The purpose of this study was to explore the phenomenon of the lived experience of nurses working with patients in the hospital and, with that information, identify meaningful themes and patterns of how their workplace environment impacts their sense of professional well-being and patient care. The specific aim of this study was 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 and well-being.

With over 3 million nurses in the U.S., an estimated 30% of nurses leave their job within the first year and 27% report bullying in the last six months. Nurses have commonly been viewed as a less important, less intelligent and submissive healthcare team member when compared to other members of the healthcare team. Paradoxically, an annual poll consistently identifies nursing as the most trusted profession by the public. This dichotomy of simultaneously being considered incompetent yet holding a high level of trust may leave nurses to question their own professionalism. Historical, political, and sociological factors contribute substantially to this view of nursing within the present health care culture. Nurses experience oppression with other health professionals as well as through lateral violence or bullying from other nurses. Because of nursing’s struggle for respect in conjunction with their rates of attrition and bullying, there is a critical need to understand the work and workplace of a professional registered nurse.

Philosophical hermeneutic phenomenology was used as the methodology to study this phenomenon. This methodology used one-on-one interviews and team analysis of transcripts to reveal a deeper understanding of how nurses create a professional identity for themselves in the work that they do with their patients through the narratives or voices of the nurses themselves. Interviews with 12 practicing Registered Nurses in Washington State were analyzed and interpreted by a team of methodological and content experts to reveal a deeper understanding of the phenomenon.

The meanings which emerged as the result of this study are: Being validated as an expert by providers, often with more power, who value and trust the wisdom of the nurse; working well as a valued member of a team, i.e. trusting the other team members and being trusted by them; advocating for the patient’s needs within a system where the power of the nurse is not as great as the power of the physician or hospital rules and regulations; and valuing human-ness in the patient and in the nurses’ practice.

The nurses included in this study provided examples of the hard work that nurses take on in every shift to expertly assess, communicate with and advocate their patients in order to bring them back to wholeness. These nurses do this in a work environment fraught with poor communication, power differentials and oppression but continue to strive “inch by inch” toward the “impossible” for their patients. By sharing the experiences of these participants, the narratives will encourage nurses toward a more professional nursing practice and aid to liberate nurses from their historical structural oppression in the hospital setting through implications for nursing practice, education and policy formation.
References:


Grady, A.B. Hamric, & N. Berlinger (Eds.), *Nurses at the table: Nursing, ethics, and health policy* (pp. S43-S47). John Wiley and Sons.


Abstract Summary:
The purpose of this study was to explore the phenomenon of the lived experience of nurses working with patients in the hospital setting and, with that information, identify meaningful themes and patterns of how their workplace environment impacts their sense of professional well-being and patient care.

Content Outline:

1. Introduction
   1. Phenomenon
   2. Background and significance
      1. History
      2. Current Nursing Workforce
      3. Medical model of Care vs. Holistic model of care

2. Body
   1. Professional Identity and Well-being
      1. Oppression & Power
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      3. Risjord’s Standpoint Theory of Nursing
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      5. Impact on Patient Care
   2. Specific Aim
      1. Research Question
      2. Purpose
   3. Methodology
      1. Study Design
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      3. Inclusion Criteria
      4. Data Collection
   4. Analysis, Interpretation and Results
      1. Four Patterns:
         1. Being validated as an expert by a more powerful provider with 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
         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
   3. Implications
      1. Implications for nursing practice
         1. Team building/support
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   1. Teaching communication as a skill
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3. Implication for workforce policy
   1. Explore how nurses are paid
   2. Explore staffing ratios
   3. Nurse involvement in committees and leadership

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