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This study focuses on the lived experience of the older RN, an area lacking research. The purpose of the study was to discover why the older RN remains working at the bedside in the critical care unit.

The purpose of the study was to explore the experiences of older nurses involved in direct patient care in the critical care unit. Traditionally hospitals have invested their efforts into recruiting rather than retaining RNs. What is not known is how to retain the older RN involved in direct patient care in the critical care unit. The research questions asked 1) How older nurses describe their work lives while working at the bedside in critical care. 2) What are the intrinsic motivators for older RNs employed in critical care? 3) What are specific challenges for older RNs working in the critical care unit?

A purposive sample of 11 RNs over the age of 50 employed full time at the bedside in the critical care unit were recruited. Preliminary analysis has indicated categories including: a rewarding career; conflict of interest; my self-image; and altruism is its own reward.

Findings from this study are important for the profession of nursing to develop practices and policies, which may help to retain older RNs working at the bedside in the critical care unit. Findings from this research study may lead to larger studies with the goal of developing retention strategies specific to older workers.

THE LIVED EXPERIENCE OF THE OLDER REGISTERED NURSE

WORKING AT THE BEDSIDE IN THE

CRITICAL CARE UNIT

by

Mary Alice Hodge

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Approved by

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To my family for their enduring love, patience, and encouragement.

APPROVAL PAGE

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CHAPTER I

INTRODUCTION

The labor force for 2012 is expected to be older and to become more diverse. According

to Fullerton and Toossi (2001), the average age of the 1990 labor force was 36.6

years.The projected workers average age of 41.4 for 2012 would exceed the highest level

ever recorded (Toossi, 2004). Also, by 2012, labor force workers 55 years old and older

are projected by Toossi to grow more than 10.2 million. These statistics indicate that this

is the fastest growth among all age groups. Toossi, as well, predicts that "within the 55 to

64 year old group they are expected to add 8.3 million to the labor force" (p. 52).

Labor force projections to 2014 also indicate that the number of persons working

or looking for work will reach 162.1 million (Toossi, 2005). The demographic data shows

that the number of workers in the health and community sector aged over 45 years is

predicted to increase by 5.5 percent by 2014. "The labor force will continue to age, with a

projected 4.1 percent annual growth of the 55 and older age group, more than four times

the rate of growth of the overall labor force" (Saunders, 2005, p.5).

Registered nurses (RNs) comprise the largest number of healthcare professionals

in the United States (U.S.) (American Association Colleges of Nursing, 2001). However

impending demographic changes are widening the gap between the number of people

needing care and the number of nurses available to provide it. There are fewer younger

adults entering nursing than in previous years (Mion, Hazel, & Cap, 2006). There are 2.4 million (83.2%) RNs employed of which 58.3 percent are employed fulltime. By 2020, more than 40 percent of the RN workforce in the U.S. will be older than 50 years of age and many RNs are expected to retire from the nursing workforce (Norman et al., 2005). Also, the RN workforce will fall short of demand by 20 percent or nearly 340,000 nurses by the year 2020 (Hart, 2006) and the demand is expected to increase by three times the current rate over the next 13 years (Auerbach, Buerhaus, & Staiger, 2007).

Contributing to the widening gap between supply and demand for RNs is the aging of the nursing workforce. The average age of the RN population is 46.8 years, an increase from 45.2 in 2000 (Auerbach et al., 2007). The RN population under the age of 30 years decreased from 9 percent of the nursing population in 2000 to eight percent in 2004 (Health Resources and Services Administration, (HRSA), 2006). By the year 2020, more than 40 percent of the RN workforce in the U.S. will be older than 50 years of age and many are expected to take early retirement from the nursing workforce (Norman, Donelan, & Buerhaus, et al., 2005).

Hinshaw (2008) referred to the nursing shortage as "navigating the perfect storm" (p. S4). Hinshaw stated that, "the perfect storm is a tempest of extreme intensity that happens rarely, maybe once every 100 years, as a result of multiple factors that end in a situation worse than people have ever imagined" (p. S4). In a study conducted by Buerhaus, et al. (2005) found that more than 75 percent of RNs were concerned that the nursing shortage would cause a major problem in their quality of work, patient care, and time spent with patients. Due to the overall nursing shortage, the specialty areas are

affected with a shortage of RNs as well. According to the latest national survey of the RN workforce (U.S. Department of Health and Human Services (DHHS, 2007) there were 322,740 RNs in the U.S. who cared for critically ill patients in the hospital setting. Critical care nurses account for an estimated 37 percent of the total number of nurses working in the hospital setting (AACN, 2008). Critical care nurses practice in a complex environment of high- intensity therapies, interventions, and continuous nursing vigilance. The critical care nurse relies on a specialized body of knowledge acquired through years of experience and where extreme competencies are acquired.

The effects of poor quality outcomes is devastating not only to the families involved but to the nurses and the entire healthcare system (AACN, 2008). Critical care nursing is a specialty within nursing that deals with human responses to life-threatening problems. It is essential to retain the older RN working at the bedside in the critical care unit. In order to understand how to retain this nurse it is important to understand why they stay. It is widely known that working in critical care is stressful and demanding. When older nurses leave, the quality of nursing care may decline due to the loss of expertise (Strachota, Normandin, O'Brien, Clary, & Kudrow, 2003). Most families rely upon the expertise of the critical care nurse to provide the quality care that is necessary for their family member. In order to provide the necessary care there must be adequate staffing of RNs who are proficient in knowledge, skills, and experience. Research is needed to explore the experiences of older RNs who are experienced and knowledgeable, in providing the complex, vigilant, and intense nursing care of critically ill patients in the critical care unit. No research had been noted that focused on the older RN working at the

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bedside in the critical care unit. Thus, the aim of this research was to explore the older

RNs experience working in the critical care unit which facilitated an understanding of

how to retain this valuable resource. Findings from this research study may lead to larger

studies with a goal of developing retention strategies.

Scope of Problem

It is estimated that more than 1.2 million new and replacement nurses will be

needed by 2014 (American Hospital Association, (AHA), 2006). Letvak (2003) reported

that the shortage was especially acute for hospital nurses. It is estimated that U.S.

hospitals need approximately 118,000 RNs to fill vacant positions (AHA, 2007;

Auerbach, Buerhaus, & Staiger, 2007). This translates into a national RN vacancy rate of

8.1 percent. A projection of future RN shortages showed a demand for the number of

full-time equivalent (FTE) RNs in nursing jobs increasing significantly by 2020, with

supply growing slowly until 2010, and then numbers beginning a slow decline. From

2000 to 2020, the demand of nurses is projected to grow 40 percent while the supply is

projected to increase only six percent resulting in a gap between supply and demand of an

astonishing 29 percent (Unruh & Fottler, 2005).

The American Association of Critical Care Nurses (AACN, 2008) reported the

nursing shortage is acute in the specialty areas of nursing and stated that specific numbers

are not available on the extent of the shortage. The most pronounced areas of shortages

are in the adult critical care units, pediatric and neonatal ICUs, and emergency

departments (AACN, 2008). Traditionally hospitals have invested their efforts into

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recruiting rather than retaining RNs. When replacement costs are inclusive of all aspects

of employee turnover, the cost of replacing a medical-surgical nurse exceeds $92,000 and

it costs $145,000 to replace a specialty-area nurse (Curran, 2006; Hatcher, Bluch,

Connolly, Davis, O'Neill, & Stokley, 2006; Strachota, Normandin, O'Brien, Clary, &

Krukow, 2003). The cost of lost productivity alone is nearly 80% of the total turnover

cost (Strachota et al.). The supply of nurses along with the projected demand offers a

grim situation for the "backbone" of our healthcare system.

Sensitizing Framework

An understanding of critical care RNs experiences was crucial not only for quality

patient outcomes but also for the retention of this valuable resource. To better understand

the experience of older RNs working at the bedside in the critical care unit, the study was

guided by Frederick Herzberg's Motivation-Hygiene Theory (Herzberg, 1966). In 1959,

Herzberg frequently referred to as the father of work motivational (Rantz, Scott, &

Porter, 1996) and his colleagues conducted a study by interviewing 200 engineers and

accountants who represented a cross-section of Pittsburg industries. Those interviewed

were asked about events they had experienced at work which either resulted in a

noticeable improvement in their job satisfaction or had led to a noticeable reduction in

job satisfaction. In a series of qualitative studies, Herzberg and colleagues attempted to

isolate the elements in collected attitude stories about work to investigate what

substantiated the differences between job satisfaction and dissatisfaction. According to

Herzberg's (1966) Motivation-Hygiene Theory, the absence of hygiene factors (company

policy, supervision, interpersonal relations, working conditions, and salary) can create job

dissatisfaction, but the presence of these factors do not create satisfaction (Gardner,

1977). Herzberg (1966) determined that the motivator factors or satisfiers related to the

job itself or job content including, achievement, recognition, the work itself,

responsibility, and advancement enriched a person's job. Herzberg concluded that these

motivators "were associated with long-term positive effects in job performance while the

hygiene factors which can be a source of dissatisfaction consistently produced only short-

term changes in job attitudes and performance" (p.S1). Herzberg summarized this theory

by stating that satisfiers or motivator factors described a person's relationship with what

they do and many factors are related to the tasks being performed. Dissatisfiers, or

hygiene factors, are concerned with a person's relationship to the context or environment

in which they perform the job. The motivator factors relate to what a person does while

the hygiene factors relate to the situation in which the person does what they do.

Herzberg (1966) suggested that a worker who has no job dissatisfaction also may have no

job satisfaction and is therefore neither really excited about the job nor ready to quit.

The results of the Herzberg and colleagues (1959) research created the dual-factor

theory of motivation. The motivator factors are intrinsic to the job and the hygiene factors

are extrinsic to the job. Herzberg (1966) stated that hygiene factors will temporarily move

workers but will not motivate them and for motivation to occur, satisfaction factors must

come into play. Herzberg's theory recognized that true motivation comes from within a

person. This theory was used to understand older RNs working at the bedside in a critical

care unit in several ways. Using Herzberg's (1966) Motivation-Hygiene Theory to guide

the research study, the results of the research gained an understanding concerning the older RNs attitudes and motivation about working at the bedside in critical care. The qualitative research involved interviewing the older RN working at the bedside in the critical care unit to explore their lived experience. From analyzing the interviews, using the two-factor model of motivation, the research study assisted in determining if the critical care work environment was considered motivation or hygiene factors by the older RN. Hygiene factors are needed to ensure that the older RN is not dissatisfied (Herzberg, 1966). However, the motivation factors are needed in order to motivate the older RN to perform a work- related action because of the older RNs desires to perform the action (Herzberg). The study results assisted in answering the question "What is the lived experience of the older RN working at the bedside in the critical care unit?"

Purpose of the Study

Nurses are the largest group of healthcare professionals and are considered to be the backbone of the U.S. health care system (Lynn & Redman, 2006). However, even with 2.9 million RNs nationwide and an estimated 83.2 percent of RNs employed in nursing (HRSA, 2006) the U.S. is in the midst of a severe nursing shortage. The shortage is especially acute in critical care areas. Thus, the purpose of this study was to explore the experiences of older RNs who work at the bedside in the critical care unit. Using a qualitative approach, and a phenomenological design, this study explored the older RNs experiences surrounding working at the bedside in the critical care environment. Findings from this exploratory qualitative study provided the researcher with information needed

to design measurement instruments to conduct a large scale quantitative study for the retention of the older RN. The long-term goal was to develop interventions that could be specifically used to retain the older RN working at the bedside in the critical care unit.

Research Question

The research question was:

What is the lived experience of the older registered nurse working at the bedside in the critical care unit?

Definition of Terms

For the purpose of this study, the following definitions will be used:

1. Older Registered Nurse: Registered Nurse (RN) 50 years old and older

   Age 50 years was chosen to be "older' because the Bureau of Labor Statistics (2007) reported that while many U.S. workers are retiring after the age of 65, RNs leave the workforce between the ages of 50 and 60 years (Lacey & Shaver, 2003).

2. Critical care unit: any hospital unit in which acute and critically ill patients received care (Mosby, 2002)

3. Critical-care nurse: licensed professional registered nurse who was responsible for ensuring that all critically ill patients and their families received optimal care (AACN, 2008)

4. Motivator factors: job satisfiers (Herzberg, 1966)

5. Hygiene factors: job dissatisfiers (Herzberg, 1966)

Assumptions

The following assumptions were made in this study:

1. Older RNs would willingly talk about their experiences as an older RN working at the bedside in the critical care unit.

2. Older RNs utilized true motivation while working at the bedside in the critical care unit.

Delimitations

This study was limited to:

1. Older critical care nurses who worked in the adult critical care environment for a minimum of ten (10) years. In accordance with Patricia Benner's (1984) novice to expert criteria and the fact that the critical care unit is a specialized department, 10 years experience working in critical care was the minimum years of experience for a RN to participate in this study. Also, healthcare employees with at least 10 years of employment with their organization have much higher commitment levels than those who have one year or less (American Society for Healthcare Human Resources Administration, 2004).

2. Older critical care nurses who were employed within North and South Carolina. This geographic area was selected for the convenience of data collection and because geographic differences may have existed.

3. Older critical care nurses who spoke English.

Significance of Study

In order for the U.S. to achieve the goal of access to quality health care, an adequate supply of nurses is essential (Biviano, Fritz, Spencer, & Dall, 2004). Recruitment efforts have not totally helped to alleviate the nursing shortage (Auerbach, Buerhaus, & Staiger, 2007). An important strategy to alleviate the nursing shortage was to target retention of the current nursing staff. With the aging of the workforce, and importance of experience to quality outcomes, efforts must be made to retain the older RN.

The value of the older RN is immeasurable to hospitals, patients, families, and younger nurses (Mion et al. 2006). The hospital benefits through commitment and historical knowledge while benefits to patients and families include the richness and depth of clinical knowledge and life experiences. The combination of these benefits allow for stronger empathy and understanding in older nurses as well as providing the mentoring and the leadership necessary to assist the younger nurse (Mion et al.). Letvak (2005) stated that older nurses possess much needed experience relevant to excellent patient care. Thus, by not retaining the experienced older RN, poor patient care and negative outcomes could impact the healthcare organization and patient outcomes.

Knowing why older, more experienced nurses continue to work at the bedside in critical care settings could be used to inform interventions and policies to retain older nurses in hospital settings. This study is significant because there has been no research conducted on the older RN experiences of working at the bedside in the critical care unit. Larkin (2007) was of the opinion that a lack of research exists on how to retain the skills and expertise of experienced bedside nurses.

Overview of Qualitative Methodology

Sandelowski (1986) affirmed that qualitative studies generate knowledge about meaning and discovery. Qualitative research is characterized by inductive reasoning, subjectivity, discovery, description, and process orienting (Munhall, 2007) and, thus is an accepted, meaningful, and important methodological approach to the development of a substantive body of nursing knowledge. Burns and Grove (2009) stated that qualitative research is systematic and subjective and is used to describe and give significance to life experiences. Qualitative research provides an in-depth understanding of human behavior and the reasons that govern human behavior. Speziale and Carpenter (2003) acknowledged that the inability to quantitatively measure some phenomena has led to an interest in using other approaches to study particular human phenomena. The tradition of using qualitative methods to study human phenomena is grounded in the social sciences (Speziale & Carpenter, 2003). It is used to answer questions related to hows and whys of behavior (Burns & Grove, 2009). Qualitative research offers "the opportunity to focus on finding answers to questions centered on social experience, how it is created, and how it gives meaning to life" (p. 2). Using qualitative methodology enabled this researcher to grasp the lived experience of the older nurse, enter into their world as a critical care nurse, and to understand the basic social process that retains them at the bedside in the critical care unit.

There are no qualitative methodological studies that ask the nurse, especially the older nurse, to describe why they stay at the bedside specific to the critical care unit. While qualitative studies have been conducted on issues concerning critical care, they

have not included the experience of the older RN working at the bedside in the critical

care unit. Munhall (2007) stated, "until the meaning of an experience is known, an

intervention is acontextual" (p. 205). Thus, because little is known about the experience

of the older RN working at the bedside in the critical care unit a qualitative study was

conducted. Qualitative methodology (interpretive phenomenology) is exploratory,

involves a naturalistic approach and provides an in-depth understanding of human

behavior and reasons that govern human behavior (Richards, 2005). In order to explore

and facilitate an understanding of the experience of the older RN working at the bedside

in the critical care unit phenomenological research was conducted.

