

2021

## Influencing Factors on a Nurse's Decision to Remain a Bedside Nurse

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# Walden University

College of Health Professions

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Diane M. Hulsey

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Abstract

Influencing Factors on a Nurse's Decision to Remain a Bedside Nurse

by

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MSN, The Catholic University of America 1985

BSN, St. Louis University 1979

Dissertation Submitted in Partial Fulfillment

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Doctor of Philosophy

Nursing

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## **Abstract**

The loss of the experienced bedside nurse is a current health care problem. New nurses are moving into other areas of nursing or leaving the profession within 6 months of graduation. During the current COVID-19 pandemic, nurses are vital at the bedside. Patients' and families rely on the nurse to be their support and educational source. In this study, the possible implications of why a registered nurse remains at the bedside throughout their professional career although offered different positions and work environments was examined. The theoretical framework of Patton and McMahon identifies the holistic nature of career development through three systems that include individual, societal, and environmental factors. A qualitative exploratory research design was selected because it allowed for an exploration of the nature of the problem while seeking meaning and understanding. The collected data from the 16 participants was analyzed using Clandinin and Connelly's narrative inquiry/analysis, which looks at the ways humans experience the world: the three-dimensional space approach was used. The results showed that connectedness with the patient was why the nurses stayed as a clinical bedside nurse. The four other emergent themes were self-care, financial, caring, and vocation. The recommendations were for more support from the bureaucracy and longer preceptorships. Implications include a better understanding of what entices a registered nurse to remain at the bedside. These findings may influence positive social change by promoting an understanding why a nurse stays at the bedside that can be used to develop programs concentrating on the importance of the bedside nurses' personal interactions and how they are essential for patients, families, and nurses.

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## Chapter 1: Introduction

Endangered species are studied and protected by mankind, but one class on the list that has not been given the same consideration is the bedside registered nurse (RN). Not only is nursing experiencing a shortage, but the loss of bedside nurses is becoming an epidemic (Lampert, 2018). Others have stated that bedside nursing has died as a role in health care (Gaffney, 2021; Kyer, 2017; Kennedy, 2018;). The loss of experienced, bedside, clinical (RNs) is a subject that has not been given the intense research it deserves. However, there are some nurses who spend their entire career at the bedside and studying why these nurses stay in this role needs to be explored.

Nursing is viewed by the public as one of the most trusted professions in the United States and has held that distinction for more than 17 years (Stone, 2019). The Gallup Poll announced that for the 17 year in a row nurses were ranked as the most trusted profession in the United States (Stone, 2019). During the COVID-19 pandemic the trust in nurses has risen even further (American Nurses Association News, 2021). Honesty and ethical standards were listed as two of the components that give nursing this high regard (Riffkin, 2014). Patients, families, and caregivers understand that nurses drive patient-centered care, and this is a reason why nurses rank higher in trust than physicians, clergy, police officers, and educators. Nurses hold a position of respect per the 2019 Gallop Public Survey (Stone, 2019), and it is the experienced bedside nurses that are the guiding force in obtaining the trust and respect of their clientele. With the loss of the experienced bedside nurse, this confidence and subsequent trust and respect could be in jeopardy.

The shortage of nurses, and especially experienced bedside nurses, has been identified by the U.S. Department of Health and Human Services (2017), the Bureau of Labor Statistics (2017) and the American Association of Colleges of Nursing (AACN, 2019). The Bureau of Labor Statistics (2017) and (2014) stated that between 2014 and 2022 the United States will need more than a total of 1.2 million RNs. The American Nurses Association predicted a much higher need, stating that 3.44 million nurses will be needed throughout the United States by 2022 (Sheffield, 2016). Among the factors contributing to this nursing shortage is an increase in demand for nurses due to an increasing population that is also aging and living with more chronic illnesses. In addition to these factors, the top nursing news story of 2018 recognized that the trend of new RNs leaving the bedside (Mechcatie, 2019). This exodus takes place within the first year of nursing as nurses leave the bedside to pursue advanced degrees or careers outside of nursing resulting in less experienced nurses at the bedside (Mechcatie, 2019). Furthermore, today's more experienced nurses are baby boomers who are retiring, which also adds to the shortage of nurses (Kennedy, 2018; Mechcatie, 2019). The American Association of Colleges of Nursing indicates that 50% of the nursing workforce is nearing retirement with an average age of 46 (Rosseter, 2017). In fact, the current registered workforce of baby boomer nurses will soon be requiring the same level of competent nursing services they provided during their own careers.

The AACN (2019) and the Institute of Medicine's (IOM) reports on nursing education stated that the health care system requires well-educated, well-distributed, and well-utilized entry-level, and experienced (RN) to practice in settings from hospitals,

front-line primary care, research, and informatics (Finkelman & Kenner, 201). According to Richardson's (2000) report to the IOM the need for a nursing workforce trained in these areas where patients receive the most direct care also include geriatrics, ambulatory care, and community health nursing. Thus, experienced nurses are not only needed to provide safe care and coordinate the complex and multiple medical diagnosis of the patients, but also to precept and mentor new nurses as they develop their skills in critical judgement and hands-on care. It has been obvious during the current COVID-19 pandemic that not only are nurses needed but are needed at the bedside specifically.

This qualitative exploratory study was a beginning attempt to explore why some nurses remain at the bedside throughout their career. Uncovering what influences the nurse to spend their career at the bedside can provide insight into efforts focused on the recruitment and retention of these nurses. It is believed that the more pressing problem is that nurses are not staying at the bedside where they are the most needed and this will have an impact on the quality of patient care (Lampert, 2018).

In this chapter, I provide the background of the phenomenon, the purpose of the study, and the theoretical framework guiding the study. Additionally, the gap in the literature will be discussed. Finally, definitions, assumptions, and limitations will be identified.

### **Background**

The latest information on nursing shows that not only is there a shortage of RNs, but there is also a dearth of experienced bedside nurses (Anderson & Collins, 2018). This shortage appears to be due to the new graduate nurse leaving the bedside within the first

year to pursue other areas of nursing or leaving the profession entirely (Mechcatie, 2019). Moreover, the loss to retirement of the baby boomer nurses adds to the shortage of (RNs) and specifically, experienced bedside nurses. With the Affordable Care Act more individuals have insurance and are able to seek health care, which raises the number of patients requiring care. Finally, with the advancement in medicine more individuals are living longer with more chronic illnesses and multiple body systems involvement. Together these factors affect those nurses who are at the bedside and places a burden on these RNs.

There has been little to no research on what impacts the decision of an RN to spend their career at the bedside. Studies have been conducted on why an individual becomes a nurse (Howerton-Child, & Sussman, 2017) or chooses a particular area of nursing such as obstetrics, surgery or mental health (Joyce, 2016 et al, 2014), but studies on bedside nurses have been limited to the decision nurses make on behalf of their patients (Bjork & Hamilton, 2011; Nibbelink & Brewer, 2017; Wiles et al, 2013).

The U.S. total population as of July 1, 2018 was 327,167 434 (U.S. Census Bureau, 2018). Forty-six million of these individuals are age 65 or older with an expected increase of this age group to 98 million by 2060 (Mather, 2016). With the generation known as the baby boomers reaching retirement age in the next few years, the experienced nursing workforce will be reduced and the number of individuals needing care will increase. Specifically, the population that will need education in health care and actual hands-on care will be those over age 65. The older population (i.e. those over 65 years old) have the highest injury rates, long-term mobility limitations, and longest

hospital stays (Gustavsson et al, 2018) Additionally, those persons over 65 years of age are being prescribed more medications than other generational groups (Gustavsson et al., 2018). This increases the number of patients with multiple body systems involvement. Furthermore, the loss of the baby boomer nurses to retirement places a heavier workload not only the experienced bedside nurse, but the nursing staff in general.

The nursing profession has changed greatly due to the economic recession, federal mandates, and a more culturally diverse clientele. These concerns also drive a need for more bedside nurses who are directly caring for these individuals. The experienced bedside nurse has the ability to coordinate care, critically think, and be technically adept in the patient's treatments, health care regimen, and education (Jimenez, 2016).

The U.S. Department of Health and Human Services Administration (2017) reported that there has been a 5.3% increase in the number of RNs in the United States. However, this increase primarily comes from new graduates who have not yet honed the skills needed to care for the increasingly multiple and complex diseases of their clientele. In a report on characteristics, work attitudes, and work intentions of nurses Kovner et al, (2014) found that nurse turnover rates are high with newly licensed RNs switching jobs either within nursing or leaving nursing before the end of their first year.

Nursing is a practical profession that an individual must live through and experience before they can understand what it is all about (Ewertsson et al., 2017). A brand-new graduate nurse does not possess the experience, skill sets, and management acumen to provide and coordinate a client's care. Therefore, more experienced nurses are needed to mentor these new nurses.

Health care reform today identifies a shift of care from hospitals to the community and long-term care. Accordingly, the Bureau of Labor Statistics (2017) has also identified the need for more RNs in community health and in long-term care nursing facilities. Currently, these areas employ more licensed practical nurses than RNs because RNs have not sought these positions (Torpey, 2011). Indeed, with the aging population having chronic and multiple system illnesses, critically thinking RNs will be needed in long-term care facilities and community health as older individuals are choosing to stay in their own homes (National Institute on Aging, 2019).

According to Richardson (2000) the IOM called on all nurses to advance their education to improve quality and safety across health care settings. The members of the IOM acknowledged the need for a more highly educated workforce to meet the imperatives of a complex health care system and ever-increasing acuity levels of care (Lucci, 2019). According to Kennedy (2018), this trend of nurses advancing their education and wanting to move into more advanced roles negatively impacts the goal of keeping highly educated nurses at the bedside where they are needed.

While there may be numerous reasons why a nurse chooses bedside nursing throughout their career, one factor is the nurse's personality. Personality determines behavior and influences job performance by defining whether an individual has a natural inclination for certain job duties (Ellershaw et al., 2015). Many personality tests have been used for recruitment, retention, and job placement; understanding an individual's personality before employment has been found to improve job-fit and retention (Joyce, 2016; Kuthy et al., 2013). Personality test norms in work settings have been used in



business and the military to match the job duties and responsibilities with the appropriate individual's temperament leading to more satisfaction with the role the person assumes (Cherry, 2018; Niebuhr et al., 2013; Vergun, 2015). Many studies and articles on the personality of nurses have been published. Their findings include that both male and female nurses are more likely to be responsible, generous individuals. Nurses tend to more often be passive-dependent and less often aggressive-rebellious (Means, 2017). In fact much of the research on nurses focuses on topics such as personality traits, leadership, and leadership types (Alan & Baykal, 2017); conflict-handling styles in nurses (Amestoy et al. 2014); and personality, stress, and job satisfaction, (Brown et al., 2018). Positive patient outcomes need teamwork, communication acumen, technical skills, and computer knowledge. These attributes need to be honed in the inexperienced graduate nurse: consequently, the experienced nurse is required to precept and mentor the new nurse.

