they hardly do anything," and, though later in the interview P1 talked about "feeling lucky" to have the job she does, she was the participant who, given the chance, would choose to be a doctor rather than a nurse. Subsequently, these statements made by P1 also informed the theme of The Image of Nursing.

The image of nursing.

In spite of rigorous training and schooling, the participants felt that they were treated as blue collar workers manifested by disheartening staffing practices and low compensation for significant responsibility as well as disrespect from those within healthcare and general disregard from the media and, for the women in the sample, the public. The image of nursing for the males in the sample was informed by their unique

and gendered position in a profession whose members are mostly women as evidenced by their positive perceptions of public regard as well as the opinion voiced by many of the participants that physicians tend to treat male nurses with more respect than female nurses.

In addition, the negative effects of a questionable image manifested as an internalization of stereotypes as exemplified by the following:

For the female participants:

- Good nursing requires more heart than mind; and

For the males in the sample:

- Female nurses as mothers, and
- Female nurses as catty.

These stereotypes minimized the importance of nurses and their work, especially for those practicing in areas other than acute care.

Accordingly, P1's comment regarding her initial perception that nurses "hardly do anything" was mirrored in the comments of other participants when discussing their perceptions and experiences of how others outside of nursing view nurses and the profession. The most common sentiment expressed was a version of this statement from P3, the one Masters prepared nurse in the sample:

> I think a lot of people don't realize the responsibilities of RNs specifically. I think they think of RNs being the helpers still. I think people are thinking about the

nurses not making any decisions, and I don't think they realize how many, how many decisions and responsibilities that nurses have.

Indeed, one participant (P6) questioned whether the public regards nursing as an actual profession.

I have a funny view, but I think people, you know, like a mother nursing her child, she's just giving the baby the care that it needs, the important information. And I think people view us as nursing staff—it's just giving them that, that little bit of tender loving care, that touch that they need to make them feel okay, not necessarily realizing nursing is an actual profession.

Interestingly, it was the two men in the study who related a patently different experience of the public's perception of nursing as evidenced in this exchange:

P9: I think people think that nurses—their attitude toward nurses are that they are caring, compassionate, intelligent, hardworking people who make a lot of money (bursts out laughing), but that there is a misconception (laughs again).

E [Researcher]: You're the first person who has used the word intelligent. Most people stress caring.

P9: Oh, they're super-bright.

E: I know you think that, but does the public think that?

P9: I think so. I think so because it's hard work. This isn't some Political Science degree. This is a science-intensive degree. . . .

Similar feelings were expressed by P10, the other male in the study, with phrases such as “highly respected” and “seen as an achievement’ to describe his perception of how the public see nursing.

Because *none* of the women in the study had responses comparable to the men’s concerning the public’s regard for nursing, it becomes relevant, indeed, necessary, to ask if this is a gendered experience, or one informed by gender. For example, P9 appeared confident that the public knows that nurses are intelligent and that nursing is hard work and requires a science-intensive degree, a confidence echoed by P10’s perception that the public sees a career in nursing as an achievement. The idea of a public knowledgeable about nursing is called into question, however, by the women who related impressions of being perceived more as “helpers” than professionals. It is plausible that the men responded differently to the question of public perception of nursing because they have experienced different treatment from the public. It is also plausible that their responses stem from a *need* to be perceived with respect in order to legitimize their choice to become a male nurse in a female dominated profession.

Though perceptions differed with regard to public perception of the profession, when discussing how other healthcare providers view nursing, the participants were unanimous in the opinion that it depended upon the individual provider and even, sometimes, the hospital unit or clinic. Generally speaking, however, their experiences were more reflective of disrespect than respect. P7 summed it up this way:

> [Nurses] have to know how to stand your ground, and you do have to know how to put up with being disrespected. Respect? I don't know about that . . . um . . . cooperate with? Yeah, they cooperate with us.

In addition, it was a common perception among the participants that physicians respect, or demonstrate respect for male nurses more often than female nurses.

> P10 [a male nurse]: Dr. _____ will be more ferocious with a female nurse than a male nurse. I don't know, maybe a nurse will be more susceptible to negative criticism when they're a female—maybe from a male to a female. Oh, I have seen male physicians be almost inappropriate with female nurses and never with males.

Nevertheless, both male participants discussed having experienced disrespect from physicians with P10 saying nurses were often "treated like morons" on his Med Surg unit.

Even more distressing and surprising for many of the participants was the perception of being "treated like the hired help" (P5) by administrations dependent upon an effective nursing force. As P3 put it, "Nurses go through so much training [and school] to be treated the way we are. So much training and so much responsibility, yet the way the staffing is you're treated very blue collar." This is further supported by P9's statement

> Nurses are getting more and more and more responsibility, but the compensation isn't going up. Anywhere else, any other company you work for, if you're given

more responsibility, your pay is going to go up. And you're [nurses are] asked to work more for less.

In addition, the perception of nurses as hired help appeared to be reinforced by the fact that all participants experienced being asked by friends, family and/or other healthcare providers if they were going to become Nurse Practitioners. Many of the participants felt that this question alone reflected a lack of recognition of the value of being "just a nurse." As one participant (P7) put it, ". . . it chaps my hide that I don't get the same validation somehow for what I [do now]." Only two of the 10 expressed a desire to follow this path with the other eight citing passion for bedside nursing as the motivation for remaining an RN.

Interestingly, only one female participant and *both* the male participants related being asked why they didn't go to medical school, the implication being they were too smart for nursing, and both males mentioned being mistaken for physicians by staff and patients. Significantly, none of the women mentioned this, further illustrating the idea of a gender divide within the perception of the profession.

Participants when discussing people's reactions to the statement "I'm a nurse" repeatedly addressed the idea that being just a nurse isn't good enough. Consider the following exchange:

E: When people ask you what you do, what do you tell them and then what is their reaction?

P6: You know, you can say I'm a nurse and people will be like nyah [wrinkles nose and sticks out tongue], but I think also depending on the field often changes

the perspective, too. Because if you say, “Oh, I’m an Oncology nurse,” people are like “oooh” [widens eyes as if in appreciation], you know?

Ironically, the implied stigma of being “just a nurse” was reinforced by the participants themselves as indicated by the fact that 4 of the 10 participants described a disregard within the profession for the practice of any nursing that wasn’t critical care or acute care nursing. Compare the following passages, the first spoken by an ICU nurse, P4, and the second spoken by a Mother Baby nurse, P8:

> P4: And so I think I should find another job [with a better schedule], I should do something else. And I think, Oh, let me go be a school nurse. Yes, that’s another entity in itself, but [then] I’m not using my brain. . . .

> P8: I feel like my job is important, but I also feel like if I say I’m a Mother Baby nurse and if I’m talking to another nurse who is maybe a Med Surg nurse or whatever, I’m just a baby nurse. . . . [I] ran into a friend from nursing school and she was working on the Telemetry unit or something, and she was like, “Oh, what are you doing now?’” and I said, “I’m a Mother Baby nurse”, and she said, “Oh, yeah, I remember that—giving Norcos and stool softeners”, like that was all I did.

As demonstrated by these passages, the image of nursing is more than a matter of public perception. Indeed, the meaning of sentiments and experiences such as these places the issue of image squarely in the heart of nursing which suggests the *internalization* of the idea of being just a nurse as a choice less worthy of esteem and admiration by those who have made this choice themselves.