"Phenomenology is as much a way of thinking or perceiving as it is a research

method (Speziale & Carpenter, 2003, p. 53). The goal of phenomenology is to describe

the lived experience of phenomena (Munhall, 2007; Richards, 2005; Speziale &

Carpenter,2003). Phenomenology is both a philosophy and a research method (Burns &

Grove,2009). From a philosophic viewpoint, the person is integral with the environment

(Burns & Grove, 2009) and is rooted in descriptive modes of science. Richards (2005)

recognized that human scientist have been concerned with describing the fundamental

patterns of human thought and behavior since early times. Understanding the meaning of

human phenomena situated in time, space, body, and relationship are developed through

dialectical and contextual transactions with those who are the experts, those who have

experienced the phenomenon of interest (Creswell, 1998; Guba & Lincoln, 1994; Kuhn,

1970; Lincoln & Guba, 1985; Munhall, 2007). The constructivist paradigm is associated

with qualitative methods of inquiry traditionally related to phenomenological inquiry

(Guba & Lincoln,1994). It is this lived experience that gives meaning to each individual's perception of a particular phenomenon and is influenced by everything internal and external to the individual (Speziale & Carpenter, 2003). Burns and Grove (2009) stated phenomenological research is an effective methodology when used to discover the meaning of a complex experience as it is lived by a person. Thus, this research study used a phenomenological perspective to explore the experience of the older RN working at the bedside in the critical care unit.

Summary

The RN population is aging and 40 percent of the RN workforce in the U.S. will be 50 years of age or older by 2020. Many older RNs will elect to retire unless measures are taken to retain them in the workforce. Hospitals have focused their attention on recruitment efforts and there has been no research conducted on the older RNs experiences of working at the bedside in critical care. This phenomenological study provided older critical care nurses with the opportunity to talk about their experiences. Retention of the older RN is imperative for quality health care.

There is a shortage of nurses in the U.S. It is estimated that more than 1.2 million new and replacement nurses will be needed by 2014 (AHA, 2006). The U.S. shortage will continue to increase over the next several years (Auerbach, Buerhaus, & Staiger, 2007) unless actions are immediately taken. The average age of a nurse is 46.8 years old and by the year 2020, more than 40 percent of the RN workforce will be older than 50 years of age. Nursing is stressful, but critical care nursing is even more stressful and far more

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demanding to individual nurses. Critical care nurses account for an estimated 37 percent of the total number of nurses working in the hospital setting and the nursing shortage is acute in the specialty areas. It is essential to retain the older RN in the critical care unit for numerous reasons. The cost of replacing a critical care RN exceeds $145,000. There is limited research conducted on critical care environments and even more limited research on older nurses working at the bedside in the critical care unit. Research is needed to explore the experiences of older RNs working at the bedside in the critical care unit if we are to develop long term retention strategies. In order to describe the lived experience of older critical care nurses, a phenomenologic approach was necessary. "Phenomenological research is significant by stating the implications for change that emerges from the interpretation gleaned from our participants on the meaning of various experiences" (Munhall, 2007, p.154). This research was guided by Herzberg's (1966) Motivation-Hygiene Theory and was used to assist the researcher in gaining an understanding concerning the older RNs attitudes and motivation concerning working at the bedside in the critical care unit. Utilizing a qualitative approach, and a phenomenological design, the long-term goal was to develop measures and ultimately interventions that will retain the older RN working at the bedside in the critical care unit.

CHAPTER II

REVIEW OF LITERATURE

The purpose of this chapter was to review literature that pertained to the older RN who works at the bedside in the critical care unit. The researcher identified four areas that were determined necessary for review as a basis for the research study. First, the aging of the population and workforce was one of the areas identified. The nursing workforce is aging as well as the total population (Buerhaus et al. 2005). Review of the literature pertaining to this area identified studies conducted, knowledge and understanding concerning this area and also gaps in the literature. The second area of interest was the retention of older workers. The topic of interest for the research study was the older RN who is 50 years old and older. The literature reviewed in this area assisted in understanding the research studies conducted and helped to gain an understanding of how older workers are perceived by their managers and coworkers. It also identified the challenges in the working environment and the factors contributing to retaining the older worker. Third, the literature that discussed the older nurse was also reviewed. The research studies reviewed focused on the older RN who works at the bedside in the critical care unit. The literature in this area gave guidance to the researcher concerning what had previously been studied concerning the older nurse. Of particular interest to the researcher was the type of research conducted (i.e., quantitative versus qualitative) and any gaps that could be identified as to the need of the research study. The fourth area

reviewed was the critical care nurse. Because this research study focused on the older

critical care nurse, the researcher felt it imperative to review the literature concerning

critical care nursing. From this literature review the researcher was interested in gaining

an understanding of the topics covered in the literature, the type of research conducted,

and any gaps in the research that showed the need to explore the lived experience of the

older RN working at the bedside in the critical care unit. Therefore, the literature

reviewed encompassed; the areas of aging of the population and workforce, retention of

the older worker, older nurses, and critical care nursing.

Aging of the Population and Workforce

A topic of interest in the literature review in this area was the changing demographic

landscape. Nyce (2007) examined the changing dynamics of the U.S. labor market. He

affirmed that 12 percent of the U.S. workforce consisted of those 55 years of age and

older and that by 2020 this age group will reach 20 percent. Nyce stated mandatory

retirement, elimination of early retirement incentives, and the erosion of pre-65 health

benefits all promote longer working careers. Also, Nyce was of the opinion that older

workers should be regarded as competent, mature, and productive workers. A concern in

this article was that as older workers leave the workforce there will be a shortage among

highly skilled professionals. Nyce declared that immigration may be used as a potential

solution to the labor shortage; however there is considerable worry by analysts that the

U.S. workforce will become less skilled. The article demonstrated that the ultimate shape

of the future labor force will largely depend on when and the percentage of older workers who will leave the workforce.

Another topic that emerged in the literature review was older employee attitudes concerning their job. Bond, Galinsky, and Swanberg (2003) conducted a major study, the National Study of the Changing Workforce. The purpose of this study was to determine; how employees 50 years old and older are faring, and if they are better or worse than their younger counterparts. The sample size for the study was 3,500 and was considered a representative sample of the U.S. workforce. The results of this study showed that older employees have equally positive or more positive relationships with their supervisors, regardless of age, than do the younger employees. Also, 66 percent of the older employees viewed their supervisors as very competent in their jobs when compared to 59 percent of the younger workers. Older workers (47 percent) were also more likely than younger employees to feel their supervisors were supportive of their success on the job versus 36 percent of the younger workers. The findings from this study indicated that older employees have positive attitudes concerning working for and learning from younger supervisor/managers (Bond et al.,2003). Pitt-Catsouphes (2007) discussed results from a Benchmark Study (2006) concerning late-career employees. Approximately half (50%) of the respondents were of the opinion that late-career employees are initiative, loyal to the company, reliable, have established networks of professional colleagues, have high skills relative to what is needed for the job, have strong work ethics, and have low turnover rates.

An article by Galinsky (2007) confirmed that demographics of the workforce show it as aging and that fewer young workers were entering the workforce. Older workers were also regarded as being in better health, having longer life expectancies, and desiring to remain engaged in the paid workforce past the traditional retirement age. Galinsky also affirmed that many older workers were not in a position to retire because of financial and health benefit reasons and that the average age of retirement was increasing due to these factors. Galinsky (2007), as well as Wharton, Rotolo, and Bird (2000) found that older employees are generally highly engaged in their work, satisfied with their job, and committed to their organization. Galinsky stated that there was evidence that many organizations were having difficulty hiring top talent and wanted to retain the talent of their more experienced and highest performing employees. Burr and Mutchler (2007) in describing the characteristics of a diverse workforce affirmed that older workers, regardless of which demographic group they belong to, like to go to work. The authors also commented that a better understanding of the employment experiences for the older worker was essential to address the opportunities and challenges that are in the future.

Another topic discussed was delayed retirement. The explanation as to why older workers delayed retirement was described by Dicecio, Engemann, Owyang, and Wheeler (2008). The first reason given was the year a person was born determined when they would get full Social Security benefits, because delaying retirement until age 70 years old entitles workers to higher benefits. The second reason was the decreased growth in Social Security benefits forcing some retirees back into the labor force to help finance their retirement years. Third, Americans are living longer than in previous decades with

greater number of productive years in which they can work. Fourth, older workers may choose to work longer in order to retain health benefits due to firms decreasing or eliminating health benefits to retirees.

Dicecio, et al. (2008), in discussing the future of the labor force participation, attributed a recent decline in workforce participation to those aged 16 to 19 years of age. They acknowledged that teen participation rates remain around 44 percent. Also, participation rates for the 55 years old and older group are expected to increase by 41 percent in 2014 from 38 percent in 2006 (Dicecio et al.).

Haight's (2003) article discussed the issue of an aging workforce and their physical and mental capacity loss. Haight suggested that age-related decrements begin to occur after age 45 and becomes significant at age 50 years of age. Findings from this study show that age-related errors and performance decrement appear to be manageable. However, Czaja (1995) stated that a worker should be judged by their ability rather than chronological age. She further stated that predictions about an individual's job should be based on their functional capacity relative to the demands of that job. Czaja also remarked that physical training can also have a significant impact on maintenance of physiological functioning. McMahan and Sturz (2006) stated that the chronological age is a weak predictor of capacity for productive performance in general. Sweet (2007) was of the opinion that older workers are subject to ageist attitudes, are evaluated more harshly than younger counterparts, and are more commonly perceived as being less capable or productive than younger workers. Feinsod and Davenport (2006) concluded in their study concerning the retention of older workers that experience in a domain, which is built over

time and increases with age, tends to offset the cognitive declines that may occur with age.

The following topics emerged from the literature review; the changing demographic landscape, positive attitudes about their job, delayed retirement, and chronological age indicated that there were many reasons why strategies should be implemented to retain the older worker. The demographics indicated that there is a decrease in the number of younger workers, industry is fearful of a decreased profit margin, therefore sustaining the older worker could protect or improve this margin, and older workers were shown to have a positive attitude toward the job they perform and managers do not want to lose the experience and expertise of the older worker. Also, the older worker should not be judged by their chronological age but through their individual capacity to perform their job. In summarizing the literature review for the aging population and workforce it was evident that retaining the older worker was necessary. Review of the literature pertaining to this area identified significant studies conducted concerning the aging demographics, knowledge and understanding concerning this aging population and workforce. The literature indicated that there is an awareness of the changing demographics to an aging population. However, there are gaps in the literature concerning work performance capabilities based on the individual and not on chronological age.

The following section of the literature review describes the retention of the older worker. The literature reviewed in this area assisted in identifying research studies conducted concerning older worker retention and aid in the understanding of how older workers are perceived in their work environment and factors contributing to retaining the

older worker. The researcher explored the potential gaps in the literature which assisted in strengthening the research study concerning the older RN working at the bedside in the critical care unit.

<div align="center">Retention of Older Workers</div>

Toossi (2005) declared that the labor force will continue to age and the 55 year old and older group will increase by four times the rate of the overall labor force. The literature reviewed in this area assisted in understanding the research studies conducted and gained an understanding of how older workers were perceived by their managers, coworkers and identified the challenges in the working environment and what factors contributed to retaining the older worker. This section provided guidance to the researcher for studying the reason the older nurse continued to work at the bedside in the critical care unit.

A topic emerged concerning the reasons older workers continue to work. Smyer and Pitt-Catsouphes (2007) stated that older workers often reassess the meaning and importance of their job when considering whether to continue working. In their survey research, 62 percent of respondents reported that they were continuing to work because they found their job interesting. Also, 46 percent of the respondents continued to work because they had not reached their professional goals, and 72 percent believed they were capable of assuming more responsibility. Smyer and Pitt-Catsouphes concluded that these factors suggested that the older worker would continue to be an important part of the

workforce of the future and that employers must be adept at responding to individual and generational differences.

Another topic that emerged was the discussion of retention versus actual retention strategies. Pitt-Catsouphes, Kane, Smyer, and Shen (2006) in discussing a Benchmark Study acknowledged several areas concerning the retention of the older worker. About half of the Benchmark organizations reported that they had, to a moderate or great extent, adopted strategies to encourage late career employees to work past the normal retirement age. Of concern to the authors was that the Benchmark employers indicated that they were more than twice more likely to encourage the moderate/great extent early career employees to remain with their organizations than late career employees. A limitation for this study was that the respondents were among the cutting edge organizations in the area of aging work and were therefore not the typical workplace. Piktialis (2007) also discussed retention strategies. She stated that to retain the older worker, organizations must give them respect, and that they need to be valued by those they work with and report to. The article detailed different organizations who recognized the valuable resource of the older worker. Piktialis (2007) stated that older workers must be viewed as a human capital asset and be invested in to optimize business performance. Moen (2007) declared that older workers and retirees are key human resources, and that this valuable resource wanted to renew and recycle their lives in health sustaining and socially responsible ways. The author acknowledged that there was a challenge to move away from the idea of what a job should resemble and to move to making the job fit the needs of the people performing it. The challenge for organizations to retain the older worker is

to move away from the preconceived ideas and be innovative in creating new ways to work (Moen,2007). Bruffy and Juliano (2007) described in their article that the creation of incentives and programs for retiring workers to continue to work will aid in the generational transition. The authors addressed the issue of providing new tools to keep skilled, older workers and therefore retain critical knowledge in the workplace. They identified technology as a means to provide a safe work environment for the older worker. Sweet (2007) discussed the impact of technology and the older worker. Technology was identified by the author as a heightened risk for job loss. The author stated that often the older worker lacks the necessary technological skills needed to match the needs of the rising industry. Additionally, older workers may be at high risk for job loss. However, Sweet (2007) added that society should expand opportunities for older workers by retraining and developing new skills and alleged that the challenge was not only in retraining but allowing the older worker opportunities for job advancement.

The topic of engagement of the older worker was also noted in the literature review. Galinsky (2007) stated in order to become successful over the next several decades, organizations need to engage and retain older workers with the skills and experience to add value to their profit margin. Sujansky (2007) discussed strategies that would retain the older worker. She said that employees needed to feel engaged and that organizations should pay attention to the keepers. She stated that engaging the older worker required challenging assignments and opportunities to grow and develop. Feinsod and Davenport (2006) in their discussion of the Towers Perrin research (2006) stated that older workers are moderately or highly engaged compared with younger workers. Kennedy (2006)

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conducted a study concerning retention of older engineers. The results of the survey

indicated that corporations did not appear to value the experienced engineer. Kennedy

acknowledged that the departure of the older worker would greatly deplete the knowledge

retained in the organization and that retention measures must be implemented. Reisch

(2006) also declared that retention strategies were needed in the field of social work. The

author acknowledged that there were retention strategies in place, however the strategies

were out dated and did not meet the needs of retaining the older social worker. In an

article by Dychtwald, Erickson, and Morison (2004) concerning the aging workforce and

retention strategies needed, the authors noted that the mature worker would be attracted

to a culture that values their experience and capabilities. The authors cited that older

workers received less than half the amount of training as a young worker. Because of

improvements in technology the authors felt that training would be necessary to retain the

older worker.

Hayward and Grady (2001) examined the effects of structural characteristics of

occupations on the occupational recruitment and retention rates of older male workers.

Their results indicated that in terms of older worker's retention in their occupation, the

likelihood of movement out of the labor force is lowest in occupations characterized by

high growth, substantively complex work tasks, and low physical and environmental

demands. In another study, the purpose of a survey was to determine whether and how

organizations are responding to the aging of the workforce (Arnone, 2006). Only 14.3

percent of the respondents confirmed that their organization had any ongoing and formal

programs to retain key employees based on business wisdom. Ways of retention

suggested by this group were continuous learning and training, flexible work schedule, and flexible benefit spending. Arnone (2006) recommended that employers need to assess the older worker's attributes that translate into unique contributions and to view the older workers as a differential investment.

The literature reviewed concerning retention of the older worker showed that organizations were aware of the necessity to retain the older worker. Strategies such as retraining, job advancement, and valuing the older worker as a necessary resource were discussed. However, a gap in the literature was identified. Although retention strategies were identified there were no studies conducted that indicated if the strategies were actually successful for the retention of the older worker. Articles did substantiate the necessity for retention of the older worker but retention was based on the need of experienced workers for organization profitability. The literature reviewed in this area assisted in understanding the research studies conducted and helped to gain an understanding of how older workers were perceived by their managers, coworkers and to identify the challenges in the working environment and the factors contributing to retaining the older worker. Because the research study concerned the older RN it was first necessary to review the literature concerning the older worker. The following area concerned the older nurse. The literature review in this area was used to compare similarities or differences between older workers and older nurses.

