

What Keeps Nurses in Nursing?

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Abstract

Interpretive phenomenology was used in this study to explore what keeps nurses in nursing by examining the impact of the relational experience of the nurse caring for the nursed in the context of the nursing situation. Eight practicing nurses were interviewed about what keeps them in nursing. Data were analyzed using Heideggerian hermeneutics and the theoretical framework of Boykin and Schoenhofer's nursing as caring theory. Four themes, practicing from inner core beliefs, understanding the other from within, making a difference, and nursing as an evolving process, supported one constitutive pattern, intentional compassion energy, revealing that nurses intend to care compassionately.

Key Words: Compassion energy, caring, intentionality, phenomenology, nurse retention

Introduction

Nurses are the largest segment of the healthcare workforce and the patient's primary professional caregivers. Nurses at the bedside directly affect the safety and quality of patient care. Little emphasis has been placed on the meaning of providing patient care for nurses. Most research is quantitative and portrays a negative focus, in other words, what is wrong. Little is known about the positive view, what keeps nurses in nursing. In this study, Heideggerian hermeneutic interpretive phenomenology provided the opening to explore what keeps nurses in nursing by examining the impact of the relational experience of the nurse caring for the patient in the context of the nursing situation.

Literature Review

The nursing shortage in the United States is a result of the aging workforce, wider professional opportunities for women, shortage of nursing faculty, the aging population, and job dissatisfaction among nurses (AACN, 2008). Aiken, Clarke, Sloane, Sochalski, and Silber (2002)

reported that one in five nurses will leave the workforce for reasons other than retirement. Today's nursing shortage is unprecedented and expected to grow through the first quarter of the 21st century. By 2025, the nursing shortage is projected to increase to 260,000 registered nurses (RNs), which is considered to be twice as large as any previous shortages since the 1960s (Buerhaus, Auerbach, & Staiger, 2009).

Fifty-six percent of nurses surveyed by the American Nurses Association (ANA) stated that time for direct patient care had decreased over a 2-year period. Consequently, 75% of nurses sampled thought that the quality of nursing care at the facility in which they worked had been compromised. Nearly 27% of nurses said they felt exhausted and discouraged by nursing care (ANA, 2001).

Research links stress to physiological conditions like cardiovascular distress, immunosuppression, and gastrointestinal problems (Halldorsdottir, 2007; Lee & Ashforth, 1996). Stress adversely impacts attention, concentration, critical thinking, and other cognitive functions. Family and social relations suffer. Staff stress levels contribute to reduced patient satisfaction, increased employee health costs, increased

spending for nurse recruiting, and unnecessary turnover of nurse employees (Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2006; Halldorsdottir, 2007; Latham, Hogan, & Ringl, 2008; Raup, 2008).

According to Valent (2002), nurses may be overwhelmed by a patient's pain and suffering, and this may compromise a nurse's well-being. Repeated exposure to pain and suffering, failed attempts to alleviate that suffering, moral and ethical distress, and patient death may cause nurses to experience adverse effects similar to those of their patients. If the stress continues unabated, nurses may become vulnerable to adverse psychological effects such as burnout, compassion fatigue, vicarious traumatization, or secondary stress disorder. Nurse-patient-family relationships may play a role in the development of negative healthcare outcomes for nurses (Figley, 2002; McCann & Pearlman, 1990; Pearlman, 1998).

Since Joinson (1992) coined the term compassion fatigue and Figley (1995) described the phenomenon, it has remained obscure in nursing literature. Although there have been observations of compassion fatigue in nurses, no studies have focused on the relationship between compassion fatigue and nurses' well-being. The scarcity of research in this area demands research evidence to explain anecdotal observations.

Rose and Glass (2006) used a qualitative critical feminist research inquiry of five female community mental health nurses in Australia to investigate the relationship between emotional well-being and effective functioning as community mental health nurses. The participants revealed a strong relationship between satisfying professional practice and positive emotional well-being and equally dissatisfying

professional satisfaction and negative emotional well-being.

The Institute of Medicine (IOM) *Future of Nursing Report* (2010) determined that healthcare professionals must take accountability and responsibility for safe, high quality healthcare. Specifically, that nursing care is directly related to improved patient outcomes and that best practices are evident to reflect the contributions of nurses and ensure better, quality care. However, Burhans and Alligood (2010) posited that nurse's daily evaluation of care is done without shared understanding of what quality nursing care is (p. 1690).