The insidious nature of the internalization of nursing stereotypes was revealed early in the fourth interview when, after discussing the public's perception of nursing—"Do they [the public] really grasp the complexity of what we do? . . . I don't think that they truly do"—the participant, P4, stated that it didn't bother her that nurses were known more for their caring attitudes than for their critical thinking skills. She observed,

> No, I honestly, sometimes I think we get too much credit for what we do, [as if we have] too much knowledge—Go see your doctor! Seriously! It's almost like I feel like too much credit. I haven't had too much experience even being a new nurse.

Perhaps P4 was only acknowledging the dilemma of a new nurse who was given a substantial amount of responsibility while feeling she didn't yet know enough to handle this responsibility well. It is telling, however, that she used the phrases "too much credit" and "too much knowledge" in her discussion rather than the words "training" or "experience" indicating that the concept that nurses use their intelligence as much as their ability to care was an intimidating one for her.

The reluctance or refusal to acknowledge intelligence, as an important element of nursing, was evident again in the three subsequent interviews as exemplified in the following excerpt from P7:

> It's [nursing] guttural. . . . It just happens, that's, like, religion or spirituality or something beyond ourselves, really. You can't really [pause]—It's like here [points to her heart]. . . . It's like their gut. Our society only values here [points to her head]

For P7, nurses' ways of knowing were "complex [and] directly related to things that are not tangible" and, as such, were not valued by society. P7's defense of these ways of knowing subjugated what she perceived as valued by society, the head or intellect, to the heart or intuition. In doing so, she undermined the fact that nursing involves both the head and the heart precisely because the practice of nursing mirrors the complexity of nurses' ways of knowing.

Conversely, only the men used words such as "intelligent" and phrases such as "super bright" to describe nurses. P10 even attributed his success as a nurse to his "inquisitive nature" and his ability to ask in-depth questions. When compared with P7's statement above, it is obvious that the men in the sample were much more comfortable with the idea of intelligence as being essential for a successful career in nursing. The importance of caring or intuition when describing nursing or nurses was never used, demonstrating a reverse subjugation of sorts, and thus implicating both genders as complicit in the internalization of a negative image of nursing.

If it is true, as P7 suggested that society values the quality of intelligence more than the other qualities associated with nursing--and, not inconsequentially, women--such as caring and trustworthiness, then the implied disregard for or unawareness of *any* of these qualities as necessary for effective nursing practice becomes an act of defending the choice to become a nurse. For the men, then, the projection of intelligence represented the validation of making an unconventional choice, that of choosing to join a profession associated with and dominated by women.

Perhaps a validation of choice was also the purpose behind evidence of the unintentional participation in gender stereotyping by the men. For example, P9, only

mentioned “heart” after discussing having pride in his physical strength, thus couching what is regarded as a more feminine trait within a masculine image.

> P9: I’m proud to do that [be a male nurse] because it makes you feel strong when they ask you to come in and pick up this patient, or I have to take the cap off because no one [pause]. I enjoy that, that’s cool. You know, it shows that guys have hearts, too, to help people and they nurture people and to do that. . . .

P9 also mentioned more than once that his female colleagues are like mothers to him, and that he embraces being mistaken for a doctor.

P10, the other male in the study, cited Labor and Delivery as his favorite rotation in nursing school and then stated

> I actually (laughs) really enjoy Labor and Delivery, but was like, Oh, they don’t want a male in there. Still which is kinda true, I still think. I don’t know if they would [hire] [pause] a straight male—“Oh, I wanna come and work in Labor and Delivery.”

He also volunteered this opinion regarding a perceived difference between male and female nurses, implying that women are less professional than men:

> There is a difference between males and females in nursing I see. I’ve talked to other guys about it and I’ve talked to other—There’s some cattiness between female to female where I’ve seen much limited—In the nursing world, I can see that there’s “I don’t like this person” more on the women’s side than there is on the men’s side of it.

Surprisingly, neither of the men in the sample discussed having to contend with effeminate or homosexual stereotypes beyond the occasional reference by family and friends to the "murse," or male nurse, portrayed by Ben Stiller in the 2000 comedy "Meet the Parents."

> P9: . . . I get all the murse man jokes, and, uh—"Meet the Parents," [have you] seen "Meet the Parents"? Ben Stiller is a nurse; he's a male nurse so I get all of the Ben Stiller jokes [laughs]. I gotta role with it [laughs again].

> P10: One friend I've had since I was 15—very, very close friend. I text him all the time. He was like [laughs], "You're gonna be a male nurse, huh?" He's the only one who had anything to say, and now, four years later, he was like, "I'm really gonna see about doing nursing." He's never committed too much. He went all the way from "You're gonna be a male nurse, huh?" to "I'm gonna do nursing."

After these fleeting references, both men began immediately discussing the positive ways in which nursing is regarded. Tellingly, for P9 that meant being mistaken for a doctor. "So I get those jokes [the Ben Stiller jokes] . . . yeah, yeah, yeah, sure, sure, but I even get the whole—whenever I walk into a [patient's] room—"Oh, the doctor's here", just because [I'm] male, you know?" For P10, this meant emphasizing the respect he believes nurses garner.

> P10: A lot of people are . . . very positive, very, very positive. . . . People have very high respect for nurses. I think I've read that it's rated one of the topmost respected careers because it's very hard and it's very rewarding so a lot of people respect it highly. . . . I think it's inspirational and I think it's very respected

> and I think to some degree [people] respect it highly. . . . I think it's very respected—I've had nothing but positive, never heard anything negative. . . .

Significantly, these responses provide further evidence of the men's tendency to valorize their choice to enter the profession.

Finally, all participants agreed that any negative perceptions of the profession are supported by a media that "minimizes what we do" (P7) and "is not giving us the credit that we deserve" (P2). One participant, P6, even said, "We look like bozos." The TV shows *Nurse Jackie* and *Grey's Anatomy* were the most commonly cited with one of the men in the study, P10, commenting that ". . . nurses are more than *Grey's Anatomy* where the lights are low and everyone's reasonably attractive and all made up and all this b.s. and no one swears—it's ridiculous." P10's statement affirmed what other participants had discussed: Nurses are inaccurately portrayed in TV shows and are more than their stereotypes and/or the media's superficial or erroneous characterizations of them. Real nurses sweat and swear. Real nurses are not always attractive or angelic, and real nursing is hard work that occurs under bright lights.

Surprisingly missing from the discussions of media portrayal and attention, or lack thereof, was any mention of nursing in the scientific literature as well as the Johnson and Johnson ad campaign for nursing. None of the participants mentioned the image of nurses as scientists as reflected in published nursing research and only one, P10, referred to the ad campaign with the comment, "They [the media] do have those nursing ad campaigns like Johnson and Johnson. I think they do need to do something different."

The paucity of discussion concerning nursing research and the 5-year-long nursing ad campaign sponsored by Johnson and Johnson can only be attributed to a lack of awareness, concern, and/or the possibility that these have made a nominal impression upon the nurses in this sample. Though the negative portrayal of nurses in the media appeared to have made an impact, the positive ways nurses are portrayed or participate in media-oriented endeavors did not, possibly indicating too little exposure to these features.

The conflict inherent in being a nurse.

While shouldering tremendous responsibilities, these participants were very passionate about what they do as nurses, but felt undervalued and/or physically compromised to the point they had to leave their jobs or secure legitimacy through mistaken identity.

All 10 participants described experiencing some kind of discordance between the genuine love they felt for their profession and experiences that diminished support for this passion. Some of the conflict discussed was obvious and overt such as the ongoing battle for more compensation and respect, but some was more subtle and insidious and, perhaps, even obscured from those experiencing it. What follows are five examples illustrating this theme.