Little research has been published to date on factors that motivate a nurse to choose bedside nursing as a career which is a significant gap in the literature. There are, however, several factors that contribute to reasons why a nurse moves from the bedside such as bullying in the workplace or the individual's temperament and intelligence (Flinkiman et al., 2013; Lentz & Michaels, 1965; Liu et al., 2016). In addition to the factors placing a strain on the clinical nurse, such as more complex patients with multi body systems failures, there are increasing regulatory requirements (Lampert, 2018). The multigenerational workforce inherently leads to frustration because of differences in cultural influences and subsequent core work values (Bell, 2013). New graduates today

range in age from 20 to 50 years old and are interested in living a balanced life (Bell, 2013). They want to be recognized for any prior work experience and education. These new nurses are also more technologically adept, have a broader view of nursing, and are taught more critical thinking skills. Any negative resistance in the workplace, such as a lack of support from supervisors, or conflict with coworkers is cause for the new nurse to seek another job or career, which ultimately leads to the loss of an experienced bedside nurse (Adams & Maykut, 2015; Keller et al., 2016; Vagharseyyedin, 2015)

This study was needed because of the multiple factors such as an increase in the patient population with chronic illnesses and multiple system involvement putting a strain on the bedside nursing workforce. A general shortage of nurses and a specific loss of experienced bedside nurses due to retirement of the baby boomer nurses appear to be another factor. Experienced bedside nurses are critically needed to care for those individuals who put their trust in the profession. There are no studies on why a nurse leaves the bedside or what impacts their decision to stay a bedside nurse throughout their career. This study can help stakeholders understand what impacted a nurse's decision to stay at the bedside and help with recruitment and retention of bedside nurses. The IOM stated that there is a need for a workforce of trained experienced nurses to care for and educate the diverse public and mentor new nurses (Metcalf, 2016).

### **Problem Statement**

RNs are not staying at the bedside to care for the increasing numbers of multi-system, chronically ill patients. These nurses are moving away from the bedside in order to accept other positions in nursing or leaving the profession entirely (Kennedy, 2018;

Mechcatie, 2019). This exit can and does lead to an increase in the nursing shortage and may present other issues such as safety concerns due to low staffing. Additionally, new nurses often lack critical judgement skills and technical acumen in the care of specific diseases which can put their clientele at risk. The education of the patient and their significant other may be limited with a new nurse who does not have the information or experience about the patient's disease process.

Little is known of what factors influence a nurse to remain at the bedside for their career. To date, evidence has suggested that the nursing shortage points to a significant shortfall in the area of experienced bedside nurses (Blitchok, 2017). Venable (n.d.) studied factors that influence a career choice (and not a specific a career) finding that the themes of childhood fantasies, culture, gender, interests, life roles, personality skills, abilities, talents, socio-economic conditions, and previous experiences all played a role. These themes are also outlined by many theorists when addressing one's individual's work/career including Patton and McMahon's (2014). Patton and McMahon's theoretical framework of career development was used to guide this study.

To date, there have not been any studies conducted to explore the factors that influence whether a nurse remains a bedside nurse or leaves the bedside for another area of nursing practice. This qualitative study explored in-depth why nurses have remained at the bedside. Determining the factors that influence a nurse's choice to spend their career at the bedside versus other areas of nursing, can be used to recruit or more importantly retain bedside nurses by developing programs both educational, professional and personal that appeal to these nurses.

### **Purpose of the Study**

The purpose of this qualitative study is to explore factors that influence a nurse to remain at the bedside throughout their career. I conducted interviews with bedside nurses with 15 to 25 years of experience in the role. While there has not been previous research carried out on the career progression of clinical nurses, Sygit (2009) found that nurses between their 15 and 25 years of experience are the most ambitious in their careers and are at a point of moving into other areas of nursing. Therefore, those nurses that stay at the bedside during this time frame may be more acutely aware of why they remained as a bedside nurse and will serve as subjects for this study.

### **Research Question**

Using a qualitative exploratory research approach, this study was guided by the following research question sought answers to the question: What factors influence a RN to remain at the bedside?

### **Theoretical Framework**

I used the systems theory framework of career development by Patton and McMahon (2014) as the theoretical framework for this study because it provides a universal theory and offers a multifaceted and coherent framework for understanding factors that may impact the career choices and career progression of an individual. The framework points to the holistic nature of career development through three interconnecting systems (see Figure 1). These systems include the individual, societal influences, and environmental factors. The interaction between these influences and

includes change over time and chance, indicate the dynamic and complex interplay of influences.

**Figure 1**

*Career Development Theory*



*Note Adapted from Career Development and Systems Theory by W. Patton & M. McMahon, 2014, Boston: Sense Publishers.*

One criticism of this theory is that it does not offer detail accounts of specific influences such as money or family input (McMahon, 2011). However, stories provided by the individual as they relate their experiences and construct personal meaning around their career influences can lead to a deeper understanding of empathy and empower the individual. Storytelling is an ancient practice that functions to maintain history (Wadsworth & Colorafi, 2017). It is within the individual's experience (i.e., story) that the factors that influenced their decision to remain at the bedside were uncovered to inform and guide this study. The message of the story takes precedence over the story

itself and can help develop knowledge and respect for the distinct roles that an individual assumes. Career development theory guided this study because the concepts speak to the individual who is a system in their own right, while recognizing that a person does not live in isolation, but rather is part of a larger system. Gender, ethnicity, and age are considered influences in any decision made by the individual (Patton, & McMahon, 2014). The six concepts included in career development theory (see Figure 1) encompass the widest number of factors influencing an individual's decision.

### **Nature of the Study**

This exploratory qualitative study was based on the worldview of pragmatism. Pragmatism is not committed to any one system of philosophy and reality (Creswell, 2013). When using this worldview, the researcher has the freedom of choice in the methods, techniques, and procedures of research that best meets the need and purpose of the study. Pragmatists realize that research always occurs in social, historical, political, and other contexts (Creswell, 2013).

Qualitative, exploratory, research studies are those that focus on culture as ethnography, build theory as in grounded theory, or uncover and understand a phenomenon through the lived experience of the individual confronted with the circumstance. This exploratory study provides a more in-depth understanding of the research problem by uncovering what nurses believe influenced their choice to remain as a bedside nurse throughout their career. In this study I asked semi-structured, open-ended questions in-person face-to-face interviews and online interviews. The interviews were audio-recorded and I took field notes to capture the nonverbal reactions of participants.

The findings were integrated, clarified, verified, and compared to identify themes from the responses of the participants. This involved reformulating the stories presented by the participants based on their different experiences. The data analysis process begins with identifying concepts from the raw data then linking the codes into categories and creating themes that represent any patterns identified. Narrative analysis and specifically the three-dimensional space approach outlined by Clandinin and Connelly (2000) was used.

### **Definitions**

A bedside nurse is not defined in the literature but is identified by the fundamental tasks performed by these nurses. Englebright et al., (2014) found that include as their fundamental activities of bedside nurses are assessing, monitoring, providing, teaching and managing the care of their patients. The nurse provides health care with the extent of participation varying from simple to more expert professional techniques necessary in acute life-threatening situations. Assessing the patient's current health status: observing and responding to the patient's emotional, spiritual, and educational needs; and providing therapeutic procedures such as wound care are a few of these responsibilities of fundamental care (Feo et al., 2017). The International Council of Nurses (2019) define a nurse as an individual who completes a basic, generalized education program and is granted licensed by the appropriate regulatory authority to practice nursing in their country. For this study, a bedside nurse is a person who is currently working as a bedside RN and has remained as a bedside nurse for 15 to 25 years. The phenomenon of concern was collected and analyzed from the participants' perspectives and not mine. Broadly speaking a bedside nurse manages, assesses, and provides hands-on care to the patient in

an acute care setting (International Council on Nursing, 2019). The bedside nurse can be employed in hospitals, long-term care facilities, or hospice centers. In this study, I focused on bedside nurses working in a hospital environment.

### **Assumptions**

I assumed that the nurse participants stayed at the bedside although other opportunities were available in their current or past geographical locations. Another assumption was that embedded in the participant's experiences or stories were the themes that impacted their decision to stay at the bedside (see Merriam & Tisdell, 2016). Additionally, it was assumed that these nurses do not plan to leave bedside nursing in the near future.

### **Scope and Delimitations**

This study addressed those factors influencing the RNs to remain at the bedside for 15 to 25 years. These factors may be used to help understand why the nursing profession is experiencing a loss of bedside nurses to other areas of nursing or to the profession. The participants were currently working as a bedside nurse and had between 15 and 25 years of experience at the bedside. Nurses were excluded if they originally received a degree or certification in another discipline other than nursing, such as business because this may influence their decision on moving into management, teaching or administration.

### **Limitations of the Study**

Typical of any research study, this qualitative study was the possibility of a limited sample size due to the dearth of bedside nurses with at least 15 years' experience.



Another limitation that is inherent in being a student researcher was time due to the limit placed on completion of the degree.

Two areas of bias that might have affected this study were researcher or experimenter bias and participant effects. The researcher should acknowledge the possibility of personal biases and monitor them in relationship to the theoretical framework (Merriam & Tisdell, 2016). The researcher must continually evaluate the impressions they perceive from the participants and challenge themselves referencing their preexisting assumptions and hypothesis (Sarniak, 2015). One potential source of bias can be my alliance with the bedside nurse or vice versa. Participant effects are changes in the behavior of the participant based on assumptions about the purpose of the study (Sarniak, 2015). This effect can be controlled by fully explaining the purpose of the research and why it is being undertaken to the participants. Any questions from the participants needs to be answered to their satisfaction. Furthermore, during the data analysis phase the researcher needs to periodically reflect on whether their own beliefs and life experiences are impacting the categories and themes being identified (Sarniak, 2015). My initial plan was to recruit participants by flyers placed in local hospitals with the organizations' permission. However, due to the pandemic, I recruited the participants from the Walden participation pool and references from these individuals.

As defined by Lincoln and Guba (2000) reliability and validity in qualitative research are assessed according to dependability, credibility, transferability/generalizability, confirmability, trustworthiness, and authenticity. The results of this study are generalizability/transferability because

understanding an individual's story is in essence understanding history and can help the individual share their experiences, dreams, hopes and fears (see Mager, 2019). This study can be replicated with any group of individuals in relationship to any subject matter such as what influences an individual to run toward eminent danger because the story relies on the experience of the storyteller in relationship to the specific situation. There are no limitations to the type of sampling or the profession of the participants. Data collection lies in the story of those individuals or groups studied.