Older Nurses

Norman et al. (2005) affirmed that by 2020, more than 40 percent of the RN workforce in the U.S. will be older than 50 years of age and many RNs are expected to retire from the nursing workforce. To determine the need to explore the lived experience of the older RN working at the bedside in the critical care unit, the literature review findings concerning the older nurse assisted in determining this need.

The literature review had two topics emerge: characteristics of the older nurse and retention. Kovner, Brewer, Cheng, and Djukic (2007) examined the characteristics and work attitudes of older RNs compared with RNs younger than age 50 at two time periods. The older RNs reported more distributive justice (fairness of rewards), work group cohesion, and supervisory support and less organizational constraint, and quantitative workload than younger RNs. Kovner et al. (2007) declared that overall, older RNs were more satisfied, had greater organizational commitment, and had less desire to quit than younger RNs. Also, there were no significant differences between older and younger RNs for autonomy, mentor support, or variety. Hare (2007) and Larkin (2007) both concurred that older RNs desired to be challenged, recognized, and respected for their performance.

A qualitative research study was conducted by Letvak (2003) with the purpose to describe the experiences of older staff nurses. Four themes emerged from her study; we're here because we care, we carry our load, our relational place, and our relationship with our organization. Letvak affirmed that the older nurses were able to meet the demands of the job and were confident in their ability to provide care. Also, the older nurses were significantly more satisfied with their work than younger nurses. The study

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also supported older nurses as being capable of meeting the physical and mental demands of bedside nursing. Another study conducted by Letvak (2005) showed that years as an RN predicted better mental health in older RNs. Job attributes control over practice, and job demands were found to influence older RN health. Letvak also acknowledged that nurses with higher job satisfaction, higher control over practice, and lower job demands had higher physical health. Also, Letvak (2002a), concerning ageism and nursing, cited older workers performing well or better than younger workers and their interpersonal skills were ranked higher as well.

Norman, et al. (2005) attempted to determine personal characteristics, health, employment patterns, and attitudes held by older RNs. The data analyzed in this study were from a large national survey of nurses. Data presented in this study were derived from mostly descriptive univariate and bivariate analysis by age group. The results indicated that as a group, older RNs were more likely to have an associate degree and less likely than younger RNs to have a baccalaureate degree. As a group, older RNs reported less earnings compared to younger RNs. Also, older RNs preferred non-acute care settings and less direct patient care; and as age increased, the percentage of RNs working in acute care declined. The older RN was less likely to report their health status as excellent. Older RNs also rated their relationship with hospital management higher than younger RNs. Norman et al. (2005) also declared that older RNs expressed greater satisfaction with their jobs and with nursing as a career choice. Mion et al. (2006) conducted an exploratory study of staff nurses concerning recruitment and retention of the older nurse at a 730 bed tertiary care facility and concluded that benefits of the older

nurse include commitment and historical knowledge and life experiences that allowed for stronger empathy and understanding for the patient's and family's difficult situation. Mion et al. (2006) were of the opinion that older nurses provided a leadership role that included mentoring to the novice nurse.

The issue of retention of the older nurse was also discussed in the literature review. Hinshaw (2008), and Kovner, Brewer, Cheng, and Djukic (2007) cited the average age of the RN to be 46.8 years and that the average age of retirement for the nurse is approximately 52 years; and nurses 40 years and older comprise more than one-third of the healthcare workforce (Larkin, 2007). Hatcher et al. (2006) found four key themes; health, financial, attitude toward retirement, and current job satisfaction as factors that contribute to older nurses' continuing to work. Hatcher et al., (2006) and Letvak (2002 a) acknowledged that little research had been done to test which strategies have been effective with older nurse retention.

A descriptive study design was utilized by Cyr (2005) to study 1,553 hospital-based nurses in central New England concerning factors that influenced older nurses to retire early. A key issue emerged from this study. The nurses who participated in the study indicated they would work to at least 65 and beyond. Letvak (2002b) conducted a descriptive survey to determine the knowledge base and plans for the aging RN workforce by North Carolina hospitals and nursing homes. The results indicated that nurse managers must build organizational commitment by encouraging positive interpersonal relationships through social gatherings and committee involvement. Letvak (2002b) noted that few institutions in her study had specific policies in place to address

the older nurse. She declared that organizational culture must be assessed also, providing preventive and conditioning programs as well as providing older workers with supportive environments.

Early retirement of the older nurse is viewed as a contributing factor to the nursing shortage (Blakeky & Ribeiro, 2008). A questionnaire was sent to 200 randomly selected nurses aged 45 and older in Canada to explore factors that influence nurses to retire early. Blakeky and Ribeiro (2008) cited the reasons for early retirement were personal, financial, and work related factors. The authors identified that an incentive for retention was to value the older nurse for good work, knowledge, being empowered and having a voice in work matters. Laschinger and Finegan (2005) also identified empowerment as a retention strategy and stated that empowerment is an additional characteristic of healthy work environments.

Kovner et al.(2007) affirmed that recruitment and orienting new nurses is expensive and that retaining the older nurse will provide a continuation of experience and education. The authors were of the opinion that if the older RNs are to remain in the workforce, hospital organizations should develop different strategies for retention. Blakeky and Ribeiro (2008) stated that qualitative research is needed to further explore retention of the older nurse. Laschinger and Finegan (2005) also identified empowerment as a retention strategy and stated that empowerment is an additional characteristic of healthy work environments.

Strategies that would improve retention of the older nurse were also provided in the literature review. Auerbach, Buerhaus, and Staiger (2007) suggested improving

ergonomic workplace environments as an effort to retain the older RN. Sherrod (2006) and Santos, et al., (2003) also acknowledged that organizations should focus on ergonomics. Sherrod (2006) affirmed that as older nurses retire, the staff loses wisdom and experience and that the older nurse is a key factor in leading and providing quality care. The author felt that having discussions with older RNs concerning incentives would encourage them to remain actively in the workforce. Other retention strategies aimed at the older nurse were noted by Mion et al. (2006). The strategies targeted communication, role expansion, environmental and equipment strategies, education, and examining and streamline processes. Cohen (2006) recognized that an essential element of an effective nursing retention strategy is a culture that appreciates the knowledge, experience, and perspective that older nurses can provide to an organization.

The literature reviewed in this area gave guidance to the researcher concerning what had previously been studied concerning the older nurse. Of particular interest was the type of research conducted, quantitative versus qualitative, and any gaps that could be identified as to what is needed for further research studies. The literature encompassed areas of the characteristics of the older nurse. Several articles gave detailed description of the older nurse and the benefits of the older nurse working in the hospital setting. Quantitative studies were conducted concerning demographics of the nursing workforce, including the older nurse. Also, a qualitative study described the experience of being an older nurse. Literature concerning nurse retention gave emphasis to the older nurse. Researchers gave suggestions as to how to retain the older nurse and cited factors for retention. Several authors discussed the older nurse and empowerment as a reason older

nurses stay at the bedside. Authors also alluded to the fact that little to no policies were in place for retention specifically for the older RN.

The literature reviewed in this section concerning the older nurse showed that there were gaps related to qualitative studies that explored the lived experience of the older nurse working at the bedside, as in critical care. Blakeky and Ribeiro (2008) confirmed that qualitative research was needed to further explore retention of the older nurse. The importance of the research study concerning exploring the lived experience of the older RN working at the bedside in the critical care unit was satisfied as to the need based on the literature topics and the necessity to retain the older RN.

Another essential element of the literature review was to critique the literature on critical care nursing. This study explored the lived experience of the older RN working at the bedside in the critical care unit. It was therefore necessary to review the literature concerning critical care nursing.

Critical Care Nursing

This reearch study explored the lived experience of older RNs working at the bedside in the critical care unit. Reviewing the literature concerning critical care nursing provided the researcher an understanding of the topics covered in the literature, the type of research conducted, and the gaps in the research.

Schmalenberg and Kramer (2007) conducted a cross-sectional descriptive study utilizing a secondary analysis of data from 698 staff nurses working in 34 intensive care units in 8 magnet hospitals. The purpose of the study was to identify differences in staff

nurses' perceptions of the work environment by type of intensive care unit. The results of this study showed that nurses in ICUs reported highly productive work environments and rated their overall job satisfaction as 7.18 on a 10-point scale. Schmalenberg & Kramer (2007) affirmed that all of the ICUs in their study were models of healthy, productive, professional work environments for nurses. Ulrich et al.,(2006) conducted an online survey which contained questions based on the AACN's healthy work environment standards and on previous research about RNs' work environments. The study showed that respect of the RNs for each other received a very high score; however the administrator's respect of RNs score was rated very low. RNs rated the skills of the managers higher than the skills of the executives. When the RNs were asked who provided the most meaningful recognition 45 percent of the RN respondents indicated patients and patient's families and 26 percent cited other RNs. Respondents also declared they were satisfied with nursing as a career and with their current job. Concerning the topic of retention, one in five (20 %) planned to leave their current positions in the next 12 months and 23 percent planned to leave within the next 3 years (Ulrich et al., 2006). Boyle, Miller, Gajewski, Hart, and Dunton (2006) utilized cross-sectional data from the 2004 *National Database of Nursing Quality Indicators RN Satisfaction Survey* to examine differences in RN workgroup job satisfaction among 10 unit types which included critical care. The results from this study indicated a consistent finding across all unit types. This was high satisfaction with the specific domains of nurse-to-nurse interaction, professional status, and professional development.

Kirchhoff and Dahl (2006) described issues of workforce, compensation, and care specific to critical care units and nurses working in critical care from the American Association of Critical Care Nurses (AACN) survey. The results showed that hospitals in the study reported a nursing vacancy rate of 10.8 percent and a turnover rate of 11.8 percent. Staffing was coordinated by the nurse manager with no input from staff. Most respondents thought that the staffing did not match patient acuity. Nursing recognition awards were presented in 84 percent of the units in the study. Awards were given for years of service, certification, and volunteer and research activities. Williams (2001) discussed designing a critical care unit. The author concluded that critical care staff nurses will be the health care providers at the bedside and should be actively involved in planning the layout of the patient rooms and the unit in general. She stated that the staff nurses' knowledge of the proper layout will assure the unit will provide efficiency of patient care provided by the bedside nurse. Hawley and Jensen (2007) acknowledged that critical care is an essential element of the health care system which when combined with the context of making a difference will promote positive outcomes for patients. They conducted a hermeneutic phenomenological study to reveal the meaning in critical care nurses' lived experience of making a difference in practice. Themes which emerged from this study that indicated how nurses considered the importance of being a critical care nurse were; (1) making the inhuman humane, (2) making the unbearable bearable, (3) making the life threatening life sustaining, and (4) making the unlivable livable.

Scott, Rogers, Hwanwg, and Zhang (2006) conducted a quantitative study. The objective of their study was to describe work patterns of critical care nurses, determine if

an association exists between the occurrence of errors and the hours worked by the nurses, and explore whether these hours have adverse effects on the nurses' vigilance. The results from the study indicated that the respondents worked longer than scheduled for extended periods on a consistent basis. Longer work duration increased the risk of errors and near errors and decreased nurses' vigilance. However, the study showed no association between decreased vigilance and increased risk of errors. Scott et al.(2006) were of the belief that the effects of human error may be more significant for patients in critical care units.

Adomat and Hicks (2003) conducted a study in which a video camera was used to document nurse activity for 48 continuous shifts in two intensive care units to determine the accuracy of a scoring system to measure nursing workload. The results indicated that a high percentage of nursing activities observed in each unit consisted of low skill activity. The researchers recommended reconsideration of nursing levels and skill mix to make it possible to increase intensive care provision because fewer nurses would be needed to staff each bed. However, in another study, Harrison and Nixon (2002) used a descriptive approach to categorize and quantify the activities of nurses working in a six-bed general intensive care unit. The results demonstrated that nurses in the study spent 85 percent of their time in activities associated with providing direct patient care, 6 percent was spent on non nursing duties. Harrison and Nixon affirmed that their study demonstrated that these nurses spend a large percentage of their time in activities appropriate for RNs. Bunch (2001) in his article concerning ethical dilemmas was of the

opinion that better educated and experienced nurses would engage in collegial dialogues with the doctors.

Buerhaus, Staiger, and Auerbach (2000) described the nursing shortage in the critical care unit as due to critical care units having attracted young RNs in the past. However, a decline of RNs under the age of 30 has been a major contributor to shortage of RNs in the critical care unit. Ihlenfeld (2005) affirmed that expert nurses working in critical care should be used as mentors for the new critical care nurse. Ihlenfeld acknowledged that there is a shortage of nurses in critical care and turning to inexperienced new graduate nurses to fill positions will help to remedy the situation.

The literature reviewed concerning critical care nursing described both qualitative and quantitative studies. Critical care nurses are highly productive, satisfied with their job, have high regard for their managers, and respect their peers. The literature reviewed showed a gap concerning the lived experience of being an older nurse working at the bedside in the critical care unit. There also was minimal literature concerning the critical care nurse and a gap in the literature that explored the lived experience of the older critical care nurse working at the bedside.

CHAPTER III

METHODOLOGY

The purpose of this study was to understand the meaning of the lived experience of the older RN working at the bedside in the critical care unit. Information from this study can provide factors that could lead to retention strategies for the older RN, improved quality of care, and an understanding of the older nurse's attitudes, beliefs, job satisfaction, and desire to work. There has been much discussion concerning the nursing shortage with a focus in specialty areas such as critical care. With little research conducted that focused on the experiences of the older RN working in the critical care a qualitative design was chosen. This qualitative design was selected to enable the older nurses to express his or her own experiences.

There have been few qualitative methodological studies that ask nurses, especially older nurses, to describe why they stay at the bedside in the critical care unit. Because little is known about the older RN, a qualitative study was conducted to contribute to the knowledge about the lived experience of the older RN working at the bedside in the critical care unit. The purpose of this chapter is to present the methodology and procedures that were used in conducting this study. A description and discussion of the selected design, sampling, data collection, and data analysis is presented.

Qualitative Methodology

Qualitative methodology is a systematic, subjective approach to describe life experiences (Burns & Grove, 2009). It is exploratory and involves a naturalistic approach. Qualitative research provides an indepth understanding of human behavior and reasons that govern human behavior (Richards, 2005). Munhall (2007) stated that qualitative research methods offer a research paradigm that is congruent with nursing's larger worldview, paradigm, or model. "These methods offer ways of approaching individuals in experiences, to encourage them to give voice to their experience and to care enough to search for meaning within the experience" (Munhall, p. 64).

Because of the concern with the nursing shortage and the need to retain our experienced older nurses, an understanding of the experiences of being an older critical care nurse was needed. A qualitative design is best suited for questions of human experience in which little knowledge currently exists. Qualitative research involves an in-depth understanding of human behavior and the reasons that govern human behavior. Nursing science is based on knowledge about and the understanding of human experience and human behavior. Thus, to gain insight into the lived experience of the older RN working at the bedside in the critical care unit, a phenomenological qualitative methodology was used. This phenomenology of practice study will further nursing knowledge and understanding by acknowledging, validating, and giving a voice to the experience of the older RN working at the bedside in critical care which may give insight into ways of retaining this valuable group.

Phenomenology

Edmund Husserl is considered the "founder" of phenomenology as his influence has permeated all subsequent phenomenological thought (Munhall, 2007). Following publication of Logical Investigations, first edition, 1900-1901, Husserl expanded his discussion which led him to assert that in order to study the structure of consciousness, the task of phenomenology is to clarify the nature of logical concepts between the act of consciousness itself and the phenomena at which the act is directed (Stanford Encyclopedia of Philosophy, 2003). Husserl (1965) stated that knowledge of essences would only be possible by "bracketing" all assumptions about the existence of an external world. Following the publication of Ideas (1913) (Husserl, 1962), Husserl concentrated on the ideal, essential structures of consciousness. Husserl was concerned with the systematic reflection on and analysis of the structures of consciousness, and the phenomena which appear in acts of consciousness. Such reflection was to take place from the first- person viewpoint. Husserl (1965) projected that the world of objects is normally characterized by a belief that objects materially exist and exhibit properties that we see emanating from them. In Husserl's phenomenology, the object ceases to be something simply external and ceases to be seen as providing indicators about what it is, and becomes a grouping of perceptual and functional aspects that simply imply one another under the idea of a particular object or type. Husserl proposed that the notion of objects as real is not dispelled by phenomenology, but "bracketed" as a way in which an object is regarded. Husserl reasoned that phenomenology attempts to explore the diversity of one's consciousness and identify the invariant features of how objects are perceived. The aim

of Husserl's phenomenology is to produce a description of a phenomenon of everyday experience in order to understand its essential structure or experience through a rich description. Husserl's phenomenology is considered a human science in contrast to natural science. Human sciences rely on the inside human perspective whereas natural sciences investigate external measurable objects (Richards, 2005). Husserl sought the essence of the phenomenon through the exploration of the subjective experience, the life world, and the world of immediate experience. Husserl wanted to discover the basis or essence of the conscious where he believed the ideal laws of logic and knowledge have their origin.