For P1 conflict was made manifest by the fact that, if she had to do it all over again, she would have chosen to become a doctor rather than a nurse, questioning, “Why would you [choose to be a nurse)] if you could be a doctor?” and, though she said she would encourage her children to become a nurse, she stated, “I wouldn’t say anything bad about it, although I’ll ask them why would you do that when you could do

this [become a doctor]." Notably, P1 repeatedly expressed enthusiasm for what she does.

Similarly, P4 displayed obvious passion for her work as an ICU nurse using phrases like "I love what I do!" However, due to the common working hours of a hospital nurse (long shifts, weekends and holidays) and demanding nurse-to-patient ratios, P4 was considering other employment. She tellingly stated, "I want everything nursing isn't", implying a nurse's schedule did not support her personal life and the practice of nursing was not easy.

Likewise, P2 left her job as a Medical Surgical nurse just two weeks before her interview for this study because of a stress-related increase in her blood pressure.

> So I had to take a break from acute care. Yes! It was the five patients and if two got discharged you may get two more patients, and [on] a given day you could have gone through seven patients in a 12 hour shift to where you're trying to give excellent—not just trying—you're giving exceptional care so you even forget to pee, to eat, to sit down, and your blood pressure is elevated and then you get on medication because that's [nursing] what you want to do. . . . I've had people who were staying in and getting on medication, or just walking away . . . the fulfillment becomes compromised

Another, less subtle, conflict widely discussed during participants' interviews was that of measuring the importance of and pride in nurses' work against the treatment of nurses as blue-collar workers. Nine of the 10 participants passionately and emphatically conveyed pride in the profession, echoing the sentiment expressed by P7, "I want to be a nurse. I'll do whatever it takes to be a nurse . . . I'm so proud of being a nurse", but, as

P3 stated, ". . . to have so much professional responsibility and then feel I have very little value as an individual professional in the job." Or as P5 so poignantly put it, "Without nurses it would be very dark, yet we're treated like the hired help."

A striking example of how this conflict can become internalized was provided by P9, one of the two male nurses in the study. In spite of being proud of being a nurse, P9 appeared to embrace being mistaken for a doctor because it legitimized what he does. During a discussion of the frequency with which he was mistaken for a doctor—"just because I'm male"—he admitted, "I embrace it. I think it's funny cuz it's a—this is not an easy career."

Recruitment.

As noted throughout this discussion, many of the formulated meanings are interrelated and contribute to more than one theme. Nowhere is this more pronounced than in the themes of Recruitment and Retention. Thus, Recruitment and Retention emerged as themes not only because these topics were addressed with the last formal question of the interview but also because the meanings informing these themes are woven throughout responses to the other questions being asked.

Effective exposure to the profession and adequate compensation for a difficult job are fundamental to recruitment into nursing as discussed by the participants. Because the profession cannot be dependent upon recruiting only from those inspired by their experiences of nursing care in healthcare settings, inherent in the idea of exposure is education.

> P10: High school, high school, high school! I never had someone come and say nursing is awesome. . . . If the youth have confident nurses go and talk to them I think a lot more males—I'm totally comfortable going into a room full of football playing guys and saying, "Nursing is awesome! If you're thinking about medical school, or if you're thinking that's the only route, there's other options. Here's the reward of doing it this way. Here's my experience in it." I think that's one of the biggest, biggest things.

Other participants mentioned focusing on the education of people considering second careers because "people are more serious about it and the older are easier to retain" (P5). The fact that six of the 10 participants in this study chose nursing as their second career could be an indication of the effectiveness and the value of this strategy.

According to the participants, compensation, too, is important for recruiting as well as retention. As P9 so concisely stated, ". . . you're gonna get the best talent with better pay. It's just the bottom line with that." His conviction was echoed by P10:

> I came up with 17 bullet points of staffing effectiveness. A lot of that had to do with bonus incentives. Even if they said that there was a bonus, and the bonus was $10, to say that there's a bonus, people want to work toward that. It's a mental pro [that] even if the bonus is small, there is one. "They're rewarding me with a bonus for the hard work we're doing."

Retention and the work environment.

Financial compensation commensurate with significant responsibilities and emotional compensation in the form of connection with patients, staff, and, especially

management are essential elements for retention along with decreased nurse-to-patient ratios.

Besides the strategies of increasing compensation and focusing on those seeking second careers, suggestions for retention included fostering and nurturing connections among staff, most notably by those in management, and decreasing nurse-to- patient ratios. Seven of the 10 participants mentioned the importance of good management when considering ways to retain nurses.

> P6: I think really strong, involved management, not behind the scenes management, is a big factor [in retention]. Really taking in personal opinions and listening to the staff and knowing your staff. Knowing what works and what doesn't, and you're not gonna know that if you're behind the scenes and behind the closed door.

Seven of the 10 participants discussed nurse-to-patient ratios as not only needing to decrease but as influencing decisions to remain in the profession. Consider P9's statement that ". . . a lot of people have left nursing because they're burnt out, they're emotionally exhausted. . . . Retention—they need to decrease the ratios, I'm sorry. It's a burnout factor." Supporting this contention is the fact that two of the participants had switched either facilities or areas of practice due to the high ratios they experienced in their first places of employment and a third participant was considering entering another area of practice for the same reason.

Overarching Description and Answer to the Research Question

Clearly, for the participants in this study the decision to pursue a career in nursing was an easy choice. However, like nursing practice itself, the *meaning* of the decision is one of passion, complexity, and conflict. Essentially, the tentative answer to the question *What is the lived experience of choosing professional nursing as a career?* is twofold. For the study participants, this experience was a conflicted one involving the search for personal fulfillment through meaningful work within a profession the practices of which can compromise that fulfillment. Subsequently, meaning was found in the conflict of passionately loving one's job and having pride in one's work, but experiencing low regard for and/or misrepresentation of the profession by other members of the healthcare team, the media and/or the public.

Summary

In this chapter, the data collection method and the findings from analysis of the data were presented and discussed. Five themes emerged from the data analysis: (a) Up Close and Personal/Exposure and Connection, (b) The Image of Nursing, (c) The Conflict Inherent in Nursing, (d) Recruitment, and (e) Retention and the Work Environment. From an exhaustive analysis of these themes the tentative, twofold answer to the research question *What is the lived experience of choosing professional nursing as a career?* was developed and discussed.

Chapter 5: Conclusion

The examination of the lived experience of choosing professional nursing as a career with consideration for the impact of the image of nursing upon this experience was the purpose of this study. This chapter provides an interpretation of the study's findings as revealed in Chapter 4 as well as recommendations for action and further research based upon these findings. The conclusion to this chapter completes the dissertation.

Interpretation of Findings

As discussed in Chapter 4, one of the most remarkable findings of this study, a finding noticeably absent from the other two studies of nurses and career choice (Harding, 2009; Magnussen, 1998), was the obvious sense of love for the profession communicated by each participant. The strength of their passion was demonstrated by the fact that even though 50% of the sample held a nursing job different from that with which they had started their relatively short careers, none expressed any intention of leaving the field and thus becoming one of the 13–70% of nurses who leave in their first year of nursing or one of the 26% who leave in their second year of nursing (Pellco et al., 2009). Comparatively, out of the 1195 newly licensed registered nurses who responded with comments to the survey analyzed by Pellco et al. (2009) only 80 expressed a love for professional nursing.

