PROFESSIONAL WELL-BEING IN THE LIVED EXPERIENCE OF HOSPITAL NURSES

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DISCLOSURES

• No conflict-of-interest or any sponsorship or commercial support was given

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PHENOMENON

• Nurses are an essential part of the health care system
• Nurses continue to struggle with their autonomy and role as a professional (Atsalos, et al., 2014)
• Nursing has evolved from a subservient role to independent practitioner
CURRENT NURSING WORKFORCE

• Median age is 50 (U.S. Bureau of Labor Statistics, 2015)
• Majority of nurse are female (93%) and Caucasian (83%)
• 63% are employed in the hospital (Minority Nurse, 2017)
• Nurses’ salaries are part of the daily room and board cost for patient.
• Nurses do not charge for their services
BACKGROUND & SIGNIFICANCE

• Nursing is consistently identified as a highly trustworthy profession by the general public (Gallup, 2017)

• However, compared to other health professionals, the public considers nurses to be less intelligent and less competent (IOM, 2010)
BACKGROUND & SIGNIFICANCE

- Nurses continue to report that they are overworked, overwhelmed, disrespected and feel powerless in their workplace (Atsalos, et al., 2014)

- Many nurses continue to struggle to define their specific role with patients, with other providers and with the hospital organization structure (Andrews, Burrs & Bushy, 2011)
PROFESSIONAL IDENTITY

• Perception of self in relationship to the work that one does (Johnson, Cowin, Wilson & Young, 2012)

• Being viewed as a professional strengthens one’s professional identity (Johnson, Cowin, Wilson, & Young, 2012)
OPPRESSION & POWER

• Nurses have traditionally held a submissive role with less power in the hospital hierarchy (Olofsson, Bengtsson, & Brink, 2003; Pijl-Zieber, 2013)

• Oppression: when a privileged group uses their power to maintain control, marginalize or silence the non-privileged group (Dong & Temple, 2011)
IMPACT OF NURSE PROFESSIONAL PRACTICE AND EMPOWERMENT ON PATIENT CARE IN HOSPITAL

• Working to the fullest extent of a nurse’s scope has been linked to improved work satisfaction, reduced turnover and lower hospital mortality rates  (Laschinger, 1997)
GAPS IN THE LITERATURE

No where is the lived experience of hospital nurses and its relationship to professional identity and structural power explored.
SPECIFIC AIM

To describe, interpret and, therefore better understand the lived experience of nurses working with patients in a hospital environment and the meaning of this phenomenon as it relates to their professional identity.
RESEARCH QUESTION

What does professional identity mean in the lived experience of nurses working with patients in a hospital environment?
PURPOSE OF THE STUDY

To explore the phenomenon of the lived experience of nurses working with patients in hospitals and, with that information, identify meaningful themes and patterns of how their workplace environment impacts their sense of professional identity.
METHODOLOGY

Philosophical hermeneutic phenomenology
PURPOSE OF THE METHODOLOGY

• Interpreting everyday experience helps us to better understand the world

• Purpose: to understand or come to know the meaning of an experience (Vandermause & Fleming, 2011)
INCLUSION CRITERIA

• Registered nurses in Washington state
• Currently working directly with patients in a hospital setting
• Speak fluent English
• Willing to be interviewed and recorded
## SAMPLE

- N = 12
- 2 male, 10 female

<table>
<thead>
<tr>
<th>Age</th>
<th>Years of Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average</strong></td>
<td>39.83</td>
</tr>
<tr>
<td><strong>Range</strong></td>
<td>24-69</td>
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</tbody>
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DATA COLLECTION: INTERVIEW

• IRB approval
• Participant was provided with an informed consent and selects a pseudonym
• Interview began with one main question
FOUR PATTERNS

1. Being validated as an expert by a more powerful provider within the healthcare system, who values and trusts the wisdom of the nurse

2. Working well as a valued member of a team; trusting the other team members and being trusted by them
FOUR PATTERNS

3. Advocating for the patient’s needs within a system where the power of the nurse is not as great as the power of the provider or hospital rules and regulations

4. Valuing human-ness in the patient and in the nurses’ practice
PARADIGM CASE: KARRON
PATTERN 1

Sub-theme:

• Exceptional assessment skills and “detective”-like work
• Knowing what to do before being prompted or order to do so
• Quickly identifying subtle changes and life-threatening situations in patients
Karron: And, um, usually - the ones that come to mind readily are the ones whereby I would say it helped the light go on for either the patient or the patient’s family. And what I mean by that is that I can think of an incident in intensive care where the patient had been on a ventilator for a long period of time related to not just a chronic, but a very acute respiratory process. And it was very difficult weaning the patient, and the progress was incrementally just **inch by inch**. And it - there was just a sense of not only professionalism - indeed professionalism (17-25)
PATTERN 2

Sub-themes:

• Working well in Code or other emergency situations
• “Coming along” physicians in partnership
• Positive teams of co-workers on their nursing unit and support from their managers
Karron: [...] the ability to, um, help this family and that patient walk through that with understanding and reassurance that we were moving in the right direction and that it did - it took a lot of reassurance. It took a lot of explanation and knowledge coming alongside of the physician (l. 25-28)
PATTERN 3

Sub-themes:
• Advocating for the patient in the face of direct opposition
• Advocating to get what they felt the patient needed for patient safety
Karron: There’s a way to approach, there’s a way to appeal, and **there’s a professional way to act**. And, ah, no matter what my estimation is of how the other person is functioning in their position, that’s not the thing that can alter where I’m at (l. 250-253)
PATTERN 4

Sub-themes:

• Forming special relationships with patients, families and co-workers

• Helping the patient in relational ways “out of scope” for the responsibilities of a nurse, also known as “invisible work”
“Karron: And if they needed any piece of information, just like you would sit down in front of a lawyer or you would sit down in front of a teacher and be given the information that made it possible for your loved one. And when you can walk (them) through the process in a professional manner. (l. 40-46) [...] that kind of knowledge is very hard to explain. Don’t put that in your narrative. (l. 48-50)"
IMPLICATIONS

• Implications for nursing practice
  • Hospital administrators and managers need to support nurses’ time spent with patients and families
  • Team building opportunities/involvement
  • Continuing education for nurses in their assessment skills and knowledge
IMPLICATIONS

• Implications for nursing education
  • Teaching communication as a skill for nurses
  • Supporting Inter-professional education and exercises
IMPLICATIONS

• Implications for policy
  • Nurses need to be more involved in hospital committees and decision-making bodies
  • Explore protection of staffing ratios in order to support time spent in teams and with patients
  • Explore how nurses are paid
NEW AND UNANSWERED QUESTIONS FOR RESEARCH
Karron: I really love that part of the professionalism of nursing. And, um, be able to, like I said before, incrementally inch by inch walk them through what we were looking at on a daily basis as progress (l.112-114) and directing them to the right resource. You are not the answer. You are not the total answer (l.155-156)

CJM: So you’re finding this balance, balance, balance all the time. And nurses - I - I love nursing and love nurses because they’re trying to do something that’s impossible (l. 719-721)
Thank you.

QUESTIONS/COMMENTS?