Husserl's phenomenology assisted the researcher in the current study to understand the lived experience of the older nurse working at the bedside in the critical care unit. The intent of the research study was to provide the older nurses an opportunity to have a voice as to how they perceived their lived experience working at the bedside in the critical care unit. In line with Husserl's world of immediate experience the older nurse described their experience as it was lived at that moment. Their experiences though very real were subjective experiences. The research study was seeking the essence of the older nurses' experience. Thus, in using Husserl's phenomenology, the essence of the experience of the older RN working at the bedside in the critical care unit was explored.

In keeping with the Husserlian phenomenology, prior to each interview the researcher bracketed all existing knowledge and presuppositions of the experience of the older RN working at the bedside in the critical care unit. Bracketing in phenomenology is a process that is used throughout the phenomenological study. By bracketing, the researcher sets

aside previous knowledge or personal beliefs about the phenomenon being studied to prevent this information from interfering with identifying a pure description of the phenomenon (Speziale & Carpenter, 2003). Munhall (2007) declared that in beginning the research study and in continuing to investigate the experience, the primary task is the capability of conducting research. Munhall referred to the process as "becoming phenomenological" (p.219). This process involved becoming able to "bracket" out personal knowledge, biases, and experience. Bracketing allowed the researcher to conduct a conversation with the older RN working at the bedside in the critical care unit without attempting to validate the presuppositions and beliefs (Munhall). Consistent use of bracketing prior knowledge helped to ensure pure description of the data. For the current study, the researcher bracketed by setting aside all personal beliefs and experiences having worked in critical care, being an older nurse, and knowing older critical care nurses.

The methodological interpretation selected for this phenomenological study was that of Patricia Munhall (2007), a nurse phenomenologist. Munhall's (2007) method was chosen based on the fact that she is a nurse and the research study explored the experience of older nurses. As a novice researcher, Munhall's methodology provided a flexible method that is holistic. Her definition of phenomenology, which was influenced by Husserl is a form of pragmatism which "speaks to the contemporary hunger for significance" (Munhall, p. 154) and included staying close to the participants, to their descriptions, to their interpretations, and to their subjective perspective of their reality (Munhall). The application of this research method was used to transform the lived

experience into a written description as the essence of the experience. Munhall believes that phenomenology questions our consciousness, how we are in the world, how we experience the world, and how we give meaning to experiences. Munhall's intent is to take the novice researcher step by step through the philosophical process of gathering material, interpreting the material, and presenting the material with a critique. Munhall presents a multifaceted process to her phenomenological method that occurs simultaneously and is categorized into linear steps. The steps in Munhall's method can be collapsed and considered a process after the novice researcher becomes familiar with phenomenological thinking and being. Munhall stated that each step leads to a place where the researcher has accumulated more understanding, more meaning of the phenomenon, more substance, and more significance. "You reach a place that illuminates a focus for the continuation of your next study" (Munhall, p.205). For this study, in depth, unstructured interviews provided the verbal and transcribed dialogue that assisted in understanding the meaning of the experience of being an older RN who works at the bedside in the critical care unit.

Munhall (2007) uses seven procedural steps that include: (I). immersion, (II) coming to the phenomenological aim of the inquiry (III) existential inquiry, expressions, and processing, (IV) phenomenological contextual processing, (V) analysis of interpretative interaction, (VI) writing the phenomenological narrative, (VII) writing a narrative on the meaning of the study. The connection and application of these activities to the study was incorporated into the sections for which each pertained. It is Munhall's belief that the criteria of a phenomenological study is the significance of the study and demonstration of

the significance by stating the implications for change that emerges from the interpretations gleaned from the participants on the meaning of various experiences. Munhall's criteria I to elucidate the worldview of phenomenology as an approach to answering questions prepared the researcher for phenomenological dialogue, interviews, and conversations. For this research study, the experience and meaning of the older RN who works at the bedside in critical care committed the researcher to their world and enabled the researcher to be the "instrument" for this study (pg 167).

Context

Prior to conducting the interviews, the researcher obtained permission from the Internal Review Board (IRB) for the University of North Carolina at Greensboro as well as Internal Review Board (IRB) approval from the selected area hospitals in Western North Carolina. Consent from the participants was gained prior to data collection. There was no researcher-respondent relationship due to the fact that the researcher was not employed in a critical care unit and did not have direct contact with a critical care staff. Munhall's criteria II, decentering attempts to achieve the essential state of mind of unknowing as a condition of openness enabled the researcher to gain an understanding of the meaning of experiences of others. In this study, the researcher gained insight as to the reason why an older RN chooses to work at the bedside in the specialty area of critical care. Munhall (2007) stated that by internalizing the philosophy of phenomenology, distinguishing the phenomenon, and decentering from our worldviews, we "come to the

process of phenomenological questioning about the meaning of an experience for individuals" (p. 174).

Sample

Qualitative research uses non-probability sampling as it does not aim to produce a statistically representative sample or draw a statistical inference. Thus, a phenomenon need only appear once in the sample.

Purposive sampling is one technique often employed in a qualitative investigation (Speziale & Carpenter, 2003).With a purposive non-random convenience sample, the number of people interviewed is less important than the criteria used to select them. The characteristics of individuals are used as the basis of selection, most often chosen to reflect the diversity and breadth of the sample population.

A purposive convenience sample of RNs who were 50 years old or older and working at the bedside in a critical care unit for a minimum of 10 years was sought. For recruitment purposes and the geographical location, two hospitals located in Western North Carolina (N.C.) were selected for IRB approval. The following North Carolina hospitals were selected for the research study based on geographical location: Catawba Valley Medical Center and Frye Regional Medical Center. Catawba Valley medical center is located in Hickory, N.C. and is a 258- bed acute care facility with 414 RNs employed fulltime; and Frye Regional Medical Center is located in Hickory, N.C. and is a 355-bed acute care facility with 208 fulltime RNs.

Nurses over the age of 50 were recruited for this study. The researcher was interested in the experience of older nurses as this group is least likely to remain at the bedside and their experience needs to be retained. The Bureau of Labor Statistics (2007), reports that many U.S. workers are retiring after the age of 65. However, RNs leave the workforce between the ages of 50 and 69 years (Lacey & Shaver, 2003). The age of 50 was chosen as "older." Additionally, the National Research Council and the Institute of Medicine (2004) report that research efforts on older workers must focus on those 50 and older as this group is "young enough" that intervention efforts can be expected to make a difference during the working life.

Additionally, an inclusion criterion was that nurses have worked at least 10 years in critical care. Benner's (1984) clinical competence model "From Novice to Expert," acknowledges an expert performer no longer relies on an analytic principle (rule, guideline, and maxim) to connect her or his understanding of the situation to an appropriate action. The expert nurse, with an enormous background of experience, now has an intuitive grasp of each situation and zeroes in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions. The expert operates from a deep understanding of the total situation (Benner, 1984). Thus, in accordance to Benner's fifth stage criteria and the fact that the critical care unit is a specialized department, 10 years experience working in critical care was the minimum for a RN to participate in this study.

In phenomenologic studies, the sample size is determined by the quality and depth of the data obtained from participants. Thus, participants were recruited until saturation of

data occurred. It was anticipated that 10-20 older RNs would be recruited. This anticipated sample size was based on previous qualitative studies of older RNs which used phenomenology. Letvak's (2003) phenomenologic study of the experience of older staff nurses utilized samples of 11 and 14 nurses to reach saturation. Morse (1994) recommended that phenomenologies directed toward discerning the essence of experiences include six participants. However, recent phenomenology studies show 10 to 20 participants (Hjelm, Harturg, & Butero, 2007; Letvak, 2005).

Registered nurses who were younger than 50 years of age, RNs who had not worked in the critical care unit for a minimum of 10 years, and RNs who did not speak English were excluded as a participant for the research study. All efforts were made to recruit minorities and males. Participants were RNs selected at hospitals in North Carolina through discussions with the nurse managers of the critical care units. Flyers were placed in the RNs mailboxes in the unit. Additional participants, in N.C. and South Carolina (S.C.) were recruited through snowballing. The snowballing technique has proven useful in qualitative research as those with similar experiences often relate to one another (Munhall, 2007).

Recruitment

Once IRB approval was granted, the researcher contacted the nurse managers from the selected critical care units in the two hospitals to explain the research study and to gain support and receive permission to conduct the research. Once support and permission were obtained, flyers of the study were placed in the mailboxes in the nurse's

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break rooms in the critical care units. Placing the flyers in all the mailboxes had the potential for recruiting more participants through encouragement of peers. Nurses who were interested in the study called the researcher concerning the information posted in the flyer. Also, potential participants were recruited through snowballing by health providers in other facilities in Western North Carolina and the Piedmont Region of South Carolina. Nurses, through the snowballing technique, who were interested in the study called the researcher.

Munhall (2007) posits to build up data, qualitative researchers need adequate data to determine infrequent events or experiences. This process of building up data in thin areas is sampling for saturation (Creswell, 1998; Nieswiadomy, 2008). Thus, following nine interviews, it was determined that there were no new relevant phrases or essential themes and that saturation had occurred. Two additional interviews were conducted to ensure redundancy of the data. In the tenth and eleventh interviews, the same themes emerged, and it was concluded that saturation had been met.

In summary, the inclusion criteria were: (a) Registered Nurse at least 50 years of age; (b) licensed as a RN in the State of North Carolina or South Carolina; (c) worked at the bedside with patients (d) worked in a critical care unit for a minimum of 10 years; and (e) able to speak, read and write English. The researcher actively recruited RNs of different ethnic backgrounds and gender. Table1 lists the inclusion and exclusion criteria.

Informed Consent

   Prior to interviewing the RNs who had agreed to participate in the study, informed

consent was obtained. The informed consent form detailed the purpose of the study and

the RN's rights for participating in research. Each RN participant had the opportunity to

read and have explained the information on the consent form. At any time during the

study the RN could decline to participate in the study. A copy of the consent form was

given to all participants at the time of the initial interview. The form provided the RN

with contact numbers of the primary investigator (PI) and the Office of Research

Compliance at the University of North Carolina at Greensboro. The detailed consent

provided information concerning the potential risks and benefits of the study (see

Appendix B).

Table 1.

Inclusion and Exclusion Criteria of the Older RN Working at the Bedside in the Critical Care Unit

Inclusion Criteria	Exclusion Criteria
Registered Nurse at least 50 years of age	Registered Nurse less than 50 years of age
Licensed as a RN in the State of North Carolina or South Carolina	Not licensed as a RN in the State of North Carolina or South Carolina
Works at the bedside with patients	Does not work at the bedside with patients
Works in a critical care unit for a minimum of 10 years	Works in the critical care unit for less than 10 years
	Does not speak, read, or write English

Data Collection Procedures

All data were collected via face- to- face, audio-taped interviews. All interviews were conducted by the researcher to assure consistency of interview. The interviews were conducted at a time and place that was most convenient for the participant, where the participant would feel comfortable discussing his or her experience, and confidentiality could be maintained. Interviews were conducted in university and hospital libraries, hospital cafeterias when closed, participant's homes, critical care unit break rooms, and hospital conference rooms. Allowing the participant to select the location of the interview coincided with and took place in the world of the participant. After answering any questions from the potential participants concerning the study and obtaining the signed written informed consent from those who chose to participate, demographic information was obtained. The demographic information included age, gender, race, marital status, number of years working as an RN, number of years working in the critical care unit , type of critical care unit, and highest level of education. The demographic information used in the research study was necessary to gain information concerning the older RN working at the bedside in the critical care unit. The demographics created a picture of the RNs' characteristics so that findings from the study could be used as a comparison for future research studies concerning the older RN working at the bedside in the critical care unit.

The initial interview of the participant was conducted as a face- to- face interview. Interviews were audio-taped and hand written notes were taken. The length of the initial interview ranged from 1 hour to 2 hours. The researcher advised the participants that a

follow- up interview would be conducted if needed to clarify or elaborate on particular

areas (Colaizzi, 1978). The participants agreed to follow-up telephone interviews as an

easier process. Following the initial transcription, the researcher involved the older RN

participants by asking them to validate their experiences. The process involved sending

each RN a copy of his or her individual transcript with a comment sheet to be returned to

the researcher in a stamped, self addressed envelope. The feedback demonstrated that the

transcript accurately represented each RNs experience of working at the bedside in a

critical care unit and validated findings (see Appendix E.).

During each interview the researcher made notes concerning context and impressions

from the interview interaction. Field notes were incorporated into the transcribed data.

All thoughts, feelings and ideas of the researcher were written in a journal to assist with

bracketing and reflective process. As a token of the researcher's appreciation for the time

the participants committed to the research study, participants were given $20 gift cards.

Confidentiality for participants was assured. Each audio tape was identified with a

participant number and a pseudonym as their name. Tapes with the participant's voice

and story, along with the written signed consent, are maintained in separate locked files

in the secure home office of the researcher during data collection and analysis. Following

the completion of the study, the tapes and signed consents will be securely maintained for

five years in the researcher's home office. Following the five year period tapes will be

destroyed and signed consents will be shredded.

Open-ended interview questions were guided by Frederick Herzberg's Motivation-

Hygiene Theory (1966). Modifications in the questions were made to be specific and gain

an understanding of the older nurses working at the bedside in the critical care unit (see Appendix A).

The interview began as "I am interested in your experience as an older RN who works at the bedside in the critical care unit. Please share all your thoughts and feelings about the experience." This type of interviewing was consistent with the format used in phenomenological interviewing (Beck, 1992; Kennedy, 1995; Speziale & Carpenter, 2007; Zalon, 1997).

Data Analysis

Audio- taped interviews were transcribed by the researcher verbatim into a written text. Field notes were incorporated into the data. In Munhall's criteria V, the analysis of interpretative interaction took place. During the transcription process, the taped interviews were revisited by the researcher for content and to assure congruence. Total immersion through reading and rereading of the content in the taped interviews and field notes assisted the researcher to become engaged in the texts. Also, in Munhall's criteria V, the immersion of the content helped the researcher to characterize the phenomenon.

After the audio-tapes and field notes had been placed into a written text, the data were coded to classify and assign meaning to pieces of information given during the open ended questions of the research study. Coding enabled the researcher to organize the large amount of text and to discover patterns that would be difficult to detect by reading the interviews alone. Herzberg's (1966) 16 factors of the motivation- hygiene theory

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were used to assist with coding of the transcripts to answer the question "What is the

lived experience of the older RN working at the bedside in the critical care unit?"

Herzberg's top five factors of the high attitude sequence are referred to as basic

satisfiers or motivator factors. These factors related to the job content. The lower eleven

factors related to job situation or environment. These factors are referred to as hygiene

factors, which can be a source of dissatisfaction (Herzberg, 1966). Herzberg summarized

his theory by stating that satisfiers or motivator factors describe a person's relationship

with what they do and many factors are related to the tasks being performed.

Dissatisfiers, or hygiene factors, are concerned with a person's relationship to the context

or environment in which they perform the job. The motivator factors relate to what a

person does while the hygiene factors relate to the situation in which the person does

what they do (Herzberg). Table 2 lists Herzberg's attitude sequence factors.

Table 2.

Herzberg's Attitude Sequence Factors

1. Achievement

2. Recognition

3. Work itself

4. Responsibility

5. Advancement

6. Salary

7. Possibility of growth

8. Interpersonal relationships-subordinate

9. Status

10. Interpersonal relationships-superior

11. Interpersonal relationships-peers

12. Supervision-technical

13. Company policy and administration

14. Working conditions

15. Personal life

16. Job security

Coding occurred by the researcher selecting and identifying essential phrases, words, idiomatic phrases, statements, and themes pertinent to the experience of being an older

nurse working at the bedside in the critical care unit. Data collection occurred simultaneously with coding.