The fact that none of the participants voiced the intention to leave the profession was made more significant with consideration of the underlying tension experienced by having to sustain a love for this profession that is practiced within stressful parameters while garnering relatively little support or respect. Subsequently, changing jobs so early

in one's career—though indicative of the multitude of choices nursing has to offer—and coupled with the inherent conflict described above, imply a tenuousness with which the profession holds its young. How many of these participants will still be practicing in five years—in 10?

Given the mean average age of this study's sample—35.6 years—and the fact that six out of the 10 chose nursing as their second career, the possibility exists that these participants were intrinsically motivated to endure compromised fulfillment. This is consistent with the literature regarding the influence of age on the intrinsically motivated career choices of nontraditional undergraduate students (Bye, Pushkar, & Conway, 2007) and second degree nurses (Miers et al., 2007; Raines, 2011).

Finally, the passion for nursing expressed by the study sample serves as a philosophical reminder of Beauvoir's postmodern feminist idea of consciousness as based on meanings of the world arising from human interactions and communal practices. The connections with others manifested by nursing practice and sought after by the study's participants satisfy the desire—or as Beauvoir posited, the ethical obligation—of individuals to create value in the world, thus giving rise to a continuously re-created Self. The idea of a reinvented or re-created Self is not only implicit in the act of choosing a second career but is also found in the reciprocity of freedom evoked by the everyday interactions of nurses with their patients. Perhaps it is a sense of authentic actualization born of being of service that stoked the fire, so to speak, for this sample and suggests a reason for the tenacity with which they upheld their passion.

Besides passion for nursing, meaning of the choice of nursing as a career was found within five themes emerging from the data. As considered in Chapter 4, these

themes were Up Close and Personal/Exposure and Connection, The Image of Nursing, The Conflict Inherent in Nursing, Recruitment, and Retention and the Work Environment.

Themes

Up close and personal / Exposure and connection.

Exposure to and experience with nurses caring for the participants themselves and/or their loved ones appeared to be this sample's primary motivating factor for choosing nursing as a career. Having a mother who was a nurse was a factor as well. Both of these findings are consistent with the literature in which observing nurses in action was a significant finding of earlier studies examining nursing as a career choice (Beck, 2000; Larsen, McGill, & Palmer, 2003; Prater & McEwan, 2008; Raines, 2011) as was having a family member who was a nurse (Barriball & White, 1996; Dockery & Barnes, 2005). However, unlike this study, all of these studies involved nursing students rather than registered nurses.

Notably, though the desire to be part of something meaningful was expressed by this study's participants, the desire to help others as motivation for the choice of a career in nursing was never mentioned or discussed. This is in direct contrast to the primary finding of most of the existing literature on nursing and career choice. In these studies, the desire to help others, to be of service to others was the main reason given for joining the profession of nursing (Beck, 2000; Day et al., 2005; Grainger & Bolan, 2006; Hemsley-Brown & Foskett, 1999; McLaughlin et al., 2010; Miers et al., 2007; Mooney et al., 2008; Raines, 2011; Rheaume et al., 2003; Seago et al., 2006; Zysberg & Berry, 2005). Again, the sample populations of all of these studies were comprised of nursing students.

Admittedly, the desire to be of service could be intrinsic to the desire for meaningful work or meaningful experiences related to work, especially when considering a service-oriented profession such as nursing. Nevertheless, because none of the 10 participants in this study directly communicated a desire to help others as an incentive for choosing nursing, this can only be considered an assumption.

In addition, none of the nurses in this study cited economic stability as a factor influencing their decision to become a nurse. This is particularly significant in light of the results of the analysis of the effect of the 2008 recession on nursing employment conducted by Buerhaus and Aurbach (2011). This analysis indicated that newer, younger nurses were entering the profession in pursuit of job security, a trend that the authors predicted would only continue, thus signaling a temporary slowing of the national nursing shortage. However, because the majority of nurses in the current study indicated intrinsic, as opposed to extrinsic, rewards as motivating factors—a finding supported by studies of nontraditional nursing students (Bye et al., 2007; Miers et al., 2007; Raines, 2011)—the importance of intrinsic rewards for students and nurses who are older, nontraditional, and/or seeking second degrees can not be overstated.

Of particular importance for this study is the fact that because all 10 participants had the same or similar motivations for choosing professional nursing as a career, the decision itself did not overtly appear to be a gendered one. Like the women in the sample, the two men either had a mother who was a nurse (P10), or a mother who had always wanted to be a nurse (P9), or experienced some kind of exposure to nursing that influenced his decision to become a nurse (P9). However, as discussed later in this chapter, the internalization of gendered and/or nursing stereotypes by this study's

participants served to validate the choice of nursing, or their place in the profession, thus substantiating choice as a gendered experience.

Subsequently, because five out of the 10 participants had a mother who was a nurse, the possibility exists that, though the decision to become a nurse was not obviously related to gender, it may have been influenced by genetic tendencies. Consider Gottfredson's (2002) Theory of Circumscription, Compromise and Self-creation, briefly summarized by Leung (2008) as a theory of career choice in which "…career development is viewed as a self-creative process in which individuals look for avenues or niches to express their genetic proclivities within the boundaries of their own cultural environment" (p. 123). Essentially, individuals' genetic inclinations act as a compass guiding them toward career choices they resonate with and are deemed attainable and away from those choices that repel or are determined to be unattainable. None of this occurs in a cultural vacuum, thus career choice is a direct result of the interaction between genetic makeup and environment (Gottfredson, 2005).

It is beyond the scope of this study to thoroughly explore the influence of genetics upon career choice, but it is noteworthy that 50% of the sample of nurses in this study had mothers, not fathers, who were nurses. Indeed, P10, one of the male participants, had a father who was a pediatrician and a mother who practiced nursing. Given the historical context of nursing as situated within a patriarchal institution, it is not insignificant that as a male he chose nursing rather than medicine. Furthermore, the fact that these mothers who are nurses are, of course, also women lends itself to the idea that there is some gendered as well as possible genetic influence apparent within this sample's career choice of nursing.

Although this sample's decision to enter the nursing profession did not explicitly appear to fall along gendered lines, the impact of gender upon the *experience* of professional nursing was apparent—exemplifying the feminist precept that knowledge-making is gendered, historic, and contextual—as demonstrated in the themes The Image of Nursing and The Conflict Inherent in Nursing.

The image of nursing.

The issue of image proved to be as problematic for this study's sample as it has historically been for the profession. All participants discussed a perceived lack of respect and regard from the media, healthcare administrations, and most healthcare providers in spite of their rigorous schooling and training. Significantly, only the women relayed a sense of low regard for the profession from the public, though the internalization of certain nursing and gender stereotypes was evident for both the men and the women.

Accordingly, all participants agreed that nursing was misrepresented by the media, a finding strongly supported by prior studies (Dahlborg-Lyckhage & Pilhammar-Anderson, 2009; Jinks & Bradley, 2004; Kelly et al., 2012; Morris-Thompson et al., 2011). The television shows *Nurse Jackie* and *Grey's Anatomy* were the media items most commonly discussed. Significantly, although all the participants expressed concern regarding media misrepresentation, none indicated this as a major source of stress.