### **Significance**

This study is significant to nursing because it uncovered the reasons nurses do not remain at the bedside. Using the findings, strategies of recruitment and retention could be identified and developed to entice more nurses to remain at the bedside alleviating the shortage of experienced nurses in the acute care setting and increasing the number of experienced nurses to aid in guiding new nurses in their career trajectory.

In conjunction with Walden University's stance on social change, this study can lead to positive social change by helping to keep experienced, critical thinking nurses at the bedside. In addition, with more experienced nurses at the bedside coordination and care for the more complexed, multi-system, chronically ill patients will be enhanced. Furthermore, when an individual's nature and work surroundings are congruent, it leads to more satisfaction in the workplace which in turn leads to retention and a decrease in bullying (Taylor & Kluemper, 2012).

### **Summary**

I used a qualitative approach to explore the factors that influence an RN to remain a bedside nurse throughout their career. These identified factors can be used in recruiting and retaining bedside nurses. Nurses will be able to guide new nurses in the care of a growing, and more complicated client base. This can change the future of the nursing profession and avert the current problem of nursing shortages at the bedside. In Chapter 2, I will discuss previous research completed on bedside nurses and their decision to stay a bedside nurse throughout their career.

## Chapter 2: Literature Review

Currently nurses are leaving the bedside to pursue other avenues in nursing or different career options (Kennedy, 2018). This exodus can leave the patient population at a loss leaving new inexperienced professionals who may not possess the critical thinking skills, technical acumen, and ability to educate the clientele and their significant other on the particular disease process. This qualitative, exploratory, research study was based on the theory of career development by Patton and McMahon (2014) which evolved from general systems theory. Career was defined as “how the individual talks and experiences the work in their lives both as a career or market work (paid work) and care work which is unpaid work” (Patton & McMahon, 2014, p.6). Their focus, listening to the individual on what influenced their continued choice of bedside nursing was appropriate to collect data for this study. The primary research question guiding this study was: What factors influence a RN to remain at the bedside?

In this chapter, I view the extant literature on the topic of nurses choosing to remain at the bedside. The review includes past and current studies on why nurses not only choose nursing, but why they continue to remain a bedside nurse throughout their career. The studies come from not only the nursing literature; but also from the fields of human sciences, sociology, and psychology. Finding many articles that addressed such topics as nurse hardiness, and bullying in the work environment, as well as provided with information on new nurses wanting more time for themselves outside of work, I reviewed my theoretical framework of theory of career development and found that the articles reviewed addressed the factors/themes as identified in the theory such as the work

environment, personality, motivation, and life interests, therefore I continued to search for and locate articles related to these topics. The literature review covers the basic factors/themes as identified in Patton and McMahon's (2014) theoretical framework of career development, including career and life interests; values and motivations; key strengths, skills, and knowledge; personality and temperament; transferable skills; and career options.

For the purposes of this study, the definition of bedside nurse was defined as a practicing RN who has remained at the bedside for at least 15 years although they were given opportunities to work in other areas of nursing and does not intend to leave the bedside in the near future.

### **Literature Search Strategy**

I gathered literature from several databases, but primarily from the Cumulative Index of Nursing and Allied Health, MEDLINE, NIH, and PubMed as well as the Internet (using Google Chrome). Searching the following keywords yielded the results in parentheses nursing (101, 258), human sciences (47389), health sciences (105,963), psychology (75,047), and sociology (34,342). These numbers of results represented some overlap between keywords and the disciplines. Discovered that the resulting articles did not address the actual research question but did identify why some nurses find their chosen profession to be daunting. I narrowed my search using the following keywords: clinical nurse, direct care nurse, point-of-care nurse, characteristic traits, decision-making, career choices, factors influencing the choice of career, career development, and factors influencing the role of a nurse. Finally, the exact question of why a nurse remains

or leaves the bedside was searched. There was only one study on why a nurse remains at the bedside (McPherson, 2014) and no studies on why a nurse leaves the bedside.

However, there was much discussion on the internet and on blogs regarding why nurses are not only leaving the field of nursing, but also moving from the bedside. These sources did not meet the criteria to be included in a scholarly research project though.

For this literature review, I started examining articles and dissertations only published in the last 5 years and found using the search terms of clinical nurse, direct care nurses, point-of-care nurse, career choices, and factors influencing the role of a nurse. It was quickly apparent that most of the studies found were published further back in time. There were a number of research reports that are older than five years because no studies had been completed during the interim. Therefore, more search terms were added. Including characteristic traits of bedside nurses, factors influencing the choice of careers, career development, and decision making. Furthermore, I allowed myself to look at research published in the last 10 years and older.

### **Theoretical Foundation**

The guiding theoretical framework for this study was career development theory by Patton and McMahon (2014); (see Figure 1). However no single theory of career development is all-inclusive. Patton and McMahon based their theory on the work of von Bertalanffy's general systems theory. Systems and thus career development theory was the multidisciplinary study of systems to investigate phenomena from a holistic approach. A holistic approach means pulling what is needed from the combination of career development theories. Systems theory believes an individual must look at the parts to the

whole and the whole to the parts. The past, present and future are included in such areas of the individual life as the environment, education, family, socioeconomic status, community, and media (Patton & McMahon,2014).

A researcher must be aware of the strengths, and weaknesses, and biases in any given theory. Theories work best when they align with the researcher's personal beliefs and values. I am a pragmatist/realist and believes that the world is constantly changing, and a person must face this as fact and work within its confines. Patton and McMahon (2014) recognized that many of the other theories in this area underrepresent the influences that impact an individual and their choices.

One of these factors is personality, which is central in the individual system of career development theory. I agree with Patton and McMahon (2014) that personality is a central component in any issue that faces mankind. It is an individual's personality characteristics that helps define the situation as it arises. Other factors include age, values, beliefs, learning, gender ethnicity and sexual orientation. In their career development theory, Patton and McMahon also included such influences on the individual as health ability/disability, self-concept, aptitudes, work knowledge, interests and physical attributes. Within the social system of the individual are family, peers, workplace, media, the educational institution where trained, and community groups. This represents the impact of how a person's community, which includes the workplace milieu affects the individual. I have witnessed bullying in the workplace which is also a theme or consideration in a nurse's decision to stay or leave bedside nursing. The environment includes the geographical location, socioeconomic status, employment market history,

and politics that have an impact on how the individual functions in their world and in society in general.

Finally, looking at career development through the interconnecting systems of individual, social, and environment is a holistic approach to the study of why a person selects a certain career and maintains the course in the profession. As a nurse and clinical nurse specialist I value a holistic and practical approach to any problem which is in keeping with career development theory. Career development theory addresses many themes and influences in a person's career and allows for change over time, chance, and the interplay of influences (McMahon, 2011). In reviewing the history of career development theory Patton and McMahon (2014) found that criticism of the theory centered on the segmental formulation and needed to include theories from personality and workplace psychology integrating these multiple theories to also include theories on personality and the interrelationship of life within their career development theory (Patton & McMahon, 2014).

### **Literature Review**

I organized this section to follow the themes/factors that form the basis of Patton and McMahon's (2014) career development theory. These themes are workplace environment, values-motivation, career and life interests, personality-temperament, socioeconomic status, family, peers, geographic location, employment market, key strengths, skills, knowledge, transferable skills, and career options. Past and current research on why a nurse remains at the bedside is discussed in the following subsection.



## **Workplace Environment**

Currently research on the bedside nurse does not directly speak to all the reasons why a nurse leaves or stays at the bedside. MacKusick and Minck (2010) conducted an qualitative study using an interpretive hermeneutic phenomenological design to give meaning to a nurse's experience of making the decision to leave clinical or bedside nursing. They found a lack of support in the workplace, mainly coming from peers, was the main reason the nurses felt they had to leave the bedside. The study was limited by a lack of transferability; the study is not able to be replicated due to the different levels of abuse perceived by the participants.

The American Association of Critical-Care Nurses identified 6 components that perpetuates a healthy work environment: "skilled communication, true collaboration, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership" and these were addressed by Perregrini (2019) in a study on identifying positive work environments and securing a job in a supportive workplace (p. 55). The working environment has been found to be a contributing factor influencing nurses to leave the bedside (Flinkman et al., 2013; Liu et al, 2016). Furthermore, lack of support from peers and administration, along with bullying add to the occupational and environmental disappointment of bedside nurses (Howerton-Child, & Sussman, 2017). Stress in the workplace is the number one factor of bedside nurses that not only affects their decision-making abilities and functioning at work, but also infringes on their off-duty hours and emotional stability (Barbe et al., 2017). While it was found that age plays

a role in the turnover rate and intention of nurses to leave nursing, it is the quality of work that is the most consistent determinant (Barbe et al., 2017).

Health care has been changing and many factors have added to the role of the bedside nurse. In a critical ethnography study, (McPherson in 2014) found that work environment can affect job satisfaction and turnover but provided less insight into how personal and professional factors shape the decision to stay or leave the bedside. Brathwaite (2018) reported in the lack of the reality of bedside nursing being taught to new graduates to include short staffing, physical injuries, compassion fatigue, and burnout as a number of reasons a new nurse will leave the bedside; however, this information was not derived from a research study and was presented on a blog. Most of the actual research on the bedside nurse addresses topics, such as stress (Almeida et al., 2016), burnout (Wakim, 2014), and hardiness (Abdollahi et al., 2014). The themes of these studies show those factors that cause the stress and what alleviates it such as hardiness. Studies on what influenced an individual to choose nursing as a career have also been conducted and found wanting to “care” as the main motivator. (Ely et al., 2012). However, lack of peer support and unrealistic patient expectations led to disappointments in choosing nursing as a career. In the area of decision-making, studies have focused on the relationship to the choices bedside nurses make on the behavior of their patients (Sayed & Ali, 2017) and in continuing their nursing education (Drevdal & Canales, 2017).

## **Values-Motivation**

Personal values are those values an individual accepts from society or their culture (Patton & McMahon, 2014). Personal and professional values are another influence discussed in the literature that influence an individual decisions. One of these values is needed to feel accepted. Professional values come from being a part of a profession with a code of ethics along with experience in the profession and community with peers (Abdulla Al-Banna, 2017). A concept analysis of professional nursing values included integrity; justice; altruism; and most importantly human dignity (Schmidt & McArthur, 2017). Noted in the concept analysis was that it addresses all nurses not specifically bedside nurses. In related articles to values and motivation many men choose nursing because of an early positive encounter with nurses or other members of the health care system. Others chose nursing because of extrinsic factors such as salary and job security. Men also choose nursing as a profession due to intrinsic motivation such as wanting to care for others. Finally, men found that it was chance they choose the role, such as high scores in the military assigned them as corpsmen (Yi & Keogh, 2016). An individual finding their authentic self or what they want in both their personal and professional life encompasses setting individualized boundaries that they will never allow to be compromised. When changes and challenges face the individual, it is the authentic self that needs to guide the trial (Sherman & Cohn, 2018).