Colaizzi's (1978) strategy for analysis of phenomenologic data was used. This descriptive data analysis method promoted trustworthiness, reliability and generalizability for this phenomenological study. Additionally, during all phases of analysis, the researcher asked members of the dissertation committee to provide expert checking as an extension of a data audit. The seven procedural steps in Colaizzi's (1978) data analysis process were:

Step 1: Acquiring a Sense of Each Transcript

The researcher conducted the individual interviews personally. As advocated by Colaizzi (1978) the researcher read the participants narratives to acquire a feeling for their ideas in order to understand them and listened several times to the audio tapes. The researcher attempted to bracket, or to withhold prior knowledge of the phenomenon under study, concerning the study phenomena to facilitate reflective awareness (Speziale & Carpenter, 2007). This allowed the researcher to cognitively put aside any beliefs or personal judgments concerning the topics discussed (Speziale & Carpenter). The researcher maintained a journal to record personal thoughts and feelings to assist with bracketing and reflection of the process.

During this stage of the analytical process, the researcher involved the RNs who participated in the research study. The researcher asked them to validate their experiences by sending them a copy of their individual transcript with a comment sheet (see Appendix E.) to be returned to the researcher in a stamped self addressed envelope. The

feedback demonstrated that the transcript accurately represented their experience of working at the bedside in a critical care unit. Of the 11 participants, 8 (72.7 %) validation forms were returned with no additional comments made.

Step 2: Extracting Significant Statements

The researcher analyzed each transcript to identify statements that told each RNs story of their lived experience. The statements were highlighted on each page of every transcript, using a highlighter pen. This enabled the researcher to be attentive to what was stated and the manner it was stated. Following Sander's (2003) suggestion, the researcher cut the statement from the appropriate transcript and pasted on to a separate sheet retaining the transcript, page and line number. Sanders explained that it will then be possible to re-read with a new sense of openness to the data, and to identify early themes that will emerge in the data. Manual transcription by the researcher and analysis facilitated the continued immersion in the data, and thoughts and feelings that arose were incorporated into the reflective journal and were used in the description of the researcher's interpretive decisions. The transcripts were submitted to the researcher's dissertation committee chairperson to determine if the process had ensured rigor throughout. For a novice researcher, consulting with members of the dissertation committee at each step of the process provided guidance and ensured that the researcher adhered accurately to the intentions of the study.

Step 3: Formulation of Meanings

Bracketing, again, was used to focus the direction of the researcher's thinking. Journaling continued to assist with personal reflection of the meaning of the older nurses' experiences. The researcher questioned the material which emerged during this step of analysis. Each significant statement relating to the description and experience of the older RN working at the bedside in the critical care unit was studied to determine the sense of its meaning. The fundamental question asked by the researcher was "What is the lived experience of the older RN working at the bedside in the critical care unit?"

Formulated meanings were developed, with consideration of the preceding statement and the statement following each significant statement. Each was recorded so not to lose the contextual meaning of his or her experience. The researcher returned the original transcripts, significant statements and associated formulated meanings to the dissertation chairperson to receive guidance as to whether the researcher's interpretive processes were clear and auditable.

Step 4: Organizing Formulated Meanings into Clusters of Themes

Once the researcher formulated meanings for the significant statements that were extracted, the researcher began arranging the formulated meanings into clusters of themes. The themes were common to all participating older RN's descriptions of their experiences working at the bedside in a critical care unit. The researcher requested from two members of the dissertation committee an examination of the relationship between the formulated meanings, theme clusters, and emergent themes to ensure that the interpretive process was clear and accurately described.

Step 5: Exhaustively Describing the Investigated Phenomenon

The exhaustive description was presented as a narrative account. The researcher incorporated the emergent themes, theme clusters, and formulated meanings into the description to create the overall structure and to ensure that the study contained the elements of the experience (Sanders, 2003). The exhaustive description was returned to two members of the dissertation committee for validation.

Step 6: Describing the Fundamental Structure of the Phenomenon

Colaizzi (1978) affirmed that an exhaustive description should be reduced to an essential structure. He described this as an unequivocal statement of identification of fundamental structure to the phenomenon. The researcher included a description of the processes and meanings derived through the previous steps of analysis (Haase & Myers, 1988).

Step 7: Returning to the Participants

The final validation stage of data analysis, according to Colaizzi was to return to the RN participants for an additional interview, to elicit views on the essential structure of working at the bedside in the critical care unit to ensure that the research represented the nurses' experiences. Holloway and Wheeler (1996) and Sanders (2003) recommended returning the exhaustive description back to the participants, because it appears more recognizable for them to comment upon and to ensure rigor. The exhaustive description was mailed to each participant with a validation form (see Appendix F.) and a self-addressed return envelope. Of the eleven participants in the research study, four (36%)

participants returned the validation form stating they were in agreement with the description.

Reliability/Validity

A major challenge for qualitative researchers is to ensure reliability and validity through assuring the trustworthiness of the data collected (Munhall, 2007). Lincoln and Guba (1985) affirmed, that trustworthiness is demonstrated by "truth value"; credibility, applicability, consistency and neutrality.

Credibility refers to confidence in the truth of the data (Munhall, 2007). Techniques for establishing credibility included prolonged engagement with participants accompanied by member checks, establishing researcher trustworthiness, audibility, and neutrality. Prolonged engagement, according to Lincoln and Guba (1985), is the amount of time invested in the data collection process which assists in understanding as completely as possible the views of the participants and is an opportunity to build trust.

Throughout the interviewing process, credibility was accomplished through the use of member checks, a process by which the participants established the validity of the researcher's interpretation of the information shared (Lincoln & Guba, 1985; Sandelowski, 1986). There was one follow- up interview for clarification of a particular area via telephone. The researcher left a voice message along with a contact number and requested the participant return the researcher's call. Following two days of no response from the participant the researcher sent the participant a copy of their individual transcript along with the question for clarification. A comment sheet was included to be

returned to the researcher in a stamped self- addressed envelope. The comment sheet was not returned by the participant. Therefore, the researcher dismissed the question for clarification from the qualitative study.

Lincoln and Guba (1985) proposed that audibility, accomplished through an audit trail, to be the criterion for consistency in qualitative research. This researcher created an audit trail by using consistent and accurate documentation of the raw data provided by the participants through audio tapes and field notes. Documentation of the process of analysis included transcripts of the interviews, extracted significant statements, formulated meanings and the exhaustive description.

Lincoln and Guba (1985) referred to neutrality as objectivity in the research process. However, because subjectivity, rather than objectivity, is valued in qualitative research Lincoln and Guba suggest that confirmability be the criterion of neutrality in qualitative research. Confirmability was achieved when auditability, truth-value and applicability was established. As each theme emerged, the researcher worked closely with the dissertation chairperson to ensure that the theme was accurate. Thus, confirmability was achieved through the approval of the themes by the dissertation chairperson.

Colaizzi (1978) acknowledged that the first question a phenomenologic researcher must ask when planning a study was why the researcher was involved in the phenomenon. The researcher has experience as a medical/surgical RN and limited experience in critical care. Additionally, the researcher is in the older RN age range. The researcher's experience as an older RN provided a foundation for gaining knowledge and

exploring the lived experience of the older RN working at the bedside in the critical care unit.

The comprehensive description resulting from analysis of the interviews provided a rich data base to gain understanding of the older RN working at the bedside in the critical care unit. Lincoln and Guba (1985) and Sandelowski (1986) confirmed that applicability in qualitative research occurs when the findings fit contexts outside the current situation and are transferable when readers and practitioners can apply the findings to their own experience.

Conclusion

This chapter described the parameters employed to provide scientific considerations for the research study. Colaizzi's (1978) strategies for analyzing phenomenologic data were utilized. Analysis was guided by Herzberg's 16 factors of the Motivation-Hygiene Theory. The research study contributed to the gap in knowledge about the experience of the older RN working at the bedside in the critical care unit.

CHAPTER IV

RESULTS

The methodology utilized in this research study followed that outlined in Chapter III.

Munhall's (2007) interpretation of phenomenology was used to guide the study.

Herzberg's Theory of Motivation and Hygiene (1966) was used to develop the interview

guide and to assist with data analysis. Dissatisfiers, or hygiene factors, are concerned

with a person's relationship to the context or environment in which they perform the job.

The motivator factors relate to what a person does while the hygiene factors relate to the

situation in which the person does what they do. Specifically, Herzberg's 16 factors of

the motivation- hygiene theory were used to assist with coding of the transcripts

(Appendix B) to answer the question "What is the lived experience of the older RN

working at the bedside in the critical care unit?" Data analysis was conducted utilizing

Colaizzai's (1978) phenomenologic methodology which provides specific steps and is

useful for novice qualitative researchers.

Sample Characteristics

The sample consisted of eleven participants, eight females and three males, who

worked as a RN in the critical care unit of a hospital in Western North Carolina or

Piedmont Region of South Carolina. Participants made the initial contact with the

researcher by using the contact number provided on the flyer. Eligibility was verified during the initial phone interview.

Participants' eligibility for the study was verified verbally before the interview process began. Two participants who called the researcher were not eligible due to not meeting the age requirement and not having enough years as a critical care nurse. Of the eleven RNs interviewed the age range was 52 to 62 years (*M*=58 years). Seven RNs were Associate Degree (ADN) and four RNs were Bachelor of Science in Nursing (BSN) prepared. The number of years working as a RN ranged from 22 to 41 years (*M*=36 years). The number of years worked in the critical care unit ranged from 15 to 38 years (*M*=29 years). Two ADN prepared RNs had worked their entire RN career in the critical care unit. To ensure confidentiality, each participant was assigned a unique number and then given a pseudonym. All participants expressed that they had never taken part in a research study and remarked how excited they were to take part in the study. Each participant revealed that he or she felt it was important to tell the experiences of being an older nurse working at the bedside in the critical care unit. The researcher felt that a responsive relationship was established due to being an older RN herself and having critical care experience. A summary of demographic data is in Table 3.

Table 3.

Demographic Information

Participant Number	Name	Age	Gender	Ethnicity	Marital Status	Years as RN	Years in Critical Care	Type of Critical Care Unit	Education
1	Elizabeth	62	F	W	W	41	30	Med/Surg	BSN
2	Shelley	58	F	W	D	22	15	Surg	ADN
3	Olivia	56	F	W	M	36	20	Med	BSN
4	Sandy	55	F	W	M	35	32	Med/Surg	BSN
5	Andie	57	F	W	M	37	37	Surg	ADN
6	Brandon	62	M	W	D	41	38	Med/Surg	ADN
7	Ned	58	M	W	D	38	20	Surg	ADN
8	Brian	52	M	W	M	32	32	Cardiac	BSN
9	Jackie	54	F	W	M	34	21	Surg	ADN
10	Samantha	60	F	W	M	40	36	Med/Surg	ADN
11	Caroline	58	F	W	M	38	38	Med/Surg	ADN

Note. F = Female, M = Male, W = White, M = Married, D = Divorced. W = Widow. Med/Surg = Medical/Surgical Critical Care Unit, Surg = Surgical Critical Care Unit, Cardiac = Cardiac Critical Care Unit, AND = Associate Degree in Nursing 2 year program, BSN = Bachelor of Science in Nursing 4 year progr

Vignettes

Brief vignettes about the participants are included as a complementary method with other data. The vignettes are intended to provide an insightful description of the participants as the researcher had come to know them.

Elizabeth

Elizabeth is a 62 year old, vibrant female. She has worked 41 years as a RN and has spent the last 30 years working as a medical-surgical critical care nurse. She has been a widow for four years and lives alone. Her son and his family live out of town but visit often. During her days off work she is actively involved in the upkeep of her home with acreage around her home. Elizabeth had to reschedule our original appointment so she could bush hog her pasture. "I only have a few days off and I knew if I didn't get the field cut they wouldn't be able to bail the hay before it rained."

Shelley

Shelley, a 58 year old female, entered nursing at an older age and has been a RN for 22 years with the last 15 years as a surgical critical care nurse. She prides herself in having gone back to school as an older adult. "When my husband and I divorced I decided it was time to do what I had always wanted to do. I wanted to be a nurse so I planned it out and accomplished my dream." She lives alone and has two children who live out of town with their families. Shelley loves animals and is actively involved in dog rescue work. She has several rescue dogs of her own. "I love my pets. They are like my

children." On first impression, Shelley appeared apprehensive but once the interview began she relaxed and the conversation went smoothly.

Olivia

Olivia, a very friendly person, is 56 years old and has been married for 28 years. With 36 years as a RN she has worked 20 years as a medical-surgical critical care nurse. Olivia expressed that she loves to exercise and works out at the YMCA every day. When she is not working, she exercises at 6:00 a.m. to "start her day off right." On work days she goes to the YMCA after working her 12 hour shift. "It just makes me feel better. I am hooked!"

Sandy

With 35 years of nursing experience, Sandy, 55 years of age, is a small frame petit female who has worked as a critical care nurse for 32 years in the medical-surgical critical care unit. She is married and has one married daughter who lives out of town. On Sandy's days off she is actively involved in her church. "I may as well say that I work 2 jobs. "One job at the hospital and the other at my church; I am always on the go." It was difficult to make arrangements for the interview due to her scheduling issues. Once arranged, Sandy was very friendly and was open to the discussion.

Andie

A 57 year old female, Andie has worked her entire 37 year career as a critical care nurse in the surgical trauma unit. She is married with no children. Andie's appearance was meticulous, even after getting off work from her 12 hour shift. She was very pleasant

during the interview and was relaxed. On her days off from work she cares for her elderly parents who are both ill. "I have hired someone to care for them when I am at work but when I am off my husband and I have moved to their house to take care of them. We still have our own home but it so much easier to be there in case they need us."

Brandon

Brandon is a 62 year old divorced male. He has been a RN for 41 years and has worked as a medical-surgical critical care nurse for 38 years. Brandon was very specific in making arrangements for the interview. Prior to his agreeing to be interviewed, the researcher faxed a copy of the consent form for him to review. Once the consent was sent and reviewed by him he agreed to the interview. A comment made by the researcher concerning "interviewing a male nurse" offended Brandon. His comment was "I am a RN who is male." The interview went well once a rapport was established. Brandon was skeptical of authority and highly critical of the policies and procedures of his hospital. He referred several times to an incident that occurred 10 years ago but would not comment on the particular situation when asked. Brandon exercises on the days he does not work by walking 6 miles using weights. "I don't look at it as exercise. Walking helps me clear my head."

Ned

Ned is a 58 year old divorced male. He is a veteran RN of 38 years and has worked in the surgical trauma unit as a critical care nurse for 20 years. Ned has children who live "throughout the country." He is very friendly and is a detailed individual. Ned works 12-

hour shifts, and on his days off he works for two home health agencies. The interview, which originally was to be conducted at a local library, was changed to the critical care conference room at his facility because he had volunteered to work when his unit called him. This was his day off following four 12- hour shifts.

Brian

For his entire 32 year nursing career, Brian, 52 years old, has worked as a critical care nurse. For the past 15 years he has worked as a critical care nurse in the cardiac unit. A very friendly individual, Brian was receptive to being interviewed. He is very busy as a critical care nurse who loves to work as much overtime as possible because he has "a passion for his work." Brian is married with two children who are both in college. Besides working as much as his facility allows, he is actively involved in a side business. "I would work 24/7 if I could and I guess if you really think about it I probably do." In addition to all the work he does, he is actively involved in precepting and is an instructor for Basic Life Support (BLS), Advanced Critical Life Support (ACLS), and Pediatric Advanced Life Support (PALS). Several appointments were made for the interview until a time fit his busy schedule.

Jackie

Jackie, a 54 year old married female, has worked for 34 years as a RN and 21 years as a surgical trauma critical care nurse. After working six 12- hour shifts in a row, the interview was conducted. Jackie has elderly parents who live in another state. Following her grueling work schedule she visits her parents and provides care for them during her

days off in order to give the caregivers' time off. She is very pleasant and looks refreshed. She expressed excitement for the study and thanked the researcher for allowing her to participate. "I love this. It is nice to know that the experienced critical care nurses are getting some attention."

Samantha

Samantha, 60 years old, has worked for 40 years as a RN and has spent the last 36 years at the same hospital in the same medical-surgical critical care unit. She is married and has no children. Samantha exercises regularly by visiting a local gym five days a week even when she works her 12- hour shifts. She is involved in her community through volunteering in the local Red Cross Chapter. "I love to give back to my community." On the day of the interview conducted at her home, the researcher was surprised to see her and her husband sealing their driveway. This activity was conducted the day following Samantha's fourth 12- hour shift in the critical care unit. "If we didn't do it today we wouldn't get to it until next week after my next three- day 12 hour shift."