Conversely, while public perception of nursing did not appear to affect the participants' decision to become a nurse, it did have an impact on the experience of being a nurse, an impact that was clearly differentiated by gender, thus unambiguously

validating the postmodern feminist principle that experience can never be divorced from gender. For the women in the sample, the study's findings reflected those of prior studies showing that nurses and nursing students believed they held a higher regard for nursing than the general public did (Ben Natan, 2009; Bolan & Grainger, 2009; Karanikola et al., 2011; Morris-Thompson et al., 2011; Takase, 2004; Takase et al., 2006; Varaei et al., 2012), and that the public was confused about or entertained misperceptions about what nurses do (Milisen et al., 2009).

On the other hand, though many of the female participants expressed dismay at the perceived lack of understanding of nurses' work by the public, none of them reported an intention to leave the profession because of this as was found in earlier studies (Dombeck, 2003; Takase et al., 2006; Varaei et al., 2012). Consistent with the study by Karanikola et al. (2011), however, was the finding that public misperceptions about nursing practice were a definite source of professional dissatisfaction for the women in the sample.

Strikingly, *none* of the results of the research reviewed for this study included findings such as those reported by the two males in this study's sample. For example, according to prior studies' authors, the many participants involved in their studies did not convey the impression that the public viewed nurses as "intelligent" or nursing itself as "an achievement," nor were any sentiments expressed that were remotely similar. Again, the question arises: Are male nurses actually perceived differently by the public? Perhaps; as reviewed in Chapter 2, results of studies indicate that male nurses are frequently depicted in management and leadership positions on TV and in medical brochures (Dahlborg-Lyckhage & Pilhammar-Anderson, 2009; Jinks & Bradley, 2004)

and, like the men in this study reported, are often mistaken for physicians by both healthcare staff and patients (Dombeck, 2003).

The question must also be asked, however, if the males in this sample perceived a difference in public perception as a way to validate their decision to enter a female dominated profession. More than mere psychological speculation, the relevance of this question is supported by several things, including the men's demonstration of the internalization of gender stereotypes, thus unintentionally perpetuating nursing as a gendered construct while contributing to a discourse of subordination. Evidence for internalization of stereotypes is presented with the referencing of their female colleagues as catty or as like mothers to them and with the expression of pride in being a male nurse as stemming from feeling physically strong and being mistaken for a doctor. Likewise, the legitimacy of the question is supported by the men's determination to define themselves as nurses by identifying with what nursing and nurses are not typically known for, that is, being intelligent and inquisitive, being highly respected, having physical strength, and being mistaken for physicians.

In addition, neither of the male participants indicated they had to contend with effeminate or homosexual nursing stereotypes beyond being teased by friends—notably, not by patients or the general public—as being a "murse" suggesting this was indeed a non-issue for them. Because existing literature indicates that this has been a common issue for male nurses (Harding, 2009; Jinks & Bradley, 2004), the findings of this study could be a direct result of the recent advancement of gay rights in this country, the geographic influence of practicing in what is generally considered a liberal-leaning city,

and/or the determination of the men in this sample to identify with positive nursing image constructs rather than detrimental ones.

Similarly, the women in the sample chose not to define nursing outside of a gendered construct, a finding consistent with the existing literature (Dombeck, 2003; Donelan et al., 2008; Krebs et al., 1996). As revealed in Chapter 4, the female participants resisted defining nursing as knowledge based work in favor of emphasizing nursing as caring work requiring heart and intuition. Ironically, these nurses appeared rightfully offended at being perceived as "the hired help" and energetically discussed the complexities of nursing practice, but appeared reluctant to acknowledge intelligence as an essential element of this practice. This finding validates that the question initially asked in Chapter 1 continues to be an important one for the profession: As a profession, can the model of caring be embraced as the core component of nursing identity without perpetuating an image of subservience? The findings of this study support those of the existing literature (Kelly et al., 2012; Morris-Thompson et al., 2011) that indicate the answer is no.

Additionally, the internalization of nursing stereotypes by the women and gender stereotypes by the men in this study suggests a passivity with which this sample dealt with issues of image, a finding mirrored in current nursing literature (Dombeck, 2003; Fletcher, 2007; Gordon & Nelson, 2005). This passivity is further exemplified with the participants' general lack of acknowledgement of national nursing ad campaigns as well the existence of a body of scientific nursing literature, and implies a complicity in the undermining of the value of nurses' contributions to the healthcare system. Their complicity is unintentional to be sure, but how can nurses expect to effectively

communicate their value to a system rooted in science if they themselves do not readily articulate the profession's scientific contributions? Furthermore, the positioning by nurses of some types of nursing practice or knowledge as superior to others, for example, ICU nursing as compared to Mother Baby nursing, supports this complicity as well.

As reflected in the existing literature (Dombeck, 2003; Fletcher, 2007; Gordon & Nelson, 2005), perhaps the most egregious result of the aforementioned passivity was that it effectively sustained the determination of the participants to only define themselves within the existing parameters of the profession's stereotypes. Subsequently, this determination ultimately ensures adherence to an imperative situated within the power/knowledge structures of the healthcare system, that is, a cultural narrative of nursing subordination. For the participants, this was exemplified by their perceptions of a lack of support and respect from healthcare administrations and providers, a perception reported by nurses and nursing students in other studies as well (Bradbury-Jones et al., 2011; Duchscher & Myrick, 2008; Farrell, 2001; Pearcey & Elliott, 2004; Scarry, 1999). It was this issue, in particular, that appeared to be the primary cause of tension underlying the choice to become a nurse and thus substantially informed the next theme to emerge from the data, The Conflict Inherent in Nursing.

The conflict inherent in nursing.

Discordance between a passion for nursing and a perceived lack of respect and support from those both within and outside of the healthcare system was a source of tension fundamental to the study participants' experiences of choosing nursing as a professional career.

Closely related to the previous theme, The Image of Nursing, the theme The Conflict Inherent in Nursing emerged from the data as one participant after another communicated that the meaning of their work has had little validation or support from other healthcare providers, healthcare administrations, the media, or, for the women in the sample, the public in general. As alluded to in the previous discussion, this lack of general regard for what to these participants was very meaningful and important work appeared to result in uneasiness with their professional identity. This uneasiness manifested as the desire to be a doctor rather than a nurse for one participant while reinforcing the appeal of being routinely mistaken for a doctor for the two male participants.

In addition, an uneasiness with professional identity was exemplified by the women in the sample who identified the heart, or caring, as the driving force behind competent nursing practice as opposed to what was perceived as more valued by society, that is, the mind, or intellect. In this way, the historical, professional tendency to subjugate one way of knowing to another was realized and effectively affirmed that both nursing identity and the *meaning* of nurses' work—as well as the public perception of both—continue to be shaped by nursing's origins rather than current practice. Ironically, the men clearly identified more with the concept of nursing practice as intellect-driven precisely because they perceived the quality of intelligence as being more valued by society, thus forcing their own subjugation of one way of knowing for another.

Consider, too, that undermining the sense of any professional identity of the nurses in this sample was the stated dichotomy of bearing immense responsibility while being treated as "the hired help". Shorter inpatient lengths of stay and higher acuity

levels contribute to the responsibilities and challenges of nurses' work. In addition, besides referring to disrespect from healthcare providers and the media, participants frequently discussed healthcare administration's insistence on higher staffing loads as an example of the devaluation of nurses' work and nurses as individual professionals, a finding echoed in current literature (Aiken, Clark, Sloan, Sochalski & Silber, 2002; Tellez, 2012; Tellez & Seago, 2013). Particularly poignant is the fact that due to the physical stress of challenging nurse-to-patient ratios, the participant who had entered nursing as a way to honor a promise to her dying father, P2, emotionally spoke of "compromised fulfillment" when discussing her decision to leave her first job—and perhaps her dream of being a dialysis nurse in an acute care setting—in search of a less stressful position.