The nursing literature regarding caring work stress and nurses' sense of well-being supports the need for further research. The aim of this Heideggerian hermeneutic phenomenological research study was to describe and understand the meaning of what keeps nurses in nursing.

Theoretical Framework

The theoretical framework of Boykin and Schoenhofer's nursing as caring theory was used to explore what keeps nurses in nursing. The unified attribute for this research was caring. Boykin and Schoenhofer posited the unique focus of nursing as nurturing persons living caring and growing in caring (2001). A person is enhanced by being part of a nurturing relationship with a caring person. As the nurse intentionally comes to know self as caring, he/she lets go of ego to experience the interconnectedness that enables the nurse to know self and other as living caring. The nurse answers the call to nurse with the intent to know the one nursed by alleviating suffering and seeking interconnectedness with the one nursed. Caring for another is a process that is always unfolding and is guided by intentionality and the commitment to care. The nursing as caring theory offers a view that inspires a broad, encompassing understanding of any and all situations of nursing practice. The nursing situation is the place in which to dwell to discover

knowledge and to enhance personhood by participating in caring moments and by being present in nursing situations that are intentionally grounded in caring (Boykin & Schoenhofer, 2001).

Method

Heidegger (1927/1962) provided philosophical and methodological guidance in revealing and interpreting RN participants' experiences. Nurses are experts and, therefore, qualified to reflect on the nature of their experiences. Heidegger argued that beings are inseparable from an already existing world (Draucker, 1999). To study nurses in the context of their lived experience is to gain understanding of living life and what being is for these nurse participants. Instead of Husserl's approach of bracketing to articulate the findings and describe the essence of the experience, Heidegger believed that understanding is always already there and cannot be separated or bracketed from thinking and interpreting the experience and phenomenon. Heideggerian interpretive phenomenology rejected the idea that one can completely suspend one's presuppositions, prejudices, or preconceived ideas by simply being-in-the-world. Heidegger also insisted that any interpretation is only valid when background is taken into account. This not only facilitates the researcher's deeper understanding of the other's experience, but also facilitates more accurate interpretation of context and meaning (Dreyfus, 1994). The lives of human beings are situated within activities and relationships that are meaningful. To study the question of what keeps nurses in nursing through interpretation of the meaning rather than describing the phenomenon allows for a deeper understanding of the meaning of what it is to nurse today.

A purposive sample of eight participants was obtained from students enrolled in courses at a state university in southeastern United States. The criteria included being a practicing RN. Participants were recruited

by the following three methods. Initially, the researcher met with nursing faculty to gain access to the classroom for a 10-minute presentation to nursing students to inquire about their willingness to participate voluntarily in this study. Secondly, a recruitment flyer was posted with the title, contact name, e-mail address, and phone number for the participants to contact the researcher to learn more about the study. Lastly, word of mouth was utilized as a method to select participants.

Eight participants e-mailed the researcher with their interest and intent to participate in the study. The participants contacted the researcher by e-mail to schedule interview appointments. The participants were practicing RNs and unknown to the researcher.

The researcher conducted eight face-to-face, audiotaped, 1-hour open-ended interviews from February 2009 to August 2009. Participants responded to such inquires as, "Tell me a nursing situation of your best day in practice?" "What keeps you in nursing?" and "Tell me how you experience nursing." Immediately after each interview, observations and reflections were recorded as field notes. Pseudonyms were used to protect the identity of the participants. Data collection was complete after eight interviews as saturation was achieved. The audiotapes were transcribed verbatim.

Ethical Considerations

The study received ethics approval from the researchers' university Institutional Review Board. Using the informed consent process, the nursing student participants were assured that their participation was not tied to their grade and that their participation was completely voluntary. Another ethical consideration was the researcher's respectful approach. Voice matters and the dialogue that occurred during the interview was listened to and respected. The use of silence as a technique encouraged thoughtful reflection on the nursing situation.