Caroline

Caroline is a 58 year old married female who has worked for 38 years as a RN and a critical care nurse. "I was the original nurse who worked with a physician over 30 years ago to open this unit." Caroline is a small frame individual with a quiet demeanor. She was very receptive to the interview and remarked that she had never participated in a research study and was excited to do it. Caroline has three grandchildren that she is the caregiver for on her days off so her daughter can work.

In summary, the participants in this study were very busy individuals. Not only did they work their 12- hour shifts but they also worked much overtime. On their days off they were busy caring for children, parents, and their homes. Most participants articulated that exercise was important and were dedicated to wellness. No one voiced a complaint during the interview concerning their obligations, and they had a positive attitude concerning their added responsibilities.

Study Findings

Open-ended interview questions were guided by Frederick Herzberg's Motivation-Hygiene Theory (1966). Modifications in the questions were made to be specific and to gain an understanding of the older nurses working at the bedside in the critical care unit (Appendix A). From analyzing the interviews using the two-factor model of motivation, the methodology assisted the researcher to gain an understanding if the critical care work environment included motivation factors or hygiene factors as experienced by the older RN.

Colaizzi's (1978) strategy for analysis of phenomenological data was used. This involved the seven procedural steps described in the methods section. First, the researcher listened to each participant's audio- taped interview and then manually transcribed verbatim into a written text. To assure accuracy, the researcher listened again to the audio-taped interviews while reading the transcripts. The researcher analyzed each transcript with line-by-line coding to identify statements and phrases to the phenomenon of interest (the lived experience of the older RN working at the bedside in the critical care

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unit). Statements and phrases were first highlighted and then extracted from each text.

Formulated meanings were then developed from the significant statements of the

participants. The significant statements were again reviewed to ensure that the formulated

meanings accurately reflected the intent of the statement. The researcher organized the

formulated meanings into eleven broad categories and from these broad categories into

clusters of themes. Each participant's significant statements, formulated meanings, and

categories were placed in a table. Table 4 illustrates a sample page. The newly identified

clusters of themes identified by the researcher were reviewed and compared to the

meaning statements again and validated by experienced qualitative researchers. An

exhaustive description of the phenomenon (the lived experience of the older RN working

at the bedside in the critical care unit) was then developed from the overall themes. To

ensure that the study contained the elements of the experience, the exhaustive description

was returned to the participants for validation. The researcher mailed each participant a

copy of the exhaustive description to achieve final validation of the meaning of the data

with an enclosed validation sheet and a self- addressed return envelope. Four (36%) of

the eleven participants returned the validation sheet. The four participants agreed with the

exhaustive description. Several comments given were "this is just what I wanted to say"

and "you have hit the nail on the head."

Significant Statements

Significant statements were identified after line-by-line analysis. To assist in easier

analysis, each statement was placed in a researcher-designed table. Eleven broad

categories organized the statements with several statements listed in more than one

category. Examples of the categories with significant statements are as follows:

Achievement

1. I just love to see the patients get better.

2. I have a talent that I worked to perfect.

Recognition

1. Critical care nurses need more recognition because we make a difference in how the

   hospital is perceived by the families and our community.

2. The only recognition you get working in the critical care unit comes from the families

Work Itself

1. I think the amount of technology involved and the critical thinking on a daily basis

   motivates me to work in ICU.

2. I like the care, I like the patients, I like the challenge, on day- to- day basis there are

   challenges every day.

Responsibility

1. You feel guilty if say you are ill and have to stay home.

2. I want our patients to be given the best possible care; so therefore I want our new

   nurses to gain the confidence and experience needed to do that.

Advancement

1. Unless you are willing to go into management there is little advancement in this unit.

2. When I got my BSN the nurse manager wanted me to take a supervisory position but I wanted to stay at the bedside.

Salary

1. When you get to the top of your pay scale you never get any extra incentives

2. I do not work for the money.

Growth

1. There is the clinical ladder.

2. You can work as a case manager.

Interpersonal Relations

1. I get along with all my coworkers.

2. Working in ICU gives me a chance to spend time with families in difficult times and encourage critically ill patients to help them through the process and to be helpful and give them excellent care.

Status

1. The doctor will say for example, "I want an older ICU nurse, one who knows what they are doing."

2. I think it is because we are the experts.

Company Policy/Administration

1. Hospital policies, no I am not satisfied

2. If there is a problem with a person, just deal with that person and not make a rule because of it.

Working Conditions

1. I spend more time nursing the computer than I do my patients.

2. I wish that management would look at and change moving patients in and out.

Formulated Meanings

A brief description of the underlying meaning was devised by using each significant statement. The intention of the formulated meanings was to answer the question, "What is the lived experience of the older RN working at the bedside in the critical care unit?" Using the original language when possible, the formulated meanings were versions of the dialogue of the participants. Through discussions and guidance of an experienced phenomenologic researcher, who is a member of the dissertation committee, the process of creating formulated meanings was concluded. Through this process the formulated meanings were validated. Table 4 provides examples of significant statements with formulated meanings:

Table 4.

Examples of Significant Statements and Formulated Meanings

<u>Significant Statement</u>   <u>Formulated Meaning</u>

Significant Statement	Formulated Meaning
1. *Working in the critical care unit gives me an opportunity for autonomy and a chance for quick thinking.*	I like to be in control and react to situations as I deem necessary.
2. *I find the stress in ICU is easier for me to handle.*	ICU is less stressful for me.
3. *Critical care gives me an opportunity to use the skills I developed and uses my critical thinking skills, working with physicians, and the physicians have more respect for nurses in ICU.*	I use my skills in the critical care unit. I feel that doctors respect nurses more who work in this unit.
4. *It gives me a chance to deal with families in difficult times and encourage critically ill people to help them through the process and to be very helpful and give them excellent care.*	I like the interaction with families and the time I can spend with my patients and provide excellent care.
5. *I really appreciate myself for all the stuff that we actually do and things that we take for granted.*	I have realized all that nurses do and the things we take for granted.
6. *It is important to develop a relationship with the family because they are the support system for the patient.*	Positive family interaction and gaining their support is important for patient care.
7. *I don't let coworkers sink here. I am always helpful.*	I am a team player.

Themes

Experiences central to all participants emerged from the formulated meanings.

Formulated meanings were organized into four theme clusters describing the lived

experience of the older RN working at the bedside in the critical care unit. By analyzing

the formulated meanings, the four themes that emerged were: (1) rewarding career; (2)

conflict; (3) positive self- image; and (4) altruism is its own reward. The four themes

emerged, with no one dominant theme, during the phenomenological analysis of all

participants' description of their experiences. A description of the themes follows.

Rewarding Career

For all of the participants in this study, working at the bedside in the critical care unit

provided them with a rewarding career. The participants described critical care nursing as

immensely rewarding, and for them, it captured the essence of what nursing is really

about.

> I just find working in this critical care unit satisfying like a big family. I really love it
> and enjoy working here (Sandy.)

> I fell in love with this unit and wouldn't know what to do anywhere else in the
> hospital except intensive care nursing (Andie).

> I just absolutely love the total patient care (Caroline.)

A rewarding aspect of critical care nursing expressed by the participants in this study

is the relationships they have with their patients, the nurses they work with, their nurse

manager, and the physicians. The one-to-one relationship between a patient and a nurse

was expressed as being unique and satisfying. By providing individual care, participants

felt that they have the ability to make a positive impact on their patient's overall quality

of care while in the critical care unit. Participants found their career rewarding through

tailored care for the individual critically ill patient which they felt assisted in the healing

process, aiding in their recuperation, and impacting their improvement of wellbeing.

> I like the technical aspect of ICU by working with different machines and being able to interpret cardiac rhythms and the excitement of it all. I like to know that I have made a difference in someone's life by acting quickly and providing one on one care for the patient (Olivia).

> Critical care gives me an opportunity to use the skills I developed and uses my critical thinking skills to a higher level. I like working with the physicians and I feel that the physicians have more respect for a critical care nurse (Ned.)

> There have been so many circumstances where it has been actually life saving and you know it kind of gives you a little bit of a high. It is so exciting to see someone crash and then I work on them and they are better (Brian).

A rewarding career encompassed the relationships the participants had established

with the nurses working in the critical care unit. The feeling of effective camaraderie

provided competence, teamwork and respect in their unit.

> Working conditions in this unit are very good. We work as a team. It is not my patient or your patient but our patient. We all pull together for the benefit of the patient (Elizabeth.)

> I work well with the other nurses in our unit. We pull together and support each other and we rely on each other for strength. Our critical care unit has a good working environment (Sandy).

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The participants were of the opinion that a critical care nurse manager who created a culture of involvement and who was committed to their unit was a good manager. In their opinion these attributes contributed to their feelings of a rewarding career.

All of us have a good relationship with our nurse manager. She is always coming by making sure that everything is okay and if she can help us in any way. I appreciate that (Elizabeth.)

Our nurse manager is excellent. She worked in the critical care unit for years. She is always willing to help (Ned).

The nurse manager we have now doesn't know anything about the critical care unit. That's bothersome. I want my nurse manager or whoever is over me to know more than I do (Caroline).

The participants expressed that a rewarding career encompassed collaboration with physicians in order to negotiate the patient's plan of care. They articulated that the way in which they communicated with the physician had wide implications concerning a rewarding career for the older RN working at the bedside in the critical care unit.

Many times a doctor has requested an older critical care nurse to help because they have more confidence in us and feel that we are the experts (Elizabeth).

The doctor said that he had confidence in me and to do what I needed to do for his critical care patient (Brian).

The doctor was rude and talked down to me when I called. It was the weekend and I did what I had to do to save the critically ill patient and the patient is alive because of what I did. I made the doctor look very good. (Jackie).

Participants discussed their opportunity to learn different skills which was highly

stimulating and allowed for bedside care in the critical care unit to be an exciting and

rewarding career. They stated that critical care nursing provided constant opportunities to

learn. The participants also expressed that by being a dedicated critical care nurse they

found enjoyment and reward in having an impact on the life of the patient. Participants'

spoke of the requirement of a broad range of fundamental nursing skills and the

opportunity for in-depth learning about complex conditions.

> You never know what's going to happen next when working in this unit and there is
> always new technology that you have to learn. You always have to work on your
> nursing skills. All of these are very challenging (Olivia).

> It is particularly rewarding to me when you actually see patients who could be
> discharged home who have improved to the point they were able to go home and have
> a functional life (Shelley).

> I think the amount of technology involved in working in the critical care unit and the
> critical thinking on a moment to moment basis motivates me to work in the critical
> care unit (Brian).

All of the participants were of the opinion that working in the critical care unit

allowed them autonomous decision making which also fostered the feelings of a

rewarding career. Participants described how using intuition and challenges made

working at the bedside in the critical care unit an excellent and rewarding career choice.

Participants spoke of an increased complexity in working in the critical care unit and of

assuming greater responsibility and accountability for patient care.

Because of the different types of patients our unit is getting, sometimes you feel overwhelmed and you're like what do I do for this patient. I don't feel that I am adequately trained to take care of this patient or you just have this overwhelming feeling of helplessness and frustration. It makes my job interesting to say the least, but also frustrating (Shelley).

When somebody is not looking good and you are able to determine that something is not right about them and you call the doctor and get medication or whatever that made that patient do better, I feel exceptionally good (Olivia).

I feel exceptionally good when you know a patient is going to die and you do everything you can for them and somehow they get better and go home. Sometimes they come back to tell you that they are happy you took care of them because if it had not been for the decisions you made they would not be here (Andie).

I don't think of my job as stressful. I think of it as handling patients in crisis and the love of seeing them get better (Samantha).

All participants expressed working in the critical care unit as a rewarding career. The utilization of technology, the many challenges faced on a daily basis, and their unconditional attitude of caring for patients in the critical care unit also provided a rewarding career. Interpersonal relationships with patients, families, coworkers, nurse manager, and physicians were instrumental in their decision to work in the critical care unit. A rewarding career for the participants encompassed intuition and challenges. The participants described several factors when discussing a rewarding career in the critical care unit. No one factor stood alone; all factors exemplified their belief that the critical care unit provided a rewarding career.

Conflict

Participants described a conflict due to generational differences and changes in the workplace. Conflicts were viewed by the participants in the areas of younger nurses, administration, and computer documentation. Participants expressed improprieties that undermined their confidence and reliability in the individuals and organization involved.

Younger Nurse

Participants described dealing with the younger nurses as a generational conflict in work values. Conflict was typically viewed as an indication of an interpersonal dysfunction between the older nurse participants and the younger nurses working in the critical care unit. Participants perceived differences in values, differences in role expectations, and lack of communication as the factors leading to the conflict. The participants expressed a desire to work together with the younger nurses in order to perpetuate a positive work environment in their critical care unit.

> I think that when a young nurse comes to work in the critical care unit they should look to us older experienced critical care nurses for guidance. Some do and some don't (Elizabeth).

> It really bothers me because I know this young nurse is going to take care of me one day. It doesn't take long to work around a young nurse to know what type of work ethics they have. As an experienced critical care nurse I was taught differently about taking care of my patients in the critical care unit (Shelley.)

Difficulty was expressed by the participants in their communication with the younger nurses in the critical care unit. An overwhelming impulse to apologize when offering assistance or advice was felt. This alone was a causative factor in the conflict.

My coworkers are younger than me. Sometimes I have a hard time getting them to listen. If I tell them something about their patient it is not that I am trying to butt in. It's just that I know what I'm talking about (Jackie).

I have really reserved my comments to the young nurses who have come to work in my critical care unit. You only have to see them roll their eyes at you once to know they don't value what I have to say or want to show them (Samantha).

The younger nurses think when they come out of nursing school they know it all. I think they resent having to ask for my help (Sandy).

Frustrations concerning the younger nurses leaving after a short period of time working in the critical care unit were expressed by the participants. They alluded to the younger nurses leaving as a sense of disloyalty to the critical care unit and a cause of conflict.

I see younger nurses leave within a year or two from this unit. It is frustrating but I understand they want to find their niche (Andie).

I have seen hundreds, I mean hundreds, of younger nurses come through this critical care unit. You don't as much get them trained and feel good that you have brought them along so well and then they put in for a transfer because they don't want to work a holiday or something ridiculous like that (Brian).

Administration

Participants all felt that leadership strategies were important in facilitating them to reach their optimal standards in the critical care unit. Hospital administration was viewed as needing a better understanding of the role of the older nurse working in the critical care unit. Participants expressed that there was a conflict with the way the institution did business and how administrators defined and viewed RN job responsibilities.

I rate administration as a -2 on a 0-10 scale. The actual goal of the hospital is patient care and quality of life which administration should understand. In the critical care unit we are expected to provide the best care to the sickest people. Administration looks at this as quality outcomes. I look at it as being an excellent critical care nurse and having the knowledge to provide excellent care (Brandon).

Administration doesn't even recognize Nurses Week anymore. They think of it as expenditure. I think of it as insulting to know that I work in the critical care unit and take care of the sickest of the sick. They don't need to spend money to tell me I am appreciated (Jackie).

Participants also were of the opinion that administration should focus on core principles of professional nursing that add value to practice rather than the business processes. It was challenging for them to be able to make a synthesis of the conflict between the administrative goals of the organization and the professional and ethical goals in critical care nursing.

The recognition we receive from administration is "nothing." They don't even know that I am a RN who has worked in the critical care unit for 15 years and have saved many lives. It's sad but true (Shelley).

Administration could care less that I have been a critical care nurse for 36 years. In fact, if I left they would look at it as a cost saving and would bring an inexperienced nurse in to save money (Samantha).

I don't get involved in policies because administration is always changing them. I recognize they have a lot to do and their job is important but I just watch the administrators come and go (Ned).

It is difficult to understand the quality initiatives that go on here when there is so much to do for my critically ill patients in this unit and the lack of supplies I have to work with. It seems like a political game to me (Caroline.)

Computer Documentation

Nursing care intensity was viewed as a large part of the critical care nurses workload. However, participants expressed computer documentation as a conflict. This factor, according to them, affected the participants' total workload and their performance outcomes. While all agreed that documentation was important, they were in consensus that computer documentation caused a conflict between documentation and patient care for them in the critical care unit.