Each generation has motivating factors both intrinsic and extrinsic such that baby boomers are intrinsically competitive and socially conscious while generation X expects to hold many jobs in a lifetime and seeks work life balance. Extrinsically baby

boomers seek public recognition and tangible rewards. Generation X extrinsically want flexible scheduling and technology-related assignments (Lianos, 2013). Although this research was completed 11 years ago it is consistent with the fact that much of the research on bedside nurses was completed in the early 2000s. The professional values among nurses are human dignity, equality among patients, and prevention of suffering. The personal values of nurses included honesty, responsibility and intelligences. Last on the list of personal values were ambition and imagination (Rassin, 2008). Differences were noted to be due to culture, education and professional seniority, position, and expertise (Rassin, 2008). The National League for Nursing (NLN) believe the core values of the profession are caring, integrity, diversity, and excellence (NLN, 2019). While the NLN list is cited it was found other ethical and professional values include autonomy in decision-making, commitment, human relationships, sympathy, and individual and professional competency (Shahriari et al., 2013). Self-efficacy or belief in one's abilities is the single influence that motivates nurses (Cziraki, 2017).

### **Career and Life Interests**

Career interests center around the desire for an occupation and the motivation of an individual to seek an environment that will support a lifelong career (Chang et al., 2018). The focus is on the nurse's interests to select a particular area of nursing such as operating room, psychiatry, etc. (Blanco, 2011; Saver, 2014). Personal interests of nurses are affected by the work and work environment of nurses to the extent that there can be loss of sexual interest when caring for HIV patients (Sofolahan et al., 2011). The decline in one's cognitive and physical abilities have been found to be a factor when a nurse

decides to stay on the job or leave nursing (Blake, 2019). Confidence in one's ability and outcome expectations affect the career interest and intention to leave nursing (Chang et al., 2018). Further, Chang et al, 2018 found nurses believed that many responsibilities are given to the bedside nurse without support or recognition. Career advancement was a factor in changing jobs in nursing (Eley et al., 2013).

### **Personality-Temperament**

Much has been written on the personality of nurses starting as far back as 1926 when it was found that nurses had above average intelligence and possessed the characteristic traits of conscientiousness, self-control, a kindly spirit with a pleasing voice, and cheerful, quiet manner (Earle, 1926). Nurses were team players, are skilled, and have executive abilities (Earle, 1926). In the 1960's, it was found that bedside nurses had passive, nonassertive, and empathic personality traits (Cleveland, 1965). There is a difference in nurses' personalities with respect to where they want to practice such that medical nurses have a different personality than psychiatric nurses or nurses who choose to work on a surgical unit (Lentz & Michaels, 1965). This would suggest that personality does have an influence on what environment a nurse feels more comfortable in pursuing his/her profession. Today characteristics of a nurse are researched in relationship to the specific role or specialty of the nurse such as oncology, hospice or nurse practitioner (Bean & Holcombe, 1993; Kennedy et al., 2014; Riggio & Taylor, 2000). Studies also address personality and emotional resilience with a focus on nurse stress and burnout (Burgess et al., 2010; Kim et al., 2016; Martinez-Zaragoza, 2018). Found on internet blogs include qualities that make a great nurse as caring, with above average

communication skills, problem solving acumen, respect for all, self-awareness, and a desire to keep learning (Bayada, 2017).

Mayer (2015) found that personality and personal intelligence shapes our lives by understanding how individual's problem solve. While Kim (et. al, 2016) found that a Type D personality is associated with job stress and job satisfaction and suggest that by identifying the personalities that are vulnerable to stress would help address the stress and enhance job satisfaction. Means (2017) investigated the personality traits of registered nurses specifically general versus critical care nurses. General nurses were found not be as ambitious and inquisitive although they were practical, levelheaded and prefer to have tasks assigned to them (Means, 2017). The study found that assessing a nurse's personality type could be helpful in assigning a job-fit in registered nurses. This concept of matching a job or role to the nurse's personality consists of identifying the temperament of the nurse to work in hospice, critical care, or management. In a cross-sectional predictive study performed in 2012 and later published in 2016, Chen et al. found that a strategy that reviewed the personality traits and work values of registered nurses should be undertaken to aid in recruitment and retention.

### **Socioeconomic Status, Family, and Peers**

One's cultural background plays a large part in deciding on a profession/career and continuation in the same (Mau, 2001). Further, the perceived urgency in a decision to be made has an impact on the choice (Evans et al., 2017). In addition, the era in which the individual nurse was born, raised, and attended nursing school play a role in not only what the individual values, but on their decision about their

profession and professional commitment. Persons born outside the United States and where English is not spoken in the home leave the profession more often than those who speak English (Barbe et al., 2017). Nursing schools have always sought individuals with above average intelligence, and a desire to *care* for their fellow man. Females in nursing and specifically bedside nurses are significantly more caring, conscientious, and resilient (Hassmiller, 2017; Trickey, 2014; Wood, 2016).

### **Geographic Location/Employment Market**

Today health care is shifting into community-based transitional care settings and even acute care is now delivered in the home thus when financial resources are placed in these locales there can be more autonomy and variety for nurses (Bleich, 2012). The need for closure and the urgency or time given for a decision were found to be significant factors in an individual's choice. The availability of a position in the geographical area where one resides is another impact on the selection of a job/career (Evans et al., 2017). While it was found that age plays a role in the turnover rate and intention of nurses to leave nursing, it is the quality of work that is the most consistent determinant.

### **Key Strengths, Skills, and Knowledge**

Listed as the skills and abilities nurses possess include communication, reason and problem solving (critical thinking) the ability to manage oneself, people time and multi-task (Career Information System (CIS, 2019). Moreover, nurses have the ability to work with people especially in the area of teaching, helping, and understanding reactions of their clientele. Nurses also can visualize and identify patterns and compare

(CIS, 2019). Nurses have knowledge in medicine, personal service, psychology, languages, therapy, counseling, education, training mathematics, biology, sociology, anthropology, computers, and electronics (Health Science, 2018.).

### **Transferable Skills**

The top ten attributes of a nurse include communication skills, emotional stability, empathy, flexibility, attention to detail, interpersonal skills, physical endurance, problem solving skills, able to respond quickly to a changing situation, and respect for all (Nunnari, 2012). These attributes not only allow the nurse to move into other areas of nursing but also into other professions. Some of these career options due to a nurse's transferrable skills include legal consultant, medical/pharmaceutical sales, insurance salesperson, informatics, forensic nurse consultant, telemedicine, quality manager, coding specialist, utilization review nurse, and human resources (Bibby, 2019).

### **Career Options**

Transferrable skills and career options are indeed dependent on each other. When reviewing alternative careers outside of nursing proffered include legal, insurance, education, informatics, analysts, consultants, sales, and project management (Nightingale College, 2018). However, most of the research revolves around career trajectories other than bedside nursing such as nurse midwife, prison nurse, occupational health nurse, and cruise ship nurse (Nurse Journal, 2018). When asked what would you do if you weren't a nurse? The answers ranged from writer, artist, and computer consultant (Paradisi, 2019). One nurse decided to stay at the bedside for 30 years and not move into management although given the opportunity. This nurse then became an artist as what she considers a



second vocation (Paradisi, 2019). As indicated, there is only one article on why a nurse either remains or leaves bedside nursing (McPherson, 2014). The article focused on the methodology versus the why nurses leave the bedside but did find the work environment was significant. As reviewed the literature does not focus on why a nurse remains or leaves the bedside but discusses those suspected influences/impacts on the nurse and their personality, work environment, hardiness, stress or other issues.

### **Summary and Conclusions**

The gap in the literature supports the need for additional research and a deeper understanding of why a nurse chooses to spend their entire career at the bedside. In the final analysis the factors that influence a nurse's motivation and commitment can be numerous and are known only to the individual. Through the narratives from the participants in this study the aim is to find out why a nurse remains at the bedside although there are multiple opportunities for nurses in and outside of the profession. Patton and McMahon (2014) provide the foundation from which to build evidence supporting the need to understand what influence and impacts the decision of a nurse to remain at the bedside. The gap in the literature revealed there is a dearth of studies on this topic which is vital for recruitment and retention of the bedside nurse who is in short supply. The experienced bedside nurse is needed to care for the ever increasing chronically ill complex system involvement patient. Chapter 3 is the methodology section of this study. The details for how this study will be conducted are discussed in this chapter.

### Chapter 3: Research Method

Not only is nursing experiencing a shortage, but the number of experienced bedside nurses is at a critical scarcity (Lampert,2018). It has been said as noted the bedside nurse is endangered (Anderson, 2019). Furthermore, there are those who believe the true nursing epidemic is getting nurses to stay at the bedside (Lampert, 2018)

In the previous two chapters, I provided a general overview of historical and current literature surrounding the research question of; What factors influence RNs to remain at the bedside? The purpose of this qualitative study was to investigate, through self-reported findings what factors impact or play a role in a RN choosing to spend more than 15 to 25 years of their career at the bedside. In this chapter, I discuss the research design and rationale for its choice. The role of the researcher and participant selection are discussed. Procedures for the recruitment of participants, data collection, the data analysis plan, issues for trustworthiness, and ethical considerations are also included.

#### **Research Design and Rationale**

The objective of this study was to determine what factors influenced or played a role in why the RN participants remained at the bedside for at least 15 years or more. Through collecting the nurse's stories of their experiences, which may or may not encompass their personal, societal, and environmental considerations, tried to identify those themes that leads a nurse to remain as a bedside nurse.

I selected a qualitative, exploratory research design because it aligned with my philosophical view of pragmatism. The qualitative, exploratory research design is used

when the research is not trying to offer a concrete solution to a problem, but rather wants to explore the nature of the problem to better understand the issue that has yet to be clearly defined (Bhat, 2019; Dudovskiy, 2018). In qualitative research pragmatism “guides one to seek practical and useful answers that can solve or provide direction in addressing concrete problems” (Patton, 2015, p. 15).