Data Analysis

The researcher conducted a hermeneutic analysis using Heideggerian hermeneutic phenomenology as the philosophical grounding to guide the identification of categories, relational themes, and constitutive pattern of the transcripts (Diekelmann & Allen, 1989; Heidegger, 1927/1962). Based on the Heideggerian interpretive tradition, the researcher utilized Diekelmann and Allen's (1989) seven-stage process of analysis of the narrative texts. The seven stages are as follows:

- Stage One: The data were transcribed and the transcripts were read as a whole to obtain an overall understanding of the texts.
- Stage Two: Each transcript was reread and an individual summary was developed: 31 categories, units of meaning, were identified and a rich excerpt of the data was provided to support the category.
- Stage Three: The transcripts were further evaluated and the categories were examined for similarities and differences among the groups.
- Stage Four: Four relational themes were identified from the categories reflecting shared practice and common meanings.
- Stage Five: The data were examined for emergence of a constitutive pattern that linked all the themes and illuminated a shared meaning of the data.
- Stage Six: The interpreted findings were reviewed, reflected upon, and discussed with researchers who were familiar with both the content and research method.
- Stage Seven: The findings were prepared using sufficient excerpts from the transcripts for reader evaluation.

The multiple stages of interpretation provided a means for analyzing the data (Diekelmann & Allen, 1989). Unfolding patterns were revealed in the transcribed texts as the participants told their story in

the context of the nursing situation. The process involved moving from the parts of the text, to the whole, and back to the parts again. Continuous examination of the whole and the parts of the transcripts with constant reference to the text ensures that the interpretations were grounded and focused until saturation and redundancy occurred (Diekelmann & Allen, 1989).

Rigor

Strategies to ensure the accuracy of data collection and analysis were established using the framework described by Lincoln and Guba (1985) and elaborated by Sandelowski (1986). Lincoln and Guba (1985) described rigor as trustworthiness and authenticity for qualitative methods and findings. Trustworthiness enabled qualitative inquiry to make a reasonable claim to methodological soundness and established rigor by spending time with the participants to control consistency, stability, and repeatability of the analyses (Sandelowski, 1986). Rigor was achieved by inviting an interpretive phenomenological research expert to validate emerging findings, prolonged engagement with participants, member checking with two randomly selected study participants, keeping an audit trail, transcribing the data verbatim, and taking detailed field notes (Lincoln & Guba, 1985).

Findings

Eight women aged 22 to 54 years with a median age of 39 years were recruited. Years in nursing ranged from 1.5 to 33 years with a median of 18 years. Six participants were Caucasian, one was African-Caribbean, and one was African-American. Highest earned degree data revealed six with a bachelor of science degree in nursing, one had a master's degree in public health, and one, an associate degree. The researcher identified 72 significant statements from the text and developed 31 supporting categories. An analysis of text to understand what matters significantly as a way to see and hear through interpretation of what the

participants experienced led to the finding and synthesis of four relational themes from the supporting categories, practicing from inner core beliefs, understanding the other from within, making a difference, and nursing as an evolving process. Finally, the constitutive pattern that links the themes was identified as intentional compassion energy (ICE).

Practicing from Inner Core Beliefs

The researcher interpreted practicing from inner core beliefs from participants' descriptions of what keeps them in nursing. Inner core beliefs are defined as the basis of intentional ethical caring focused on fulfilling the needs of others. Practicing from inner core beliefs was interpreted as a reflective experience that reveals the beauty and complexity of caring for another as an unfolding of the day-to-dayness of nursing practice:

The mother had delivered a non-viable fetus at 17 weeks gestation, 1 week before in our Emergency Department. After being home for a week she decided that she wanted to see the baby and to have a proper burial. I had never met the mother. The nursing supervisor was uncomfortable about making this happen as she told me about the situation. I noticed the supervisor's discomfort and said, "I'll do it, just find me a room." I went to the Pathology Department to get the baby, however at this point the baby is called a specimen. I found a baby's hat and clothes and dressed the specimen, transitioning the specimen to a baby. We decided on the chapel in the hospital, it was just such a moving experience. I helped her in bonding and grieving with her baby. We spent maybe an hour or an hour and a half together dressing the baby, taking pictures, arranging the baby with different items that she had and talking about it. I'd like to think that I made a positive experience for her.