Moreover, P2's experience illustrated that if personal fulfillment is compromised then, arguably, creative self-actualization may be compromised. More than just a philosophical concern, the ramifications of compromised fulfillment can be far-reaching. If people are entering professional nursing in pursuit of meaningful work and personal fulfillment, as this sample did, it follows that the compromise of either or both of these things may lead to de-investment in the work, burnout, and/or the exit from the profession. Consequently, the promotion of authentic actualization with practices and policies that sustain and enhance the meaningfulness of nurses' work becomes a professional imperative, and one that can inform recruitment and retention strategies.

Recruitment.

For the participants in this study, exposure to the nursing profession through education about actual, realistic nursing practice and adequate compensation for a challenging job were key for effective recruitment into the field.

Not surprisingly, it appeared important to the participants that people are educated about what nurses do and that "nursing is awesome" beginning in high school and continuing with a focus on those earning their second degree or exploring the possibility of a second career. Hope was expressed that the effects of educating the public would be twofold, namely that recruitment into the profession would occur and secondly, that the image of nursing would be fortified.

Compensation was discussed by many of the participants as necessary for both recruitment and retention. This was in direct contrast to the information presented in some of the literature with one website going so far as to imply that nurses did not care about money ("How Has Nurse Compensation Evolved Over the Past 5 Years?" 2013). However, two studies suggested that increasing compensation would be effective in helping to ease or even end the nursing shortage (Bergman, 2006; Spetz & Given, 2003).

Retention and the work environment.

Ironically, increased recruitment into a profession is a futile endeavor if the ability to retain those recruited proves challenging or compromised. For these participants, the importance of a supportive work environment for nursing retention could not be understated. Suggestions for retention centered on financial and emotional compensation and decreased nursing staffing ratios. Indeed, as discussed in the previous theme, The Conflict Inherent in Nursing, decreasing patient loads was a topic discussed by seven of the 10 participants. Significantly, three of the seven had already made or were in the process of making major career decisions based on their negative experiences with high nurse-to-patient ratios. The importance of this topic for the

participants is reflected not only in the nursing literature cited earlier but also in the fact that state legislatures around the country have enacted or are considering enacting legislation that directly impacts nurse-to-patient ratios.

Finally, cultivating connections, particularly by management with nurses, was discussed by the participants as a retention strategy. This strategy appears particularly relevant as it addresses the desire for connection that initially helped to define meaningful work and thus inspire many of the participants to enter the profession. Subsequently, this strategy also reflects the participants' need for more regard from those in healthcare administration.

Overarching Description and Answer to the Research Question

A summary of the interpreted findings is found in the answer to the research question guiding this study. As previously discussed in Chapter 4, the tentative answer to the question *What is the lived experience of choosing professional nursing as a career?* is twofold. For the study participants, this experience was a conflicted one involving the search for personal fulfillment through meaningful work within a profession the practices of which can compromise that fulfillment. Subsequently, meaning was found in the conflict of passionately loving one's job and having pride in one's work, but experiencing low regard for and/or misrepresentation of the profession by other members of the healthcare team, the media and/or the public.

Essentially, the findings from this study indicate that the profession continues to confront outmoded perceptions that belie the power and the breadth of nursing. Fortunately, however, the fact that the nurses in this study conveyed a depth and scope of passion for their work despite these perceptions portends professional empowerment

and presents a focus for methods to extricate the profession from its historical stereotypes and the disempowering practices and policies of healthcare administrations.

Additionally, as discussed previously, the goal of emancipatory research and a function of nursing scholarship is to empower research participants through the research process and to raise the awareness of both the participants and nurses in general regarding issues that influence the profession. Participants' feedback such as that which follows regarding the validity of the answer to the research question indicates this goal was met:

> "You got my brain going." (P9);
>
> "I think you summed it up very well!" (P5);
>
> ". . . just wanted you to know your conclusion is very true for me. You captured my experience! Glad to be a part of your work." (P2); and, finally,
>
> "*Yes!* This is such an interesting topic at the heart of nursing. I am so proud of your bravery in exploring this conflict!" (P3).

Furthermore, these statements also testify to the relevance of the focus of this study, and reinforce that the question of how to keep the fierce love for nursing intact is of the utmost importance. Accordingly, recommendations follow that center on recruitment and retention in order to keep the home fires—and nurses' passion for their profession—burning.

Recommendations

If the findings from this study are any indication, the nursing profession continues to be challenged by its historical image and nursing stereotypes. Measures to free the profession from its problematic image by reclaiming the power to define the meaning of their work from healthcare administrations, providers, the media and the public are key to the ability to effect change. Reflecting Beauvoir's postmodern feminist tenet of being known for what they do and know rather than how they are, nurses must be empowered participants in the shaping of their representations. No less than a cultural revolution in perception is called for beginning with education.

Accordingly, the current and projected future nursing shortage and the implications of this shortage for the healthcare system deem the education of the public concerning a career in nursing as a national health policy issue. Subsequently, federal and/or private foundation funding should be targeted for the development of new programs and the expansion of those already established that aim to expose high school students and those students seeking a second degree to the possibility and value of a career in nursing. The prototype of just such a program is currently being developed by this researcher and a nursing colleague with the goal of introducing it to local high schools and community colleges in the spring of 2015. Part of this program involves the education of guidance counselors concerning the rigorous schooling required of nurses as well as the complexities of nursing practice so that informed recommendations can be made to their students.

The implementation of curriculum changes in collegiate nursing programs that would require the education of nursing students about the vast body of nursing research

as well as research methods would be beneficial as well. Currently, the primary focus of many ADN programs on the development of clinical skills and the focus of many RN-to-BSN programs on managerial skills, though essential for a skilled nursing force, rob the profession of the opportunity to reshape its representations through research and through the *knowledge* of this research. Furthermore, the opportunity to fortify nursing as a science and nurses as not only caregivers but scientists is lost as well.

In addition, communicating what nursing is and does is imperative for professional viability, and can result in the reconstruction of the experience and the *perception* of being a nurse within a patriarchal healthcare system. Nurses must insist on visibility. Nurses must stand beside doctors during press conferences so that the public is informed of nursing—not just medical—care. Nurses must seek out the press through press conferences and the publication of important nursing research results in more commonly read periodicals as well as nursing journals. Nurses must find ways to communicate their value to those they interact with on a daily basis. All this requires a *voice*. Thus, a class teaching nurses how to do all this—how to be a voice for the profession—should be a requirement of every nursing program.

Moreover, nurses must be educated regarding the potential impact they have on career choice. If the findings of this study are any indication, nurses' interactions with others while administering care can greatly influence, and ever inspire, the decision to enter the profession. Accordingly, incorporating a public relations viewpoint into nursing education would be beneficial for the profession.

Furthermore, nurses must use their voices to insist on fair nurse-to-patient ratios and adequate compensation. Attempts to legislate nurse staffing ratios at the national

and state levels continue with only 13 states, including Texas, currently having any kind of legislation addressing nurse staffing (American Nurses Association, 2014). Most of this legislation merely stipulates the use of hospital staffing committees to create staffing plans, plans hospital administrations are not legally obligated to implement. Nurses and their representative organizations must continue to lobby for legislation mandating optimal nurse staffing in order to ensure patient safety and decreased nurse burnout. In addition, fair staffing loads would allow nurses to do what they're trained to do and thus diffuse the hired help/just a nurse perception.