All participants agreed that documentation was an important part of their responsibilities as a critical care nurse and had professional, legal, and financial ramifications. However, the conflict occurred because of the extra time taken away from patient care and the feeling that computer documenting was often seen as more important than patient care in the critical care unit.

> You spend more time nursing the computer than you do the patients in the critical care unit. I am not feeling good about that. It seems you've got your nose looking at the computer and not the patient. It is really non-personal (Caroline).

> I am frustrated that I can't spend time that I need to with my critically ill patient because in the back of my mind I am thinking I have to document. We've got this computer documentation thing in my critical care unit and it will show up on the computer if I don't get this medication documented or my charting documented in a set amount of time. If I don't meet the deadlines I will get written up which has happened. They didn't even care when I told them that my patient had crashed and I was in the middle of a code. They didn't even care that my patient lived but wouldn't have if I had stopped to chart on the computer. That's just crazy (Elizabeth).

Participants expressed that health care provision focused more on outcomes. However, greater accountability for their critically ill patient care was their focus and that

more comprehensive documentation was required which resulted in a conflict. Setting

expectations for everyday practice and ensuring that the critical care patient received the

best care possible, while also assuring adequate computer charting was important to the

participants.

Positive Self-Image

A theme that resonated throughout the interview was that working in the critical care

unit provided the participants with a positive self-image. There were three subthemes:

specific clinical focus, institutional support and involvement, valuable contributor.

Specific Clinical Focus

The participants verbalized they had clinical nursing expertise in treating critically ill

patients with complex conditions. They described the practice of nursing by expressing

innovative, evidence-based interventions and influencing the practice of other nurses and

the healthcare environment so as to support autonomous nursing practice in the critical

care unit. These accounts exemplified their self-image as it related to the clinical focus.

> There was this one time I had a new nurse and I was showing her how to care for a patient in our critical care unit. On the third day I saw this wonderful improvement in her skills. I felt so good that I had shown her how to properly take care of a patient in the critical care unit. I taught her that just the little things I do for my critically ill patients can make a big difference (Sandy).

> My patients and their family trust me. I feel that how I care for them shows that I am a great critical care nurse who provides excellent and expert care (Brandon).

It is not until you explain to people what critical care nursing involves in practice that they understand all that I do for the patients, families, hospital, and community (Elizabeth).

Institutional Support and Involvement

The confidence in self-image was expressed by the participants in their competence concerning institutional involvement. Most participants described regular participation through volunteering their time and services to the institution.

I am a BLS and ACLS instructor and am heavily involved teaching the classes, renewal classes, and the provider classes (Brian).

I am involved in the Rapid Response Team, Code Call, and many things outside the direct patient care. I come in often to teach code classes (Jackie).

Valuable Contributor

All participants, ranging in age from 52 to 62, were physically active and engaged in moderate-to-vigorous activity. An established regimen for effective health management and significant endeavors focused on their successful well-being which contributed to self-fulfillment.

Participants also participated in community activities that provided meaningful experiences and an impression of giving back to their community through volunteering in church, agencies, and nonprofit organizations. Sandy, Brian, Samantha, and Shelley were actively involved in church activities, American Heart, Red Cross, and dog rescue, respectively.

Family responsibilities were described as opportunities rather than obligations. The participants expressed an understanding of their valuable contribution to help the lives of their family members. Andie and Jackie provided care to their elderly parents while Caroline provided care to her grandchildren.

Altruism is its Own Reward

Experiences described by participants indicated their nursing career behaviors primarily as altruistic. Focusing on the idea of working in the critical care unit to help others was their motivator. According to the participants, the provision of nursing care to their critically ill patients generated feelings of compassion and did not stem from the need to achieve something for personal gain.

> When I see a twinkle in their eye. When I go in and hold my patient's hand that is on a vent. I think they know I care. I can see it in their face and yes I feel exceptionally good (Shelley).

> I would not get out of nursing in this unit even if management changed my pay I would not leave (Samantha).

> Of course I would stay if management changed my pay. I like working in the critical care unit. It is what I like to do (Sandy).

> I know I need money but I have never worked for the money (Caroline.)

Participants referred to the concern for the well being of their patients in the critical care unit. Making a difference for their critical care patients was the primary focus.

Everything I do has my patients' best interest at heart. I do it only because I know I am doing it for my very ill patient (Olivia)

I feel that to be a successful critical care nurse it involves putting your patients needs before your own (Brian)

I became a critical care nurse to make a difference in my patients well being and help improve their quality of life (Brandon)

I have feelings for my patients and my actions show that I get emotionally involved. This may be of comfort to them (Elizabeth)

Altruism was exhibited through their concern for the welfare and well being of their critically ill patients. Their focus of giving, sharing, and loving kindness cultivated a compassionate concern for the welfare of their patients.

Summary of Themes

Four formulated themes were identified. The themes described the experience of the older registered nurse working at the bedside in the critical care unit. Central themes identified were: critical care nursing as a *Rewarding Career* which described critical care nursing as immensely rewarding and for them it captured the essence of what nursing is really about. The theme *Conflict* was represented through generational differences and changes in the workplace. The theme *Positive Self Image* identified three specific areas; specific clinical focus, institutional involvement and support, and valuable contributor.

Altruism is its Own Reward related to the expressions of selfless concern for patients and from no obvious reward to be gained, except the belief that patients would benefit from their care.

The themes in this study captured the essence of the older RN working at the bedside in the critical care unit. The themes provide the experiences central to all participants.

Exhaustive Description

The exhaustive descriptions of the lived experience of the older RN working at the bedside in the critical care unit were guided by descriptions of concepts and identification of consistent themes through qualitative data analysis. The exhaustive descriptions represent the experience as perceived by the participants. Older RNs:

1. Find working in the critical care unit rewarding

2. Working in the critical care unit enjoy challenges

3. Love direct patient care

4. Value the autonomy and feel comfortable making decisions

5. Accept that administration will not make accommodations for them as they get older

6. Are not motivated by money

7. Working in the critical care unit are of the opinion that administration does not take the nurse or patient into consideration when making decisions

8. Believe computer documentation takes time away from patient care

9. Feel the younger nurse does not value their expertise

Reflection on the Findings

The purpose of this study was to describe and understand the lived experience of the older RN working at the bedside in the critical care unit. The findings as described were collected through face-to-face interviews utilizing phenomenology. Four themes emerged as notable to understand their experience as perceived by the participants. For the participants in this study, working at the bedside in the critical care unit provided them with a rewarding career. Participants described conflict due to generational differences and changes in the workplace. Additionally, participants affected a positive self-image and exhibited altruism through their concern for the welfare and well-being of their critically ill patients.

Summary

This chapter provided an overview of the eleven study participants. Data were collected through face-to-face, in-depth phenomenological interviews. The research question was, "What is the lived experience of the older RN working at the bedside in the critical care unit?" Transcribed interviews were used to identify significant participant statements. By extracting the significant statements, formulated meanings that described the phenomenon of the older RN working at the bedside in the critical care unit were identified. Through validation of the descriptions of the experiences of the participants, four themes emerged. Participants in this study contacted the researcher to express interest in the study in order to convey their story of being an older RN who works at the

bedside in the critical care unit. All participants expressed an interest in the research study and acknowledged the need of retaining the older RN especially working in the critical care unit. Participants expressed appreciation for being included in the study. All divulged that they had never participated in a research study before. Gratitude was given by the researcher for being allowed to share in the participants' experiences and being the person to tell their story of being an older RN working at the bedside in the critical care unit.

CHAPTER V

DISCUSSION

The purpose of the study was to describe the lived experience of the older RN working at the bedside in the critical care unit. Using a descriptive phenomenological approach, eleven RNs were interviewed. Four themes were identified through the participants' narratives as discussed in the previous chapter;

(1) Rewarding Career; (2) Conflict; (3) Positive Self-image; (4) Altruism is its Own Reward.

This chapter provides a description of the themes and participant experiences related to current theory and past research. Implications for nursing practice and nursing research are discussed. Lastly, study limitations and recommendations for further research are described.

Phenomenology Applied

The researcher, in keeping with Husserlian (1965) phenomenology, was able to bracket previous knowledge and experience of being an older RN working at the bedside. Participants willingly discussed their experiences and spoke of their career as being rewarding which allowed for a positive self image. Their nursing behaviors were described as expressions of selfless concern for patients with no obvious reward to be gained. Thus, participants were of the belief that patients would benefit from their care.

These nurses, however, experienced conflict due to generational differences and changes in the workplace. Overall, this study offers insight into the lives of the participants and provides an understanding of the lived experience of the older RN working at the bedside in the critical care unit.

Themes

Rewarding Career

The first theme describes how the participants, working as a bedside nurse in the critical care unit, perceived their work. Participants expressed that working at the bedside in the critical care unit was enjoyable because it gave them autonomy in decision-making and allowed them to utilize critical thinking skills at a higher level. Participants also declined offers of management positions and based their decisions on the enjoyment of working at the bedside and the perception of bedside nursing in the critical care unit as a rewarding career.

The results of the current study are consistent with that of Letvak (2003), who conducted a qualitative phenomenologic research study on the experience of being an older staff nurse. Eleven staff RNs who were female ($M = 58.3$ years old) participated in face to face interviews. According to Letvak (2003), the first theme to emerge and the "one most loudly heard" was the nurses' love for nursing based on "commitment and dedication to caring" (p50).

Letvak's (2003) study also described the older nurses' relationships with patients and their families. Participants described how patients and families had changed and were

quicker to criticize. Participants in the current study also emphasized the importance of establishing a trusting relationship with their patients and families in the critical care unit. However, there was no mention of being criticized for the type of care they provided. In fact, all participants expressed the high level of confidence patients and families had in their ability and attributed this to being an older and experienced nurse. All participants described patients and their families as being more interactive than in the past in the provision of care and the importance of establishing positive relationships with patients and their families. Findings in the current research study may differ from that of Letvak's (2003) due to differences in working at the bedside in the critical care unit and the patients in this study being critically ill. Participants in the current study also had the opportunity to spend more one-to-one time with their patients in the critical care unit than those in Letvak's (2003) study.

The National Institute on Aging's (NIA, 2007) *Health & Retirement Study: Growing Older in America* included criteria for job characteristics of employed respondents. Findings, which showed that 88 percent of the 55 to 64 year old group said "they enjoyed going to work" even though this group had the highest self-reported job stress and job difficulty, are similar to the current study.

In addition to the enjoyment of their work, participants in this study discussed working at the bedside in the critical care unit as rewarding based on their interactions, teamwork, and social interactions. The results of the current research study are consistent with other studies. Feinsod, Davenport, and Arthurs (2005) for the Association for the Advancement of Retired Persons (AARP) described an AARP 2003 survey in which over

2000 workers 50 to 70 years of age specified important aspects in the workplace. More than half of those surveyed said it was important for their work to provide opportunities to interact with other people.

Another study conducted by Waters (2005) focused on the desired core values of nursing. This study was based on results of a marketing strategy from the United Kingdom to enhance the image of nursing. A series of interviews with experienced nurses were conducted. Dissemination of the discussions showed rewarding career and teamwork as core values of nursing. Investigating the effect of social support from co-workers on job performance, AbuAlRub (2004) conducted a correlational descriptive survey of 303 American and non-American bedside nurses via the internet. Results of this study revealed the importance of social support from coworkers. Also, the positive effect of social support could positively affect job performance thus, enhancing the quality of care.

Participants in the current study included the utilization of technology as important for their rewarding careers. All participants expressed their ability to go beyond the obtrusive nature of technology and deliver expert care to their patients. Technology was embraced by the participants and considered a tool, not an entity, to assist in staying abreast of any sudden changes in the critically ill patient's condition.

Studies conducted from the 1980s to late 1990s indicated that managers rated older workers relatively weaker on the acceptance of new technology (AARP, 1985; AARP/DYG, 1989; Mirvis, 1993). However, later studies showed that older workers welcomed the opportunity to learn new technology. Charness (2006) viewed older

workers at a disadvantage when learning new technology based on a decline in learning rate. However, all participants in the current study were eager to learn technology which would benefit quality patient outcomes, and no one described difficulty in learning new processes. Learning improved technology for systems already in place could be a factor for ease of learning for the participants. Charness (2006) described that when there is prior knowledge of an application the older worker makes use of their crystallized intelligence abilities, which rely on a knowledge base. Thus, the new technique will be easier to implement for the older worker. Participants in the current study described the importance of technology in providing quality care for their patients. Familiarity of the technology used, such as monitors, assisted the participants in their extensive knowledge of the device. Crocker and Timmons (2009) described an ethnographic study to identify the meaning for critical care nurses' use of technology related to weaning from mechanical ventilation. The study also explored how technology was used in practice. The relation of technology to nursing was identified as the overall theme. Results showed that expert nurses used technology differently from novice nurses. Expert nurses saw its potential to become a nursing technology whereas novice nurses were task-focused, treating it as medical technology. The nurses in the current study were aged 52 to 62 with an average of 15 years of critical care experience. Understanding the importance of the results technology produced was expressed as easy for the participants, most likely due to years of experience.

Keep, Lewis, Jopling, McKay, and Stewart (2006) described older workers, 50 years of age and older, as being 50 percent less likely to be engaged in learning. He further

claimed that with increasing age comes a decreasing likelihood of being engaged in learning regardless if it is work related or not. Results of the current study differ in findings from that of Keep et al. (2000). Continuous learning was a high priority for the participants and was included in the perception of a rewarding career. All of the participants in the current study concurred with the importance of staying abreast of new techniques for better patient outcomes.

In addition to the importance of continual learning, the work social environment appears to be important to a rewarding career. Fuller and Unwin (2005) examined the changing role of older, experienced workers. Findings suggested that the work environment, work process, and interpersonal relationships provide the experienced worker the conditions fundamental for continuous learning. Smyer and Pitt-Catsouphes (2007) discussed implications for employers and older employees. Mid-and late-career workers found their work meaningful when utilizing skills, experience and maintaining social connections. Also, the older workers were more satisfied with their jobs. Participants in the current study described working at the bedside in the critical care unit as a rewarding career and included interpersonal relationships, enjoyable work environment, and continuous learning as factors. Thus, similarities to Fuller and Unwin (2005) and Smyer and Pitts-Catsouphes (2007) studies were noted.

Summarizing the theme of *rewarding career,* participants in the current study were similar to those described in the research literature. The significance and uniqueness of the current study is that participants in the current study worked only in critical care units, a unique clinical setting. Studies previously conducted have focused on nurses from a

variety of nursing areas. According to the national survey of the RN workforce (U.S. Department of Health and Human Services [DHHS], 2004) there are about 322,740 RNs in the U.S. who care for critically ill patients in the hospital setting. Critical care nurses account for an estimated 37 percent of the total number of nurses working in the hospital setting (AACN, 2008) yet there is a paucity of research specific to this group. The 2007 AACN Member Demographic Data showed that 35 percent of critical care nurses are 50 to 59 years of age and 9 percent are 60 plus years of age. Working in the critical care unit is considered one of the highest stress environments for a nurse. Critically ill patients require multifaceted evaluation, highly skilled interventions, and one-to-one patient care.

Participants in the current study revealed they supplied extensive knowledge and skill in the provision of care for their critically ill patients. Intuition and expertise of the older critical care nurse creates an environment for healing and holistic caring. There have been few qualitative studies that asked nurses to describe their experience of working as a bedside nurse. However, focusing on the critical care unit, the researcher found no literature concerning the lived experience of the older RN working at the bedside in the critical care unit. Because little is known concerning the older critical care RN working at the bedside, this qualitative study contributed new knowledge in this area.

In addition to adding knowledge about older RNs working in the critical care unit, three (27%) RNs who were male were interviewed in the current study. This is significant based on statistics that men make up 6 percent of the 2.9 million nurses' registered nationwide (DHHS, 2007). Most literature researched was based primarily on female participants. RNs who are male predominately work in specialty areas such as emergency

departments and critical care units (DHHS, 2007). However, there were no data to specify the percentage of critical care RNs who are male. Regardless of gender, all participants expressed that working at the bedside in the critical care unit was a rewarding career. Technology for the participants was essential in providing quality career for the critically ill patient. Discussions concerning technology did not focus on whether the participants were learning new technology or if the technology was an improved process which was a main focus of the literature concerning technology.