The participants described being guided by intentional ethical caring in complex

nursing situations. By being in the right place at the right time and doing the right thing, the participants described a loving spiritual experience. Doing the right thing is intentional ethical caring and keeps the nurse in nursing by intentionally doing something of value, to give back, and validates who the nurse is. It is meaningful for the nurse to make the world a better place, one person at a time, while valuing doing the right thing. Intentional nursing with a purpose gives the nurse a sense of worth by taking care of self in a reflective thoughtful practice that is spiritually guided. The nurse holds his/her own values by doing the right thing with an intentional ethical stance.

Practicing from inner core beliefs, as a relational theme, was interpreted from categories that included caring as the ethical thing to do, spiritually guiding self and other, respect for other, valuing as personal beliefs, reflective experience, and intentionality.

Understanding the Other from Within

The researcher interpreted this relational theme as the mutuality of finding grace in the other as the beginning point of coming to know and understand the other in the caring relationship. The nurse shares compassion within the nursing situation by creating the caring encounter in the best situation possible:

The mom wanted to be the first; she knew she had that kind of baby and that she would possibly have to have the baby put on the ECMO [extra corporal membrane oxygenation] machine. We had a lot of hope for the baby, but she suffered many setbacks and subsequently the parents decided that this life-saving measure should be discontinued. I wanted the mom to be able to hold her baby and be on the heart-lung by-pass machine, which is a very dangerous thing. So I maneuvered everything. I wanted her to hold her baby while the baby was still alive; she had never held her baby.

The participants appreciated hope and found joy in their nursing practice by encouraging hope in the one nursed. The participants described experiencing compassion by “walking in their patient’s shoes,” which seemed to make extraordinary things happen. Nurses respond to the calls for nursing uniquely and send out calls of compassionate presence. Understanding the accepted culture of caring for other and caring for self, the participants come to know self as nurse who is able to practice with compassionate presence. Within the nursing situation, the nursed and nurse share the celebration of their mutual reciprocal relationship of nurturance and caring.

Understanding the other from within grew from categories including reciprocal relationships, appreciating, finding joy, celebration, hoping, coming to know, called to, sending out the call, respond to call, and compassion.

Making a Difference

Each participant revealed the importance of making a difference in someone’s life. The participants declared that making a difference was an energizing passion described as joy, a personal high, and satisfaction. The nurses experienced that making a difference is validating as, “...what I do” and “...who I am.” What each nurse brings to the patient’s life is who he/she, the nurse, is. By making a difference, each nurse validates who she is, what she does, and this experience is grounding. One participant stated, “It’s integral to who I am, it’s feeling that I am doing something of value, giving back, and it’s part of making the world a better place one person at a time while healing the world.” Another declared, “I may not make a difference in everybody’s life, but at least once a day I make a difference in somebody’s life.”

I had a baby I was feeding and, I know I laugh now in hindsight but, the baby stopped breathing and I was just like... I kind of paused for a minute, but instinctively I just grabbed the ambu

bag and just, you know, was able to revive the baby. This was the very first time it happened and I think this was a memorable day for me because in that moment I realized that this is what makes a difference, you know. I felt it was energy promoting, I was confident and that energy was high for me.

The experience of making a difference is a feeling of being energized. The nurse participants felt energized by caring, exhibited by a sense of satisfaction as they help someone through intentional knowing.

Making a difference as a relational theme was interpreted from categories that included doing, caring for, mentoring, competence, confidence, sense of satisfaction, validation, and energizing.

Nursing as an Evolving Process

The participants offered that they have experienced many best days in practice, so much so that they found it difficult to describe only one nursing situation. Each participant needed a long, silent reflective pause to gather thoughts about one nursing situation that could represent a best day in practice. All participants described that there were so many important nursing situations over time of their nursing career. Some participants returned to when they were first nursing, over 10 years ago and a few over 28 years ago.

One participant described a nursing situation that occurred over a two-year period: Actually, the beginning of my career, when I first started day shift 10 years ago, I got a patient from a nursing home...he was my patient for 2 years. It was really cool to see what a difference you could make in somebody just through taking care of them. It validated why I became a nurse and what I was doing was helpful. It seemed like I made a difference, a positive difference in somebody. It changed me too, because I realized what I can do by my actions and not just my words, just by being present and building a trusting relationship, being there. He definitely taught me a lot about myself and things

like that. He taught me the importance of being authentic and being.