The qualitative research approach is a formal investigation technique that originated in the social sciences. Qualitative inquiry is a holistic approach that is based in pragmatism and aligns itself with the theoretical framework of career development theory (Patton & McMahon, 2014). The researcher matters in qualitative inquiry and is an active participant who is integral in the research findings through their interpretations and analysis. Qualitative inquiry is grounded and shaped by the issues of culture, society, history, and gender and seeks meaning towards a goal of understanding. The qualitative study embraces new ways of looking at the world (Shank, 2006). Qualitative research covers a number of interpretive techniques that are used. These techniques include to describe, decode, translate, and arrive at the meaning of naturally occurring phenomena in the social world. Qualitative research is interested in “understanding the meaning people have constructed in order to make sense of their experiences they have had in the world” (Merriam & Tisdell, 2016, p.15). It is a method based on the conversation between and observations of the researcher and informant/subjects. This is accomplished through semi-structured face-to-face interviews conducted either individually or through focus groups. The purpose of the qualitative method is to investigate the background and environmental interactions of a given social unit. A social unit is defined in qualitative research as an

entity having common characteristics (Parse, et al., 1985). A social unit can be one person, a family, or a set of persons (Parse et al., 1985). In this study, a social unit was composed of the nurses who follow the same career tract of bedside nursing. Use of the qualitative approach allowed me to collect the nurse's narrative to identify the factors they considered when making their decision to remain in the role of bedside nurse. It also allowed them to reflect on a factor that may or may not have been considered. Qualitative description provides a way of connecting the concepts arising when one person attempts to find the particular within the general and takes the subjectivity of experiences within the commonly understood and objectively identifies a theme that represents the event (Houser, 2015). Merriam and Tisdell (2016) opined that generic, qualitative research studies are those that simply seeks to discover and understand a phenomenon, a process, or the perspectives, and worldviews of the people involved.

I selected and used the qualitative, exploratory design because human experiences require understanding from the participant's point of view. The qualitative approach aligns itself with the theoretical frameworks of systems theory and specifically career development theory (see Patton & McMahon, 2014). In career development theory, it was posited that individuals make choices in relationship with their experiences, environmental values, beliefs, and education. My goal was to identify any differences or similarities among the nurses as they describe the factors that influenced their decision to remain bedside nurses. By listening to the nurses as they explain what directed their choice in the career tract they selected, uncovered a central theme that may be used to guide in the retention of these valuable nurses. A qualitative approach is used to

document experiences through stories told by the individual participants. Storytelling has been used as the keeper of historical events, to deepen empathy, and develop understanding. Storytelling can lead to a “deeper understanding of nursing as a practice and discipline” (Wadsworth et al., 2017, p. 28). The design was optimal for this study because it employs open-ended questions that allows the participants to express themselves freely. It also provides for the observation of non-verbal communication cues to the feelings the participant is displaying regarding their answer to their interview questions.

#### Role of the Researcher

The researcher is the key instrument in qualitative research (Babbie, 2017). Qualitative researchers collect data through interviewing and observing the participants: I was an observer-participant. The personality traits of an individual who attests they are competent to conduct a qualitative study include a questioning attitude both for the study and the world in general, a tolerance for ambiguity, being an astute observer, asking good questions, the ability to think inductively, and a comfort with writing (Merriam & Tisdell, 2016). Merriam and Tisdell (2016) suggested that “The way to obtain good qualitative data is to ask good questions” (Merriam & Tisdell, 2016, p. 117). In order to ask the appropriate and most salient questions a researcher needs to practice (Merriam & Tisdell, 2016). The beginning question should elicit subsequent questions. Answers given by the participants should be considered truthful and should be verified with the individual. A protocol or predetermined list of questions can be a guide for the researcher, but a questionnaire or other instrument developed by other researchers is not relied upon

(Merriam & Tisdell, 2016). The qualitative researcher is charged with the task of gathering information, and must always remember that the participant's viewpoint on the phenomenon of interest should reveal the participant's understanding and not the researcher's view of the phenomenon (Marshall & Rossman, 2011).

### **Methodology**

I used a qualitative, exploratory research design for this study. The focus was on the narrative (i.e., the answers to the interview questions) and the stories proffered by the participants. The main question is developed seeking to understand and illuminate the life and culture that created it (Patton, 2015). Each participant's story is an "in-depth description and analysis of a bounded system or social unit" (Merriam & Tisdell, 2016, p. 37). In this qualitative study, I explored factors that influence RNs to remain at the bedside throughout their career. Interviews with RNs who had worked as a bedside, clinical care nurse with greater than 15 years of working experience in the role were conducted. These nurses perform the physical care of patients: but also assess, evaluate, educate, and coordinate their care. The setting was clinically based.

I used purposeful sampling from five hospitals in New Hampshire. Participants were initially to be recruited by placing flyers (see Appendix A) in the local community hospitals with the permission of the administration of the facilities. A snowball sampling technique was then to be used to obtain other participants. Access would have been granted through communication with the directors of nursing at the hospitals. However, due to the COVID-19 pandemic, I was denied access to the directors of nursing and

participants as indicated previously. Participants were recruited from the Walden participant pool and references from these individuals.

According to Ravitch and Carl (2016), the purposeful sampling strategy which encompasses snowball or chain sampling enables a researcher to directly select individuals and sites to learn about or understand the phenomenon. Purposeful sampling ensures settings, persons, or events are selected deliberately in order to provide important information that might not be obtained from other sources. According to Patton (2015), purposeful sampling provides quality assurance because all cases that meet some predetermined criterion of importance will yield information-rich results that may reveal major weaknesses or strengths in the question under study.

A snowball or chain sampling is a non-probability, purposive sampling method. The advantage of snowball sampling is it aids in finding participants that are hard to find. If an individual nurse meets the inclusion criteria, they will be interviewed. Another advantage is that snowball sampling may uncover characteristics of the population that were not known. A disadvantage of snowball sampling is that individuals refer friends who have similar traits, which can lead to sampling bias and a margin of error. In addition, the researcher might only be able to find a small group of people and thus have difficulty in coming to conclusive results (Bhat, 2019).

Inclusion criteria for the current study consisted of the participants currently practicing as a RN at the bedside. The nurses could be male or female, married or unmarried, work full-time or part-time in their profession, and be of any ethnic origin.

They had to have between 15 to 25 years at the bedside and not be planning on changing their position in the next year.

There are no rules for sample size in qualitative studies. Sample size depends on “what the researcher wants to know, the purpose of the inquiry, what is at stake, what will be useful, what will have credibility and what can be done with available times and resources” (Patton, 1990, p. 184). However, Dall (n.d.) recommended using set theory which states that saturation is achieved when the number of concepts elicited during the interviews is equal to the number of concepts relevant to the research question. This quantitative determination of saturation was proffered by Fofana et. al., 2013. Using Fofana’s et al.’s theory and the number of concepts or themes in career development theory, the sample size should have been at least six and up to a possible 26. However, Patton (2015) recommended specifying a minimum sample size based on a sound coverage of the problem and the purpose of the study. Therefore, following Patton’s criteria, I planned to interview approximately six to nine participants. With the possibility that RNs with at least 15 years at the bedside may not be available, I planned on ending data collection after nine participants were interviewed. Although saturation is the ideal goal, so if there are more participants that meet the inclusion criteria, the interviews will continue until saturation is met.

The interview setting and times were scheduled at the participant’s request. I conducted interviews using one-on-one, Skype, or face-to face phone calls on an iPhone to facilitate the participants’ preferred dates, time, and location as well as to allow for the visual reference of facial expressions and gesticulations. Participants were recruited from



New Hampshire because the researcher resides in this state. I planned on recruiting participants by placing flyers in the local hospitals with the permission of the directors of nursing and requesting their assistance with garnering RN participation. As stated previously, due to the COVID-19 pandemic, I could not use this recruitment plan and instead sent a flyer to the New Hampshire Nurse's Association to be placed on their web site. Using snowball sampling as well, participants were asked for the names of nurses, they felt would like to be a part of the study. Participants did not incur any monetary cost taking part in the study. The cost of travel if, warranted, to interview the participant was assumed by me as the researcher.

### **Data Collection**

I collected data through face-to-face interviews using the face time application on the iPhone. If local participants prefer Skype or phone call interviews the participant's preference was followed. Skype interviews are synchronous or in real time (Lo Iacono et al., 2015). While Skype allows the researcher to interview participants from other states and countries, the interviews in this study will be centered on nurses who resided in New Hampshire. No other interviewing over the internet took place. Face-to-face interviewing is the ongoing interaction between the interviewer and interviewee. Interviewing is a technique that allows the researcher to uncover more in-depth data than can be accomplished with questionnaires or other procedures (Grove et al., 2013). During interviews, I took field notes to capture any non-verbal cues, including facial expressions and body language displayed by the participants, which assisted me in dealing with the ambiguities and contradictions that should not be ignored (see Ravitch & Carl, 2016).

Open-ended, structured and unstructured questions were used in interviewing the participants (see Appendix B).

The primary database used, were the responses to the nurse's stories and interviews. The main structured question is: Why did you choose to remain a bedside nurse throughout your career? From the response of the participant further questions were clarify the answer and lead to the next inquiry. Face-to-face and the Skype interviews were audio-taped with the permission of the participant. Audio taping of data sets is an appropriate step since it allows auditing ability of data collection procedures. A major criticism of qualitative research methods is the issue of systematic bias. Systematic bias is a factor that can lead to an erroneous conclusion. It is caused by a possible design flaw or in the way the study was conducted. The bias cannot be resolved by increasing the sample size (Malone et al., 2014) during either data collection or interpretation, audio taping of data sets is an appropriate step since it allows auditing ability of data collection procedures (Vogt et al., 2014). One potential concern or limitation of audio taping is stage fright on both the part of the researcher and informant. An explanation beforehand and on the written consent assisted with this problem by making the participant aware of the taping and what will happen with the tapes after completion of the study (Vogt et al., 2014). Strategic placement of the recorder will also assist with this issue. The benefits of online, face-to-face and Skype is the convenience, however, the technology can be not clear in picture and voice acuity and thus loose parts of the interview. Typical demographics of age, sex, type of undergraduate nursing program attended (diploma,

associate degree, bachelor of science), and advanced degrees will be elicited thru the demographic questionnaire (see Appendix C).

### **Data Analysis Plan**

In qualitative studies data collection and analysis work together to build a clear, lucid and articulate interpretation (Marshall & Rossman, 2011). Data analysis in qualitative research begins with a careful examination of the subject-researcher interaction. Qualitative analysis looks at the interaction between the participant and the researcher. It is the story a person shares about self. The researcher then focuses on the core plot in the story told by the participant. Prior codes which are themes identified from ideas generated from career development theory will be delineated. These themes are outlined in Patton and McMahon's (2014) theory as those factors that may or may not address why one selects a certain career tract. These themes or factors include career and life interests, values and motivation, key strengths, skills, knowledge, personality, temperament, transferable skills, and career options. I used the above factors and was open to new themes other than those identified from the concepts of the theoretical framework. These codes were grouped into categories in order to reduce the number of different pieces of data. The theme is the highest level of categorization that identifies the major elements of the entire content analysis (Saldana, 2016).