So, too, would adequate compensation result in the recruitment of competent nursing candidates and the retention of an appreciated nursing force. Financial compensation comes in many forms, including bonus incentives and value raises.

Emotional compensation can be offered as outreach from managers highlighting, and thus reinforcing, individual importance. Practices such as rounding on staff in order to assess satisfaction levels and co-creating projects based on nurses' suggestions that allow the utilization of individual knowledge and skills—perhaps gained from former careers—are ways to foster the intrinsic rewards associated with and important for a career in nursing.

Similarly, the expansion of interprofessional education programs both within academia and healthcare settings could be critical for the alleviation of misunderstanding and disrespect between nurses and other healthcare providers. Besides resulting in better, more collaborative healthcare, a better workplace environment would also be realized, thus substantially contributing to the potential for improved retention rates.

Finally, the development of a new ad campaign for nursing involving TV, print, and social media should be a national health policy priority collaboratively funded by agencies such as the United States Department of Health and Human Services' Health Resources and Services Administration (HRSA) and the American Nurses Association. A new nursing ad campaign would be an effective tool for cultural revolution and a way to mediate the discourse between the public and the profession as well as within the profession itself. The goal of any ad campaign for nursing should be the promotion of respect for the profession and education about the profession while demonstrating a dynamic, holistic balance between heart and mind—nurses using their "whole everything" to be of service without being subservient. Involving frontline nurses would be critical for professional buy-in and success and would, at the very least, be consciousness raising and passion producing/preserving. To promote nursing participation in the development of such a campaign, this researcher is currently developing a website with the help of a nursing colleague that will serve as a repository for ideas submitted by nurses for a new campaign.

Suggestions for Further Research

The development of new programs such as those suggested in the previous section will need to be evaluated for effectiveness. Thus, research evaluating the effectiveness of new education programs for high school students, second career students, nurses and nursing students will be necessary for improvement, refinement, and, ultimately, the success of these programs.

Additionally, the findings of the current study indicate the need for further research concerning career choice and nursing with a committed focus on nurses rather

than nursing students. Suggestions include the exploration of career choice with a larger sample of newer nurses than that of this study as well as with nurses who graduated with a BSN and those who have been practicing for more than two years. The examination of the experience of choosing nursing for the oldest of old nurses would be very valuable for the formation of retention strategies. Likewise, research focusing on why men choose nursing could inform both recruitment and retention programs. Finally, a content analysis of nursing school applicants' admission essays could yield data used to inform recruitment strategies. Of particular interest would be the number of applicants who cited an interaction with a nurse as the impetus to enter the profession.

The exploration of nursing as a second career could also have important implications for the profession's viability. Specifically, a comparison of age brackets, education levels and retention rates of practicing nurses would be an important contribution to nursing knowledge about career choice and recruitment and retention.

As indicated by this study's findings, Gottfredson's theory of career choice and its applicability to the nursing field warrants more research as well. Research regarding how many nurses have family members, especially immediate family members who are also nurses, would be an important component of any research exploring the influence of genetic proclivities upon career choice.

Yet another area of relevant research—and one with the potential to influence health policy—would be the exploration of the impact of interprofessional education efforts on the satisfaction level of nurses. Are nurses treated with more respect by healthcare providers who have participated in some form of interprofessional education? Does the degree of respect shown vary from one unit to the next, for example, are ICU

nurses treated with more respect than Med/Surg nurses? Does increased respect ultimately influence nursing retention levels?

Other suggestions for further research include the examination of male nurses' perceptions/experiences of public regard, surveys assessing nurses' attitudes toward compensation, and the assessment of the use of Simone de Beauvoir's *art de vivre* as a viable philosophy for nursing research.

Finally, postmodern feminist research that supports the deconstruction of a dominant cultural narrative in favor of knowledge creation based on lived experiences requires respect for the meanings of the lived experiences of the research participants. Specifically, inherent in a feminist oriented philosophy is the advocacy for multiple ways of knowing. For the women in this study, the acknowledgement of the imperative of nurses' work as heart-based was important, and for the men, nurses' work was viewed as intellect driven. Rather than eschewing the model of caring that nursing is known for, the acknowledgement of the importance of both heart and mind is called for. If the lived experience of being a nurse involves both the heart and the mind then one way knowledge creation can occur is by exploring this balance—this holism—with research.

Research programs such as those developed by HeartMath, a Colorado based research institute, provide good models for heart/mind research. For example, one of HeartMath's projects involves the demonstration of entrainment between one person's heart and another person's brain when they are in close proximity and are experiencing positive feelings. Nursing research based on this project alone has the potential to make a substantial contribution to knowledge about nurses' ways of knowing. Subsequently, research exploring the connection between the heart and the brain can promote respect

from those who have exhibited a disregard for nursing knowledge while simultaneously preserving the passion with which nurses practice.

Conclusion

Being a nurse is difficult. Fortunately, as demonstrated by the participants in this study, a hard-won love for the profession by its members exists despite the difficulties discussed. Keeping this love alive, especially for newer nurses, is an obligation of every member of the profession and one that can only be satisfied with an insistence on visibility. When nursing is represented in the media as requiring both a quick mind and a warm heart, when nursing representation in the scientific literature is regarded as equally as important as that of medical providers, when female nurses can acknowledge intelligence as an essential quality of nursing and male nurses can recognize the quality of caring as important for effective practice, and when gender and nursing stereotypes are no longer internalized so as to inform one's place in the profession then nursing will be realized—will be *seen*—as that profession that is intelligent, autonomous, valued and valuable, inspiring to both men and women, and robust enough to meet the healthcare demands of the 21st century.

For now, however, the lived experience of choosing professional nursing as a career is a passionate, complex, and conflicted enterprise—and one every single participant would say is worth the fight. Therein lies the hope for the profession. It is also a choice of which every nurse can be proud. As one participant so eloquently put it, "We are that segue between medicine and people. Without nurses it would be very dark. . . ."

Appendix A

Recruitment Packet

Letter of Invitation to Participate

Dear Nurse Colleague,

My name is Elizabeth Polinard, and I have been working as a Mother Baby nurse since 2003 at Seton Medical Center Austin in Austin, Texas. I am passionate about and protective of our profession, and, as such, returned to school in 2006 to work on my doctorate in nursing at the University of Texas at Austin School of Nursing. My dissertation research study involves exploring nurses' experiences of choosing nursing as a career and the impact this choice has had upon their lives. I am particularly interested in how the image of nursing may or may not have affected this choice, and I am hoping to use results of the study to inform and create effective recruitment and retention strategies. To this end, I am seeking registered nurses with six months to five years of nursing experience who would like to share their experiences with me and who are willing to participate in the research study.

This study is an exploratory examination of the experience of choosing nursing as a career and the impact that public perception of nursing may have had on this choice. Approval for this study has been obtained from the University of Texas at Austin Institutional Review Board. Conversational interviews lasting from one to two hours will be conducted with six to 15 Austin area registered nurses. Questions about how you made the decision to become a nurse and what factors may have influenced this decision as well as what this decision means to you now will be part of the discussion. These interviews will be audiotaped and will occur at a time and place of your convenience.

Your participation in this research will be entirely voluntary and will not impact current or future relationships with your employer in any way. In addition, your privacy and confidentiality are of utmost importance and will be protected in many ways, including the fact that all data will be coded without names or any identifying information.