The researcher interpreted nursing as an evolving process of creating the nursing situations with openness and willingness to enter the world of the other to understand the wholeness of the person. The participants described the knowledge they possess and the trust they receive from the patient as a process. The nurse participants responded to the call with intentional knowing of the other as patient and person as whole, providing an ongoing presence as an environment of healing. Humility is the grounding for intentional knowing. Nursing as an evolving process as a relational theme was interpreted from categories including nursing situation over time, openness, wholeness, courage, trust, humility, caring response, and willingness.

The overall meaning of what keeps nurses in nursing for the eight participants in this study was interpreted from the four relational themes: (a) Practicing from inner core beliefs, (b) understanding the other from within, (c) making a difference, and (d) nursing as an evolving process. The overall meaning is described as a constitutive pattern that the researcher has named ICE.

The nurses in this study describe initiating the experience of compassion energy when they answer the call from a patient with compassionate presence, patterned nurturance, and intentionally knowing the patient and self. When the nurse answers the call of the patient with the intent to alleviate suffering or celebrating joy, the patient reveals his/her hopes, dreams, and aspirations. The nurse and the patient's individual expressions of affirmation, support, and celebration are exchanged as energy via compassionate presence. Compassion becomes the energy of caring (Johns, 2005).

In the nursing situation, the nurse answers the call with patterned nurturance that yields energy to be compassionately present. The dynamic unfolding of the energy exchange is experienced as patterned

nurturance through listening, knowing, and being with the nursed in authentic compassionate presence (Swanson, 1991; Watson, 2006). In the context of the nursing situation, there is a vibrational centering that is meaningful and nourishes nurturance. This energy patterning is depicted as patterned nurturance (Dunn, 2009; Todaro-Franceschi, 1999).

In intentional caring consciousness, the nurse intentionally knows the patient as whole. The patient has the choice of letting the nurse know him/her as person (Boykin & Schoenhofer, 2001; Locsin, 1998). Compassion energy is the intersubjective gift of compassion that gives nurses the opportunity to be with the nursed. Alleviating suffering or celebrating joy, the nurse and the nursed express a warm approval while sharing joyful satisfaction in the nursing situation by enhancing compassionate presence, patterned nurturance, and intentionally knowing the nursed and self (Dunn, 2009). Thus, ICE is the regeneration of nurses' capacity to foster interconnectedness when the nurse activates the intent to nurse.

This study revealed that intention grounded the nurse participants' practice as ICE. Each participant revealed that it was through conscious intention to create the nursing situation with the intent to be compassionately present that allowed them to come to know the patient through patterned nurturance.

Discussion

Four study limitations can be identified. First, all participants were in an educational program. It is possible that their current study might predispose the participants to think more than other practicing nurses about philosophical issues. Second, most participants were Caucasian. Third, no participants were men. Lastly, the view was from the nurse participants only, interviewing the nurses' patients at the time of the nursing situation may have provided more details into the nurse patient relationship.

Phenomenology is about pursuing ideas about a compelling phenomenon such as nurses' views of what keeps nurses in nursing. The journey of analysis culminated in an opportunity to listen and learn from the participants what it means to nurse and, in particular for this study, what it means to remain in nursing. Results are grounded in the data, from which the constitutive pattern ICE emerged.

Many challenges exist for nurses who provide direct care to patients. Overtime, work, employee, job, and task semantics have infiltrated the nursing literature, making invisible nurses' concern for the patient, known as the human relation element in the work environment. In the current study, all participants in this study described positive views of what keeps them in nursing. These findings contrast with other researchers' results that focus on a negative view or what is wrong with nursing. The findings highlight that nurses described their practice as grounded in intentionality and as creative and purposeful.

Compassion plays an essential role in the perceptions of consumers of healthcare and their experience of the quality of nursing care. Despite this perception of compassion in nursing, the review of literature for compassion revealed there is little known in the professional literature that addresses the essences of compassion as experienced by nurses. In the early 1900s, Lavinia Dock, Lillian Wald, and Annie Goodrich considered compassion not only as the essence of nursing, but also an inherent quality a nurse should have (Hamilton, 1994).