Narrative analysis was the guide for data analysis. Narrative inquiry looks at the ways humans experience the world. Specifically, the three-dimensional space approach espoused by Clandinin and Connelly in 2000 addressed data analysis by looking at the interaction (personal and social), continuity (past, present, future) and situation (physical

places or the storyteller's places). This approach was used because it aligns itself with the theoretical framework of career development which includes these themes/factors.

Analysis and synthesis are the processes of separating the themes according to the major elements in the research questions. Themes from the interviews were identified and verified with the participants. Thus, the steps in the analysis of the participant's story started with an interview protocol that seeks to explore those themes in ordinary qualitative language. Different aspects of the participant's life are sought and are expressed in carefully nuanced descriptions. Abstractions were set aside in favor of a search for specific concrete actions and signs. Ambiguities and contradictions were accepted and noted, not brushed away or ignored. The interview cultivated a deliberate openness instead of trying to pull everything together too soon. New insights from the participants, were welcomed as part of the process and were properly documented as such (Kvale, 1996, pp.30-31). In the paradigmatic mode of analysis, the categories of particular themes are described paying attention to the relationship among the categories and uncovers the commonalities that exist across the multiple sources of data such as the verbal and non-verbal input. The aim is to produce general knowledge from a set of evidence or found in the collection of stories. Steps in the analysis process follow the basic steps in qualitative research such that it is an ongoing process that takes the story given by the participant and codes or indexes sections of the data. Codes can come from the theory as in this study or from what may emerge in the data or both. Codes are then transcribed into text and often begins by being descriptive then becomes more analytical. Any new codes must be applied to the whole data set or previous coded data. The

researcher's thoughts and ideas about the codes need to be placed in memos (Taylor & Gibbs, 2010). A second round or cycle of coding were conducted, and categories identified. Categories are data that are similar but not necessarily exact and clustered together to form a provisional category. Review of these categories and subcategories is undertaken (known as axial coding) and refined to meet the criteria of if, when, how, and why the phenomena happened (Saldana, 2016).

### **Issues of Trustworthiness**

The validity, credibility, trustworthiness, meaningfulness, and insights generated from qualitative research has more to do with the information-richness of the participants selected and the observation and analytical capabilities of the researcher than with sample size (Patton, 2015).

In qualitative studies reliability and validity translates to credible, transferrable,

confirmable, and dependable results (Merriam & Tisdell, 2016).

Trustworthiness will be addressed in chapter four but is defined as the degree one can depend on and trust research findings. This study used member checking or validating concepts identified by the researcher with the participant to aid in establishing trustworthiness. In addition, an audit trail and triangulation were applied. Authentic encompasses the fact that all sides of the phenomena are represented fairly, the research raises awareness and helps train others (Shank, 2006). Credibility is the degree of believability (Shank, 2006). Credibility can be established by maintaining extended contact with the informants. Getting to know the respondents and how they act and react

in making decisions is another way to secure credibility. Confirming the information received from the participants especially the researchers identified themes is crucial to credibility. Close contact with the participant during data analysis and evaluation process is another way to assist with credibility. Finally, a way to secure credibility is with triangulation in data collection. With triangulation multiple data sources such as time of day, space, or different places and /or persons (Ravitch & Carl, 2016) may tell the researcher the same thing and thus substantiates the findings (Shank, 2006).

Another alternative to reliability and validity in qualitative research is transferability. Transferability addresses whether the results of a given qualitative study can be transferred to a different setting or to a different population (Shank, 2006).

Confirmability pertains to the details of the methodologies used. The question to ask is there enough information in order to evaluate the researcher's data gathering and analysis (Shank, 2006). Confirmability is established with an audit trail (Shank, 2006) which in this study will be both the audio taping and the written analysis. Dependability is viewed by Lincoln and Guba (1985) as the equivalent to reliability in quantitative studies. Because the data collection instrument used in a qualitative study is the researcher, the researcher must ask themselves if what they are attempting to measure accurate. When the researcher measures the same thing again they should obtain the same findings. Dependability also involves an audit trail involving data collection (Merriam & Tisdell, 2016). The four concepts as defined above represent what Lincoln and Guba (1985) define as trustworthiness, which is the degree to which an individual can depend on and trust the research findings.

### **Ethical Procedures**

All investigators have the responsibility of protecting the rights and needs of the participants in their study. In order to fulfill this requirement an informed consent was obtained from each nurse volunteer prior to the audiotaping of the interview. A form requesting demographic information (see Appendix C) was included with the participant consent. The consent form included enough detail for a prospective participant to make an informed decision regarding their participation in the study. The form described the nature of the study and the nature of the participants' involvement in the study, including how anonymity and confidentiality will be maintained. The consent allowed the participants to remove themselves from the study without repercussions. It also states that the researcher will share the findings of the research with the informants and the form will be in alignment with the subject consent.

Confidentiality of participants' responses was protected throughout the research process with the use of numbers and letters to identify each participant. The interviews were audio taped with the permission of the participant. All tapes are locked in the researcher's protected safe deposit box along with any written materials and analysis. At the end of a 5 year period all materials will be destroyed. Both the institutional review boards of the university and of the facilities where recruitment of the potential participants will assure that no violations of the volunteer participant's rights are inadvertently abused. Only adult participants will be included in this research study. Consent forms were signed with the knowledge that leaving the study will incur no repercussions.

### **Summary**

The purpose of this qualitative, exploratory, multi case study was to identify those factors that influenced nurses to choose bedside nursing throughout their career. The information was elicited through structured, semistructured and open-ended questions that will be audio taped with the full permission of the nurse participants.

In Chapter 3 the research method, study design, study approach, protection of participants by informed consent, and confidentiality assurance that are the foundations of the inquiry was reviewed. Also included was a discussion of the criteria for the selection of the participants. Chapter 4 includes the demographics, setting, data collection and analysis, evidence of trustworthiness, and the results/themes.



## Chapter 4: Results

Demand for experienced bedside nurses continues to grow. This issue was the number 1 identified problem in the health care profession in 2018 (Kennedy, 2018). While previous research has focused on bullying in the workplace, the hardiness of nurses, and the overall nursing shortage, there is currently no extant research with a singular lens on why a nurse stays at the bedside throughout their career or moves into management, education, or informatics or leaves the profession of nursing altogether. This study I used a qualitative, exploratory design to answer the following research question: What factors influence a RN to remain at the bedside?

I recruited RNs who had at least 15 years of experience at the bedside. Before collecting any data, I received approval to conduct this this research through the Walden University Institutional Review Board (IRB;) IRB Approval # 06-12-20-0592213. In Chapter 4 I will discuss the setting, demographics, data collection procedures, data analysis, evidence of trustworthiness, results: before concluding with a summary.

### **Setting**

For this study I interviewed a total of 16 participants. Thirteen of the nurses were interviewed face-to-face on an iPhone using a digital audio recorder with the participant's full knowledge of the device. Participants selected a face-to-face interview over the iPhone because they found it easier and the use of the iPhone technology made their participation in the interview possible from almost anywhere, such that one interview was conducted while the individual was a passenger in a car driving to visit relatives. Because of different time zones and extended working hours and conditions due to the COVID-19

pandemic 3 of the participants asked if the questions could be sent to them via email. I did not want to lose any potential significant data and allowed this communication exchange since the participants, and I had been in contact for more than a month. The IRB approval for this data collection change can be found in Appendix E.

### **Demographics**

Participants for this study came from the participant pool at Walden University with one participant being the wife of a student, but not a student herself. Demographic data were limited to provide background information and protect the identities of the participants. A consent form and demographic sheet was electronically signed with one individual signing and mailing the physical forms to me. Prior to signing the consent form, I gave the participants an opportunity to ask any questions about the study and requirements to participate. Participants were from many states because the participants came from the Walden participant pool and not the local hospitals because entry into the hospitals were denied due to the COVID-19 pandemic. No one was in the same state as the researcher.

The demographic of the participants were as follows:

- Fifteen female and one male RN.
- One Hispanic; two African Americans; one from Israel; and 12 European Americans/non-Hispanic
- Two participants worked part-time as a clinical/bedside nurse while also working in education or management. All other participants worked full-time at the bedside.
- Chronological age for the participants was 45 to 69 years old

- As required the participants had more than 15 years of experience at the bedside; the shortest amount was 16 years and the longest 40 years.

### **Data Collection**

Recruitment for this study began on June 22, 2020 and ended December 15, 2020.

I recruited participants via the Walden University participation pool, the website of the New Hampshire Nurses Association and Facebook. Originally there were 24 individuals who contacted me from the participant pool. There was one individual who wanted monetary compensation to participate. Many of the individuals, although having spent the required number of years at the bedside had moved into management or education and were no longer at the bedside. Consequently, 16 participants were interviewed. Many of the participants had technical problems signing the consent and demographic form and many used either e-mail from personal accounts or photos of the completed forms sent via text message. I assigned numbers and letters to each participant to maintain their confidentiality as approved by the Walden University IRB. Each individual was informed before the interview began that they could withdraw at any time. This fact was also included in the consent form. Participants were interviewed face-to-face on an iPhone with a digital audio recorder running for assistance with transcription of the proceedings at a later date. I also took written notes during the interviews with the full knowledge of the participants. A structured interview tool was used that consisted of the original four questions and a fifth question asked due to the answers that came from the interview. That question was: What would you tell a new RN to encourage them to stay at the bedside as a clinical nurse? Participants were notified they would be called for any

clarification or verification of what was discussed in the interview. However, clarification was initiated at the time of the interview and no follow-up was needed. I also informed the participants they would be contacted with the results of the study. The interviews were stored on the audio recorder, and the transcripts along with written notes are stored in a fireproof, safe deposit box. This information will be stored for 5 years.

### **Data Analysis**

I analyzed the data following Clandinin and Connelly's (2000) method of narrative inquiry and analysis. Analyzing narrative data allows the researcher to build an understanding of the meaning the participants give to themselves, their environment, and their lived experiences. Through this method, codes that identify concepts from the raw data or storytelling are identified. Next, categories that link like codes together are advanced. Patterns within the categories are then found and finally, a theme that represents the patterns is proffered. I manually completed these data analysis steps.