If you are interested in participating and/or would like more information about the study, you may either contact me directly through email or telephone, or complete the enclosed reply form and return it in the self-addressed stamped envelope. To ensure confidentiality, please do not include your name and address on the outside of the envelope. If you are not interested in participating, please disregard this letter.

Thank you for your time and consideration.

Sincerely,

Elizabeth Polinard

Doctoral Candidate

School of Nursing, University of Texas at Austin

512-694-XXXX

epolinard@gmail.com

Reply Form

Yes, I am interested in learning more about Elizabeth Polinard's study of nurses' lived experiences of choosing nursing as a career and the impact of the public perception of nursing on this choice. My contact information is below.

Name:_____

Phone number:_____

If you prefer contact via phone, please indicate day and time that are most convenient for you:

_____

Email address:_____

Please mail this reply form in the enclosed self-addressed stamped envelope, or feel free to contact me directly via phone or email.

Thank you again for your interest,

Elizabeth Polinard, Doctoral Candidate

School of Nursing, University of Texas at Austin

512-694-XXXX

epolinard@gmail.com

Appendix B

Informed Consent

School of Nursing

The University of Texas at Austin

Consent for Participation in Research

Title: The Lived Experience of Choosing Nursing as a Career.

Introduction

The purpose of this form is to provide you information that may affect your decision as to whether or not to participate in this research study. The person performing the research will answer any of your questions. Read the information below and ask any questions you might have before deciding whether or not to take part. If you decide to be involved in this study, this form will be used to record your consent.

Purpose of the Study

You have been asked to participate in a research study about the lived experience of choosing nursing as a career. The purpose of this study is to examine nurses' lived experiences of choosing nursing as a career and the impact that the public perception of nursing had or continues to have on this choice. Approximately six to 20 registered nurses in the Austin area will be interviewed in order to understand their experiences.

What will you to be asked to do?

If you agree to participate in this study, you will be asked to do the following:

1) Complete a demographic form which includes information about your age, education, marital status, employment status and years in nursing.

2) Participate in an audiotaped interview with the researcher, Elizabeth Polinard that will last approximately one to two hours, depending on how much information you would like to share. Again, your participation will be audio recorded.

This entire study will take approximately eight months and will include approximately six to 20 study participants.

What are the risks involved in this study?

The potential risks are no greater than everyday life.

What are the possible benefits of this study?

You will receive no direct benefit from participating in this study; however, potential benefits for society include the opportunity for the advancement of nursing research. Surprisingly little is known about nurses' experiences of the choice of nursing as a career and the impact public perception of nursing has on this choice. Results from this study could be used to inform effective recruitment and retention strategies into a profession that frequently deals with debilitating shortages.

Do you have to participate?

No, your participation is voluntary. You may decide not to participate at all or, if you start the study, you may withdraw at any time. Withdrawal or refusing to participate will not

affect your relationship with The University of Texas at Austin (University) in anyway. If you would like to participate please sign this form and return it to the researcher, Elizabeth Polinard.

You will receive a copy of this form.

Will there be any compensation?

You will not receive any type of payment for participating in this study.

How will your privacy and confidentiality be protected if you participate in this research study?

Your privacy and the confidentiality of your data will be protected by the fact that all audiotapes and transcripts of your interview will be identified with a code number. If you choose to participate in this study, you will be audio recorded. Any audio recordings will be stored securely and only the researcher, Elizabeth Polinard, will have access to the recordings. Recordings will be kept for eight months and then erased.

Your name and the names of those mentioned during your interview will not be included in any of the data or in anything written or otherwise pertaining to the study. Tapes, transcripts, demographic forms, and any other written documentation will be kept in a locked file cabinet in the home office of Elizabeth Polinard. All personal information, including contact information, will be destroyed after data collection is completed. Elizabeth Polinard will be the only person to listen to and transcribe the audiotapes of the interview. Likewise, only Elizabeth Polinard and her dissertation committee members will have access to the transcripts. Tapes and transcripts will be destroyed after the study is completed.

If it becomes necessary for the Institutional Review Board to review the study records, information that can be linked to you will be protected to the extent permitted by law. Your research records will not be released without your consent unless required by law or a court order. The data resulting from your participation may be made available to other researchers in the future for research purposes not detailed within this consent form. In these cases, the data will contain no identifying information that could associate it with you, or with your participation in any study.

Whom to contact with questions about the study?

Prior to, during or after your participation you can contact the researcher, Elizabeth Polinard at 512-694-XXXX, or send an email to epolinard@gmail.com for any questions or if you feel that you have been harmed. You may also contact the dissertation director of this study, Deborah Volker, Ph.D, RN, at 512-471-9088 or dvolker@mail.nur.utexas.edu. This study has been reviewed by The University of Texas at Austin Institutional Review Board and the study number is 2013-11-0089.

Whom to contact with questions concerning your rights as a research participant?

For questions about your rights or any dissatisfaction with any part of this study, you can contact, anonymously if you wish, the Office of Research Support by phone at (512) 471-8871 or email at orsc@uts.cc.utexas.edu.

Participation

If you agree to participate please sign this form and return it to Elizabeth Polinard.

Signature

You have been informed about this study's purpose, procedures, possible benefits and risks, and you have received a copy of this form. You have been given the opportunity to ask questions before you sign, and you have been told that you can ask other questions at any time. You voluntarily agree to participate in this study. By signing this form, you are not waiving any of your legal rights.

_____

Printed Name

_____ _____

Signature Date

As a representative of this study, I have explained the purpose, procedures, benefits, and the risks involved in this research study.

_____

Print Name of Person obtaining consent

_____ _____

Signature of Person obtaining consent Date

Appendix C

Demographic Form

Age:_____

Sex:___Female ____Male

Race/Ethnicity:___Hispanic or Latino___American Indian or Alaska Native___Asian

___Black or African American___Native Hawaiian or Other Pacific Islander

___White

Marital Status:___Single___Married___Separated___Divorced

Nursing School Attended:_____

Highest Nursing Education Degree Obtained:____ADN____BSN____MSN____Ph.D

Years of Experience in Nursing:_____

Current Job Title:_____

Years in Current Job:_____

Current Place of Employment:___Hospital (please specify department):
_____

___Clinic (please specify department):
_____

___Other (please specify):
_____

Previous Nursing Experience:

___Hospital (please specify department and job title):
_____

___Clinic (please specify department and job title):
_____

___Other (please specify and include job title):
_____

Appendix D

Semi-Structured Interview Questions

1) Tell me how you decided to go into nursing.
2) What influenced your decision?
3) What does a career in nursing mean to you?
4) What do you envision doing with this career?
5) What did your friends and family have to say about your choice?
6) If you had to do it over again, would you? Tell me about that.
7) If your child (or a friend's child) wanted to become a nurse, would you encourage this? Why or why not?
8) What is your experience or perception of how the public sees nursing?
9) (If necessary): Some nurses think the media plays a role in how the public perceives nursing. What do you think about that?
10) What is your experience or perception of how other healthcare providers see nursing?
11) Today, when people ask you what you do, what do you tell them? What is your experience of their reactions?
12) Do you have any suggestions for recruiting and retaining nurses?

Prompts will be used to clarify statements or to elicit more information. Examples of these are as follows:

1) Can you tell me more about that? or Tell me more about that.
2) Can you give me an example?
3) What was that like for you?
4) How did you become aware of that?

At the end of the interview, all participants will be asked if there is anything else they would like to share.

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