The institutionalization of compassion can make it routine and devoid of feeling. Even if the impulse of compassion attracts people to nursing, it is not always translated into action. In the past, improving quality care meant focusing on racial and geographic disparities, patient safety, and adherence to clinical guidelines, but not compassion. What is missing is a method to reinforce the positive aspects of

compassion among practicing RNs (Salvage, 2006; Sanghavi, 2006).

A nurse may perform actions for the one nursed with a sense of duty or moral obligation rather than compassion. The value of human caring involves a higher sense of spirit of self (Watson, 1985). Compassion cannot be acquired by advanced skills and techniques (Roach, 2002). In an ethnographic study of 20 Thai female nursing students in their last year, Lundberg and Boonprasabhai (2001) described the meaning and practical expression of good nursing care. The six categories that emerged were: Compassion, competency, communication, comfort, creation, and courage. Compassion was described as giving care from the heart, valuing people, respect, trust, and loving concern. In a study conducted by Wilkes and Wallis (1998), compassion was considered at the core of caring, meaning to be concerned about others through love, feelings, and friendship. They found that when nursing students entered their education, they already had compassion that emerged from relations with relatives and friends.

In the past two decades, scholars have been redefining nursing in the nurse-patient-family relationship, emphasizing intimacy as its vehicle for effective delivery of care. The previous biomedical structures, disease labeling, and technological tasks have fostered an environment that has made it possible to practice detachment and avoidance of the patient while caring for the technological equipment and paperwork (Johnston, 2007; Lundberg & Boonprasabhai, 2001).

Sanghavi (2006) reviewed questionnaires and transcripts of Schwartz rounds from multidiscipline caregivers at 54 hospitals in 21 states. The review yielded three strong common themes: Communication, common ground, and respect for individuality. Participants expressed that caregivers could make a conscious choice to care deeply for patients, improve compassionate care by focusing on body

language, and the content of communication intently (Sanghavi, 2006).

Peters (2006) qualitative phenomenological study offered insights into the lifeworld of 11 faculty members' experience of compassion. The themes that emerged were that compassion begins with forming connections with others that enabled faculty to "walk a mile in their shoes" living their suffering as if it were their own (p. 41). The faculty members described an initiation of action to alleviate suffering with a willingness to go beyond what is expected, giving the gift of self, time, or actions for the person in need. In giving this gift, faculty often received a gift in return (Peters, 2006).

Schantz's (2007) concept analysis clarified the meaning of compassion and its relevance in the context of everyday nursing practice. Nurses make a conscious decision to choose compassion in nursing decisions and actions, and to achieve excellence in everyday nursing practice, yet the concept of compassion is hardly found in contemporary nursing literature. Caring, sympathy, and empathy are found generously within nursing literature. The literature implies that these words are being used interchangeably with compassion. Compassion empowers nurses. Many nurses will say it is compassion for others that inspired them to become a nurse.

Nurse educators suggest that nursing curricula address educating nurses to be with others in a compassionate way. Younger (1990) suggested that meaning and struggles discovered through literary works can expand nursing students' knowledge concerning the experience of others living with adversity. Other scholars described ways for nurses to care for self to regenerate the need to facilitate effective nurse-patient-family relationships characterized by compassionate caring. What is needed is a method to continuously reinforce compassion for nursing students and all professional nurses (Salvage, 2006; Sanghavi, 2006; Sherwood, 1997; St. Pierre, 2006).

Conclusion

To study the question of what keeps nurses in nursing through interpretation of the meaning rather than describing the phenomenon allows for a deeper understanding of the meaning of what it is to nurse today. This study revealed that intention grounded the nurse participants' practice as intentional compassion energy. Each participant revealed that it was through conscious intention to create the nursing situation with the intent to be compassionately present that allowed them to come to know the patient through patterned nurturance.

Upholding intentional compassionate caring has the potential to help the nurse to transcend nursing as "just a job" to one of professional satisfaction and self-actualization. Ideally, nurses make a conscious effort to care for self, the patient, and the family, compassionately. Caring work includes the relationship among nurses, patients, and their families. This relationship requires the nurse to be fully present with and for the patient and family. Within the relationship a space is created for the patient and family to give voice and meaning to life experiences. Nurses remain in nursing because it gives them purpose and is meaningful even in difficult times.

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