I collected the data was collected through face-to-face iPhone interviews and three e-mail responses to the questions. During the interviews, I took field notes comprising comments by the participants and any non-verbal cues or thoughts I and were included these within the transcriptions. Transcription of the recordings were completed after review of the written notes and audio review of the tape's recordings multiple times for accuracy. After reviewing the transcripts, I selected words or codes that appeared in a number of the responses. This left me with a large number of identifying concepts. I then narrowed the codes to create units or categories. From these patterns emerged that pointed to repeated units. Finally, a central theme to each question presented itself. The

answer to the initial question of what factors influenced the nurse to remain at the bedside for their career of (at least 15 years) was answered with the theme of a connectedness to the patient. Excerpts and the initial resultant codes, categories, patterns, and themes are discussed in the results section.

### **Evidence of Trustworthiness**

As stated in Chapter 3, the reliability and validity of qualitative studies translate to credible, transferable, confirmable, and dependable results (see Merriam & Tisdell, 2016). Through checking with the participants, and securing their agreement on the concepts I identified their responses aided in the trustworthiness of the study.

#### **Credibility**

I established credibility by staying in touch with the participants through phone and email. The opportunity to conduct face-to-face interviews with the participants aided in establishing a connectedness with them. Sharing the stories with the participants helped me understand how the individual participant makes not only decisions on their career trajectory but also on their general life experiences which is another way to establish credibility (see Ravitch & Carl, 2016). These are all examples of how I used triangulation to increase the credibility of the findings.

#### **Dependability**

To assure dependability I followed the plan that I established in Chapter 3 and that was approved by my dissertation committee. Because the instrument in qualitative research is the researcher themselves (Lincoln, & Guba, 1985). I was careful to be consistent asking the interview questions as written (see Appendix B). I also continued

the interviews until I began seeing redundancy. When the goal is to maximize information, data collection is terminated when no new information is discovered from new participants or samples (Merriam, & Tisdell, 2016). Redundancy can also be called data saturation (Lincoln & Guba, 1985). The main theme of connectedness came across in all the interviews.

### **Transferability**

To assure transferability, I provided by detailed descriptions of my observations and interpretations of the interview results. Transferability addresses whether the results of a given qualitative study can be transferred to a different setting or different population (Shank, 2006). The entire interviews were transcribed verbatim with the inclusion of questions and participant responses. My reaction and the visual reactions of the participants were bracketed in the context. Individuals working in any occupation can be questioned as to why they stayed in the same position for their entire career although given the opportunity to move into other positions or environments.

### **Confirmability**

For confirmability, I used bracketing to assure that my own biases were maintained neutrally, and my interpretation of the findings did not interject my own perceptions but remained true to the words of the participants. Confirmability pertains to the details of the methodologies used (Shank, 2006). I also used an audit trail to help assure confirmability. The interviews were either audio recorded, or answers were handwritten by the participant.

## **Triangulation**

Triangulation was accomplished per Ravitch and Carl's (2016) concept of theoretical triangulation. Within Patton and McMahon's (2000) theoretical framework which as stated earlier based on systems theory are the multiple concepts of self-awareness which include career and life interests, values-motivation, key strengths-skills-knowledge, personality-temperament-transferable skills, and career options. These concepts also include the narrative inquiry theory of Clandinin and Connelly (2000) that include past, present, and future experiences along with social and environmental considerations.

## **Results**

The results are presented by themes. In addition, the codes, categories, and patterns that led to the themes are displayed. The basic elements of the qualitative data analysis as outlined by Clandinin and Connelly (2000) are the codes that identify the concepts from the raw data; categories that link the codes to create a unit; patterns that identify the repeated units, and the themes that represent the repeated patterns.

While the study revolved around the question of influences that impacted the RN to remaining at the bedside, I asked four additional questions of the participants. Three other questions were written before the interviews to elicit a more in-depth response from the participants. The fifth question came from the results of the interviews. The participant's responses from the participants are summarized and presented in quotes when needed to support the theme. Participants' identifying number and letters are used to indicate the quoted answers. Almost all the participants addressed and used the word

connectedness in response to the initial research question. Touch point was another phrase used. Meeting their patients outside of the hospital environment was another significant idea expressed. Many participants reported they met former patient at the grocery store which was a thought that was expressed within the general conversation between the participant and me. Having continued rapport and sharing this experience after the hospital encounters was critical to the participant. The emergent theme in response to the initial research question was connectedness. In the following subsection, I discuss the codes and subsequent themes that evolved from the narrative analysis. The emergent themes to the other four questions are: self-care, financial, caring, and vocation.

### **Connectedness**

*Question #1: What factors influenced your choice to remain a bedside nurse?*

One of the most frequently used words in response to the first interview question was connectedness. Out of the 16 participants 6 individuals spoke to finance and flexibility. For example, #001 RZ stated “my primary motivation was money.” She justified that she was a single parent and also needed the time to be with her daughter. Elaborating further #001RZ stated “my mother was a nurse for more than 40 years and she loved nursing so much she would do it for free. She helped me find my compassionate side.” Money was their incentive to stay at the bedside.

There were several individuals who used the words “touch point” which #003 VH revealed is the connectedness with the patient. Touch point was a term that when questioned, participants as #003 VH and #0012 MF used in relationship to having both a physical and an emotional connectedness to the patient. Win and win big was reported by



#002NG who stated “nursing is emotionally, physically, and mentally exhausting most days, however when you win you win big. At the end of the day all that matters is providing the best possible patient care.” While this could be listed under the theme of caring, the participant provided this answer to this first interview question.

The “interaction of just two people” stated #0014 SST who felt that it was this connectedness that was vital. Continuing rapport and a connection with the patient after the patient was discharged were also discussed. All participants mentioned seeing their patient at the grocery store and being recognized as their nurse was part of the connectedness. The following subsection contains some of the words/codes that led to my analysis to the general theme of “connectedness.” The first stage of analysis is coding in which the researcher identifies concepts or words from the raw data.

**Codes:** Some of the words that were stated in relationship to the first interview question were not specifically related to the connectedness theme but are included here. The responses were compassionate, patients matter, win and win big, touch point with patient, positive outcome, hours, and money. In addition, these words were also mentioned by the participants and include human touch, love job, perform care, bureaucracy, problem solving, contributing, enjoy helping, financially lucrative, not comfortable in management or education, boring, connectedness. Touch point was a term when questioned participants as #003 VH and #0012 MF used in relationship to have both a physical but also an emotional connectedness to the patient. Win and win big was stated by #002NG who stated “nursing is emotionally, physically, and mentally exhausting most days, however when you win, you win big. At the end of the day all that matters is

providing the best possible patient care.” While this statement could be listed under the theme of caring, the participant stated this in answer to this first interview question.

This second theme is in response to the second interview question.

### **Self-Care**

*Question #2: If you were offered another position and did not accept, what factors led you to reject the position?*

As with the first theme, steps to reach this single theme included coding, categorizing, finding the patterns and ultimately the theme of self-care. Again, money and flexible scheduling were identified as factors influencing participants to stay at the bedside and that contributed to their own self-care. However, #003 VH stated “they could not get that touch experience”. As revealed by #005 DS “if I stepped out of nursing at the bedside early in my career, I wouldn’t have acquired the level of emotional intelligence, critical thinking and ability to assess everything in a holistic manner the way I do now.” Many participants said things as #001 RZ, they were not comfortable in another position or as #0010 MR reported, “I am too frank for management.” No support from administration or other nurses and “wanting to leave work at work” as reported by #0013 JTM provided additional support for the theme of self-care. In relationship to the theme of self-care at least six participants made comments as participant #006 NH “I only wanted to teach clinically I could not see me standing in front of a classroom. I only would feel comfortable teaching clinically.” Additional support of self-care as a theme was reported by participant #008 CW who relayed “I tried management and house supervisor, but I did not like it. No one is ever happy; the stress is

always there and is very different than at the bedside. You can never seem to fix the problems.” The words or ideas that came up include those listed below.

**Codes:** Not being comfortable in a leadership or management positions came up several times, self-care, no guarantee will make change, touch experience with direct patient, tried other options but returned to clinical nursing; holistic manner, spectrum of nursing, emotional intelligence, never offered a position, bad experience with administration, lack of support from peers and administration, financial.

The third interview question unveiled the theme of both scheduling and fiduciary reimbursement and I placed them under the umbrella of financial.

### **Financial**

*Question #3: Have you ever thought about leaving bedside nursing? If yes, what led you to think about a change?*

As noted, finance and flexibility were among the answers that were put forward within the first three questions. However, #005 DS stated, “I left bedside nursing to be able to impart my competence and wisdom to others and to really be able to make a change and a difference in the quality of care provided to the patient and their families.” Participant #001 RZ stated she was “too old for bedside nursing. I am not as fast as the youngsters and my feet hurt more than I care to say.” Most of the answers were more like #008 CW who stated, “too much work for the money and rewards.”

**Codes:** Some of the ideas as identified by the participants included that they were getting too old; their feet hurt; and they are not as fast as youngsters; discouraged with politics, terminally ill mother, resources decreasing, not included in care decisions, touch

experience, more money, positive outcome of my care, quality of care, higher level of nursing, not comfortable unless teaching clinically, never considered leaving bedside nursing, not enough money or rewards in teaching.

### **Caring**

*Question #4: Tell me a time/story where you knew bedside nursing was where you were meant to be.*

In telling these stories it became obvious that caring was indeed at the root of why they became a nurse and why they remained at the bedside. Both #002 NG and #004 JP stated that the personal connection with the patient and their family keeps them at the bedside. The participants told stories of how they were there to help the individual patient toward a peaceful death. Two participants relayed that they could not think of a story but know that the long-term relationship with the patient is what they like. One individual (#0014) confessed she never wanted to be a nurse and decided to become a nurse after watching a midwife deliver a woman, with multiple complications, give birth to a healthy baby. The participant knew she wanted to be the kind of person that “could be a person that stayed calm, cool and collected” so she decided to be a nurse - the type of individual she needed to be a nurse - person caring for them.” Participant #001 RZ stated “it really makes a difference in someone’s life to have a compassionate person caring for them.” “I would say it is the corps ethics of caring for people that keeps me at the bedside” was the response from #0016 DW.

The participants were also concerned with mentoring new nurses and being a patient advocate.

*Codes:* The identified ideas in this section were that there was more to a nursing career, mentoring new nurses was important, seeing their aha moment in those mentored, personal connection, cared, not just physical care, empathy, sympathy, compassion, many positions in nursing, saved lives, saved limb, helped with rehab, organized, help family, help patient die.

Because of the discussions that evolved from the answers to the first four questions a fifth question was elicited. The fifth question was what the participants might tell a new graduate to entice them to remain a bedside nurse. The obvious theme was vocation not just a job.

### **Vocation**

*Question #5: What would you tell a new nurse to influence them to stay at the bedside?*

This question while supporting why the participants stayed at the bedside, also helped with what may be needed for social change for increasing the number of experienced bedside nurses.

Reflecting on why the individual went into the profession of nursing was expressed by #0014 SST, #007 SJ, and #004 JP. One participant addressed the idea of self-actualization, and another referenced the theorist Patricia Benner a number of times in relationship to the idea of the more experience, the more knowledgeable a nurse becomes. Learn to communicate, gain emotional intelligence, and “touch the patient” said #016 DW. MF #12 also addressed the fact that one must touch the patient.

**Codes:** Some of the ideas identified are a caring heart, lifelong learning, setting goals, positive change, why you do what you do, get more involved, gifted; blessed, patient advocate, vocation, organizational skills, look at your patient, stick together, takes a strong person to be a nurse, reward yourself, listen and learn, critical thinking skills, longer mentorship, support your peers, listen and learn.

Clandinin and Connelly (2000) discussed reviewing the stories by their interaction (personal and social), continuity (past, present and future) and by their situation (physical or character purposes or points of view). In reviewing the questions and participant answers, the responses were centered on the clinical bedside and the participants' feelings and reason at the time they decided to stay at the bedside. An example was reported by #001 RZ who was a single parent and needed the flexibility and money. Because of the focus of the questions, I was able to guide the participants to speak to the past, present and future. Ultimately the answers were the participant's unique point of view.

### **Summary**

In summary, this study explored the influencing factors that lead a nurse to remain at the bedside for greater than 15 years. I interviewed a total of 16 individuals. Thirteen individuals were interviewed face-to-face using audio recording. Three participants due to the COVID virus and time constraints to their schedules or location (one individual had just been deployed but wanted to participate), provided written responses to interview questions. Codes and themes were identified for each of five questions posed to the participants. This analysis was in line with the narrative data

analysis of Clandinin and Connelly (2000). The main theme identified was that staying clinical was due to the connectedness with the patient both in and out of the hospital setting. A second theme of finances and flexibility was also discussed. Themes that evolved from the next four questions and answers included self-care, financial, caring, and vocation.

Chapter Five focuses on interpretation of the study findings and include how the theoretical framework of career development theory by Patton and McMahon (2014) aligns with the study theme.

## Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative study was to explore the reasons that led RNs to remain at the bedside for at least 15 years or longer. I used the narrative data analysis and interpretation approach, as suggested by Clandinin and Connelly (2000), to analyze the data and the career development theory by Patton and McMahon (2014) to investigate the reason why a registered nurse remains at the bedside for more than 15 years. This method facilitated the discovery of codes, categories, patterns, and themes about the nurses' experiences in their profession and life events that may have led to their choice to stay a bedside (clinical) nurse. In Chapter 4 I delineated the four questions asked in the interviews as well as a fifth question generated from interviews with the participants. The guiding or first question was: "What factors influence a RN to remain at the bedside? The key findings for this study were connectedness with the patient or personal connection, human touch, self-care, financial/flexibility, caring/personal connection, and vocation. These themes were discussed and supported by the participants.

In this chapter, I discuss these themes in light of the theoretical framework of career development theory. Chapter 5 also includes an interpretation of findings, limitations, recommendation, implications, and study conclusions.

### **Interpretation of Findings**

The emergent themes aligned themselves with the major proponents of Patton and McMahon's (2014) career development theory. These concepts include workplace environment; values-motivation; life interests; personality-temperament; socioeconomic status; family; peers; geographic location; employment market; key strengths; skills and



knowledge; and career options. The participants' responses revealed a component to one or more of these proponents. In chapter 4 the codes, and themes are listed. Reviewing the list, it can be seen that comments such as no support from administration or peers aligned with the topic of influence of the environment that is part of the career development framework. Connectedness, which was the theme that answered the research question of was spoken by almost all study participants. Ongoing rapport or communication was a significant part of the connectedness theme. Such verbalizations by the participants regarding caring, touching the patient, and positive outcomes align with the concept of values-motivation from Patton and McMahon's (2014) career development framework. Why the participant became a nurse, and vocation also speaks to the topic of values-motivation. Comments related to the topic of life interests included seeking to teach or become an advance practice nurse practitioner. Personality-temperament spoke to emotional intelligence, and to some comments that (#0010MR) was too frank/blunt to be in management. Socioeconomic status addressed the financial aspects of the nurse's reason to stay at the bedside because overtime was always available. The fact that one nurse moved because of her husband is in the military addressed geographic location, family, and employment market. Key strengths, knowledge, skills, and career options were suggested by such concepts as critical thinking, problem solver, providing positive outcomes for the patient, contributor, mentoring, and helped.

### **Limitations of the Study**

While every effort was made to eliminate any limitations there was the typical small sample size for this qualitative study. Patton (2015) recommended specifying a

minimum sample size based on a sound coverage of the problem and the purpose of the study. Following Patton's criteria, I planned on interviewing approximately six to nine participants. However, 16 interviews ended up being conducted. All but one participant was from the participant pool at Walden University, and use of this pool stemmed from the impact that the current COVID-19 (pandemic) placed on meeting with study participants face-to-face. There were also difficulties with using Zoom consequently face-to-face interviews using the iPhone with a digital, audio recording device were implemented. While it was thought that the nurses would not have left the bedside, in actuality many of the participants had moved into other nursing positions but returned to clinical nursing.

### **Recommendations**

The findings of this study provide insight into what factors have a significant influence on why RNs remain at the bedside throughout their career. The ultimate theme was the connectedness with the patient, and not just the accomplishment of procedures or tasks on the patient at the hospital, but after the patient leaves the hospital and the nurse and client meet in the local community. Other emergent themes were caring, problem solver, vocation and why the nurse became a nurse. Extending preceptorships or mentorships was proffered as a change in order to keep nurses at the bedside. Bureaucracy, and no support from administration and peers were reasons the nurses gave for not going into management, education or informatics. One surprise finding was that finances were a reason to stay at the bedside.

After reviewing these themes, I would recommend conducting a more in-depth study of why nurses leave the bedside. The focus would be on the opposite approach to the study question as to why the RN leaves the bedside not on why they stay at the bedside. Other recommendations would be providing research on the need for nurse-patient contact. Findings from this study may also generate a study on self-scheduling by nurses. Finally, administration and their support of the bedside nurse should be considered.

### **Implications**

Experienced nurses possess a type of knowledge that includes experiences, values contextual information and insights that supports their decision-making ability. According to Gaffney (2021) this knowledge contains subjective understanding, intuition, and hunches that nurses accrue over time. It is difficult to explain or teach this type of knowledge to other nurses. Storytelling is one way all individuals relay information. Encouraging storytelling among experienced nurses with nursing students and new graduate nurses could aid in this type of knowledge transfer. The pandemic has revealed the need for more patient care at the bedside. Communication that leads to the major theme of connectedness is needed. Practice-ready nurses with this vital skill of communication along with establishing rapport with patients is needed for the successful patient-nurse relationship.

Experienced nurses possess a type of knowledge that includes experiences, values, contextual information, and insight that supports their decision-making ability. According to Gaffney (2021), this knowledge contains subjective understanding, intuition and hunches that nurses accrue over time. It is difficult to explain or teach this type of knowledge to other nurses. Storytelling is one way all individuals relay information and encouraging storytelling among experienced nurses with nursing students and new graduate nurses could aid in this type of knowledge transfer. The pandemic has revealed the need for even more patient care at the bedside.

The findings of this study can be used for positive social change advocating for an increased number of experienced, bedside, clinical nurses that could increase the safe and proper care of the patient. The education of the patient and their significant others can possibly be enhanced leading to more compliance with treatments and sustained health care. Administrators and managers can use the findings to understand what helps the bedside nurse in their job and provide more support to these vital professionals. Nurses continue to be the most trusted profession by society and having knowledgeable, compassionate, and connected nurses will assist in maintaining this trust.

### **Conclusion**

The purpose of the qualitative, exploratory study was to explore those factors that influence a RN to remain at the bedside for much of their professional career. The population under study were nurses who had at least 15 or more years at the bedside. The primary research question was: What factors influence a RN to remain at the bedside?

The data from this study were gathered from interview questions addressing why nurses did or did not take another position in nursing if given the opportunity.

The findings of this study contributed to the understanding of what both influences a nurse to remain at the bedside, and conversely, what led them to leave the bedside if applicable. The significant findings in this study were the themes of being connected to the patient and their families, the touch experience, vocation, why they went into nursing, critical thinking mentorship, and to a lesser extent, financial implications. The findings of this study could affect positive social change by leading to having more experienced nurses at the bedside. This, in turn, could provide a safer work environment. It may also provide the patient and their significant others with more education on their disease process and treatments that may lead to more compliance and a healthier society.

In summary, I conducted this study to understand what leads a RN to remain at the bedside for a majority of their career. Though a small sample size was used, the findings express data that are vital to both the profession and those that nurses serve.

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### Appendix A: Flyer to Recruit Participant

Would you like to be a part of advancing bedside nursing?

Studies show a need for these valuable nurses.

This study may help health care providers understand what impacts a nurse to remain at the bedside.

To be a part of this interesting and needed study you must have at least 15 years at the bedside.



If interested in participating, please contact:

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## Appendix B: Interview Questions

Good Morning, I am very happy that you want to be a part of my study. As I am sure you know there is not only a shortage of nurses, but a shortage of experienced bedside nurses. I admire and thank you for being that critical first line nurse at the bedside. Is there anything questions you have for me at this time. If not, then I will get right to the questions.

1. What factors influenced your choice to remain a bedside nurse?
2. If you were offered another position and did not accept it, what factors led you to reject the position?
3. Have you ever thought about leaving bedside nursing and what led you to think about a change?
4. Tell me a time/story where you knew bedside nursing was where you were meant to be.

The researcher will clarify/verify answers during the interview process. Any thoughts by the participant that are unclear to the researcher will be confirmed by asking the participant to “tell me more about that.” Asking the participant to offer any examples or stories will be encouraged.

## Appendix C : Demographic and Personal Questionnaire

Directions: Please complete the following questions by filling in the blanks with the appropriate number or answer.

<p>Employment Title _____</p> <p>Employment Status _____</p> <p>1 Full-time</p> <p>2 Part-time</p> <p>Gender _____</p> <p>1 Female</p> <p>2 Male</p> <p>Race/Ethnicity _____</p> <p>1 Alaskan (Native American)</p> <p>2 Asian</p> <p>3 Black</p> <p>4 Caucasian</p> <p>5 Hispanic/Latino</p> <p>List Identity _____</p> <p>Age in years _____</p>	
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