The current study was guided by Herzberg's Theory of Motivation and Hygiene (Herzberg, 1966) which states that the motivator factors or satisfiers relate to the job itself or job content include, achievement, recognition, the work itself, responsibility, and advancement which enrich a person's job. Participants in the current study found working at the bedside in the critical care unit to be a rewarding career based on the love of their job. They also revealed they felt a responsibility to stay abreast of technology which would assist in providing care to their patients. Thus, based on Herzberg's (1966) theory, the participants were satisfied with the work itself and felt a responsibility to their patients. Interpersonal relationships influenced the participants' perception of a rewarding career as well. However, Herzberg (1966) described interpersonal relationships as a dissatisfier or hygiene factor and contributed little to job satisfaction. The participants referred to interpersonal relationships as important to them because they felt it necessary to work closely as a team for decision making and quality patient outcomes. Because of the work involved in the critical care unit, RNs in the current study said they believed that working collaboratively with peers, physicians, patients, and families was an

important component of a rewarding career. With a national total of 44 percent of critical care nurses between the ages of 50 to 60 plus years, the importance of retention strategies is paramount. The current study identified that having interpersonal relationships, learning new and improved technology, and providing total patient care was the basis for the participants' love of working at the bedside in the critical care unit which was perceived as a rewarding career. Herzberg's Theory of Motivation and Hygiene (Herzberg,1966) guided the research questions and identified that the reasons participants remained working at the bedside were related to the work itself, which according to Herzberg, are motivator or satisfaction factors.

Conflict

A second theme that emerged was *conflict*. Participants identified three distinct areas that they perceived as conflict. These were younger nurses, computer documentation, and administration. Each of these areas are described.

Younger Nurse

Participants expressed conflict with younger nurses who worked in the critical care unit. Animosity was described by the participants when he/she offered assistance or rendered opinions to younger nurses. Some participants stated that they 'pulled back' from offering assistance because they felt that it either offended the younger nurse or the younger nurse did not value their expertise. However, participants were quick to comment that when a patient, being cared for by the younger nurse, needed intervention requiring their expertise the participant did so without hesitation. The older nurses

intervened regardless of the opinion of the younger nurse or if their assistance had been requested.

Participants were also critical of the younger nurses' work ethics. Participants emphasized that the younger nurse relied heavily on technology and less time communicating one-to-one with the patient. Many expressed that younger nurses should first receive experience in medical-surgical units, as they had, prior to working in the critical care unit. Participants expressed frustration due to younger nurses transferring out of the critical care unit after receiving adequate training. Transferring was considered an act of disloyalty to the critical care unit and the patients. Participants in the current study revealed that younger nurses who were educated in the critical care unit and then elected to transfer out of the unit caused a loss of resources and revenue for the critical care unit.

Younger nurses were regarded as disrespectful to these older nurse participants. Not asking for input or questioning the participants' decisions on clinical issues was regarded as inappropriate and unjustified. However, younger nurses who relied on the participants for problem-solving and mentoring were considered excellent nurses. Participants considered younger nurses as inexperienced, even after working more than a year in the critical care unit and considered their nursing education below the standards that the participants had received.

An explanation for the perceived conflict with younger nurses may be explained as generational differences. As noted in Chapter IV, participants' ages in the current study ranged from 52 years to 62 years of age ($M = 58$ years). Thus, these participants are considered Baby Boomers who were born 1946 to 1964 (Lancaster & Stillman, 2002).

Each generation has distinct attitudes, behaviors, expectations, and motivation which may explain the conflict between the participants in the current study and the younger nurse. Lancaster and Stillman (2002) noted that conflict between the Baby Boomers and with the generations to follow is expected. Also noted by the authors, this generation will be skeptical of future generations' personalities and career expectations.

Boychuk and Cowin (2004) described Baby Boomers, who are now 44 to 64 years of age, as optimistic and wanting to be involved. Work ethics and values include quality outcomes, efficiency, and personal fulfillment and they are known to crusade for a cause. Lancaster and Stillman (2002) identify Baby Boomers as questioning authority and not appreciating feedback. Work for them is considered adventurous and there is a desire to be needed and valued, and a team player. Leadership style is collegial and consensual. Baby Boomers are often workaholics who live to work and enjoy titles.

A much different group from the Baby Boomer generation, Generation X, born 1965 to 1980, is currently 29 to 44 years of age. According to Boychuk and Cowin (2004) Generation X members are "skeptical, cynical, nonconformist, anti-institutional, and individualistic" (p. 495). Work is a challenge and immediate feedback is expected. Forgetting the rules and doing the job their way is considered rewarding. Generation X members believe that everyone is the same, and they like to challenge others and ask why (Lancaster & Stillman, 2002).

This study's participants considered younger nurses disloyal when transferring to other units for self-gain. One explanation as to why younger nurses leave within a short period of time is that Generation X witnessed downsizing and reorganization which

caused family members to lose jobs (Izzo and Klein,1998). They may feel there is no job security and have little loyalty to their company. Generation X members are motivated but are motivated differently from Baby Boomers. They highly value a balance between their work and social life (Gibson, 2009). Izzo and Klein (1998) stated that this generation is considered unmotivated because they do not conform to previous ways. Sudheimer (2009) addressed work ethics and values between Baby Boomers and Generation X nurses. She expressed that the two generations should respect one another for their differences. Once the respect is determined, Sudheimer (2009) revealed that the learning process begins and positive nursing experiences ensue.

Generation Y, also called Millennial or Net Generation, were born 1981 to 2000. This generation, representing more recent nursing graduates, demonstrates warmth, confidence, determination, and optimism (Boychuk & Cowin, 2004). Their work ethics and values include multitasking, tenacity, tolerance, and goal-oriented behaviors. Work is considered a means to an end and should be fulfilling. This generation desires to be participative and work with creative people (Lancaster & Stillman, 2002). Findings of a study conducted by Barnes (2009), which focused on the work ethics of Generation Y, are similar to the findings in the current study. Barnes expressed that Baby Boomers' misinterpret the questioning behavior of this generation as disrespectful. Generation Y's expectation for leadership positions is in conflict with the Baby Boomers belief that a person should 'pay their dues' (p. 60). Generation Y also seeks trustworthy leaders and wants to be trusted for decisions they have made and implemented. Participants in the current study expressed feeling disrespected when questioned by younger nurses. On the

positive side of the spectrum, this generation relies on a coach or mentor for their success and helping with problem-solving. Participants, in the current study, commented that some younger nurses sought their knowledge and expertise. These younger nurses were considered as having potential to be an excellent nurse. Additional studies have addressed generational conflicts. In a qualitative study, Letvak (2003) interviewed 11 older staff nurses. Findings from this study were similar to the current study. Participants perceived younger nurses as not valuing the opinion of the older nurse, refusing to work unfavorable schedules, lacking in educational preparation, having differences in attitude, and only doing what was necessary. These studies demonstrate that older nurses expressed a positive attitude toward the younger nurse when relied on for mentoring but also a negative attitude when questioned or their input was dismissed.

Szydlik (2008) conducted a study on intergenerational solidarity. The findings were based on two data sets, primarily *the German Ageing Survey*, and the *German Socio-Economic Panel*. The *German Ageing Survey* was carried out by the Research Group Ageing and the Life Course (Berlin) and the Research Group

Psychogerontology (Nijmegen) in cooperation with infa-Social Research (Bonn) on behalf of the Federal Ministry for Families, Seniors, and Women. The nation-wide representative sample of almost 5,000 people covered the 40 to 85 years old Germans in private households. A third of the respondents were drawn from East Germany, two-thirds from West Germany. Questions were asked regarding intergenerational solidarity and conflict. Results from the study indicated intergenerational conflicts were accompanied by less frequent contact and a weaker emotional closeness between the

generations. The study therefore concluded that pronounced conflicts leads to a weakening of the relationship. Although there may be cultural differences, participants in the current research study revealed a reluctance to assist the younger nurse due to what they perceived as an intergenerational conflict. Thus the current study is consistent with that of Szydlik (2008). However, the dearth of research in this area warrants no definitive conclusions.

While generational differences may explain conflict in the workplace, Cary (2008) expressed that individuals should not be stereotyped by the generation they were born in. She believed that values and strengths of each generation should be understood. However, recognizing generational differences will result in an improved nursing environment by explaining conflict, thereby leading to conflict resolution..

Recognition of generational differences was also identified by Mion, Hazel and Cap (2006). They conducted an exploratory study utilizing four focus groups of staff nurses. Three groups consisted of nurses aged 46 to 73 years and one group consisted of nurses ranging in age from 22 to 29 years. Semi-structured open-ended questions were used with each group. Participants in the study were asked to identify: 1.) contributions of older nurses, 2.) potential roles or function for older nurses, 3.) barriers to continued employment, and 4.) facilitators to continued employment. One of the four themes that emerged was generational issues. Older and younger nurses recognized that their generations' values were different. The authors discussed potential conflict concerning "paying their dues." Results showed that younger nurses were placing more importance on social activities than on working as a nurse. Similarities in the current study were

noted. Participants in the current study described younger nurses who transferred from the critical care unit for self-gain and not paying their dues when not volunteering to work overtime or holidays. Swensen (2008) was of the opinion that multiple generations have contributed to workforce challenges. She recommended accepting diverse experience and backgrounds of workers to create innovative work environments. Opportunities, Swensen noted, will be created for different generations in a variety of roles.

There are also research findings that explore and explain generational roles. Cetron and Davies (2008) discussed major trends that will affect businesses included the impact of Generation X and Millennials. Concerning competitors, they wrote that businesses who utilize new ways to motivate, reward, and provide cutting-edge training will have a strong recruiting advantaging. Generation X and Millennials thrive on challenge, opportunities, training, and desire to work in a high-tech world. They further stated that these groups have little interest in their employers' needs. Elam, Stratum, and Gibson (2007) described the millennial students as over-reliant on communications technology, and stunted interpersonal, face-to-face, skills. Also, Elam at el. (2007) credited technology for the millennial students to routinely engage in multitasking behaviors and the shortening their collective attention span. In the current study the participants expressed that younger nurses appeared to multitask when providing patient care and appeared to show more interest in the technological aspect of care rather than to the patient. This finding is consistent with that of Cetron and Davies (2008) and Elam et al. (2007).

Hart (2006) suggested several strategies to foster better working relationships among multi-generations in the workforce. Collaboration, communication and respect are key elements for a healthy work environment. Teams comprised of representatives from each generational group may advise administration of challenges and offer suggestions for improvements. Regular workshops facilitating a better understanding of the differences and characteristics among the generational groups were also recommended.

Administration

Conflict for participants in the current study also included hospital administration. Participants believed that their administrators should spend time in the critical care unit to gain an understanding of what contributes to quality patient outcomes. Administrators were visible only at their discretion and were believed to be unapproachable. Conflict resulting in discontent for hospital administration was based on devaluing the older critical care RN and his/her expertise. Participants voiced a desire to being involved concerning workplace issues and the overall profitability of their facility. Opinions, as voiced by the participants, should be sought by administrators because the older RN working at the bedside in the critical care unit is more aware of the daily activities and of areas needing improvement. Lack of communication, running the hospital like a business, poor visibility, lack of respect, and lack of input in decision making were areas that were considered conflict by the participants.

The results of the current study are inconsistent with those of a study by Wray, Aspland, Gibson, Stimpson and Watson (2007). The study examined how current employment policies and practices concerning age, ethnicity, ill health and disability

affected nurses and midwives in the National Health Services (NHS). Wray et al. (2007)

conducted a qualitative study that involved a pre-selected purposive sample 27 of older

nurses and midwives. Half of those interviewed felt they had supportive administrators

while others spoke negatively about their administrators concerning administrators not

asking for input from nurses concerning quality outcomes. The difference in findings

between the current study and the study conducted by Wray et al. was that their study

was conducted in Britain, where the healthcare system is different. All participants, in the

current study were of a low opinion of their hospital administrators due to perceiving that

patient care was viewed as a business.

Mion, Hazel, and Caps (2006) included strategies to create a work environment

conducive to retaining older nurses. Concerning their theme of communication, they

detailed the importance of administrators receiving nursing staff's input. They discussed

the importance of administration gathering first- hand information from the nursing staff

to guide practice and direct decision-making which would ensure a clear communication

pathway.

Laschinger and Finegan (2005) recommended strategies that can enhance the older

workers', as well as older nurses', work experience. Included in their strategies is the

encouragement of management respect for all workers and being open to and giving

credit for decision-making. Ulrich, Buerhaus, Donelan, Norman, and Dittus (2005)

conducted an online survey of approximately 4,400 District of Columbia RNs. Survey

questions were based on the AACN healthy work environment standards. Respect, as a

communication component, showed that administrators rated respect for RNs as low. In

the current study, participants wanted to give their input and felt it was important to be recognized as a valuable contributor for quality patient outcomes.

Computer Documentation

Computer documentation was perceived by nurses in the current study as a conflict due to concern for time taken away from patient care. Participants expressed that they were spending more time with the computer than time caring for their critically ill patients. Hader, Saver and Steltzer (2006) reported that facilities were implementing computer documentation as a means to help nurses in their work. Although, participants in the current study recognized that computer documentation was a useful tool, they had concerns for the time constraints placed on them to document. Charness (2006) proposed that older workers were less likely to be familiar with computer technology and have a slower learning rate. Participants in the current study did not express difficulty in utilizing computer technology and also did not reveal that age was a factor of conflict with computer documentation. In the current study, computer documentation in most critical care units was implemented within six months to several years before the interview. Regardless of the length of time that computer documentation had been used in the units, all participants expressed that patient care was being limited due to time spent on computer documentation. Thus, the participants in this study did not view computer documentation as a helpful tool as Hader et al. (2006) reported. However, familiarity with computer technology did not seem to be a factor as Charness (2006) proposed.

Computer impact, according to Friedberg (2003) has altered the performance of non-routine tasks, often by skilled workers. Similarities exist in the current study. Participants

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believed that computer documentation was slowing down their normal patient care routine which was perceived as providing less than standard care. Hu, Herrick, and Hodgin (2004) found that 26.7 percent of the silent generation and baby boomers rated computers as complicated and even frightening. Participants in the current study did not voice any fear of computer documentation. The fear expressed in the current study was that critically ill patients were not receiving the amount of time needed from the participant for direct patient care. The fear that these participants expressed was that of poor patient outcomes.

Ammenwerth, Mansmann, Iller, and Eichstädter, (2003) surveyed 40 nurses working in a university hospital in Germany concerning acceptance of computer-based nursing documentation. The overall goal of the study was to evaluate computer-based nursing process documentation with emphasis on acceptance. Factors influencing the user acceptance were discussed. Using Spearman's correlation analysis the researchers found that a high acceptance of the computer-based nursing documentation system after a longer period of use, (nine months or more), was positively correlated with high initial acceptance scores of nursing process, computers in nursing, and computers in general. Following three months of use, a positive correlation was found with acceptance of computers in nursing. Also, years of computer experience was positively correlated with initial computer acceptance scores and acceptance. Participants in the current study showed similarities to the Ammenwerth et al. (2003)study. All expressed the acceptance of computer documentation in their particular critical care unit. However, in one facility, computer documentation had been implemented less than two months prior which may

have contributed to the conflict of length of time for documentation. All participants discussed that computer documentation was a useful resource and did not exhibit negativity toward the process but were of the opinion that time was taken away from direct patient care due to time constraints on entering information.

The results of the current study are consistent with those of Robles (2009). She is of the opinion that a well-designed computer documentation system does take more time because it forces the use of correct processes and adherence to policies. Robles explained that paper documentation allowed the nurse to use short cuts concerning documentation and allowed 'work arounds' (p. 33) or disregard of policies. Participants of the current study described computer documentation as taking more time to perform. Their reason may be based on adhering to policies and entering accurate information. However, the current research study is inconsistent with that of McLane (2005). Addressing attitudes and opinions regarding the use of computers in healthcare, McLane expressed concerns about computer use and the affect on nursing workload as McLane (2005) posited. Staff members were of the impression that workload would be increased through computer use. Participants in the current study did not indicate that computer documentation increased their workload.

Turpin (2005) described transitioning from paper to computerized documentation and placed emphasis on an underlying premise that this product be useful to the clinician, and not merely an effort to move from paper to computer. Participants in the current study did not question the usefulness of computer documentation. Conflict occurred when it affected the quality of care for the critical care patient.

Three distinct areas resonates *conflict* for the participants in the current research study. First, younger nurses were perceived as disrespectful, had below standard work ethics, and were considered self-centered. Generational conflict was apparent based on the literature reviewed. Comments by the participants concerning the younger nurses working in the critical care unit were parallel to the personality characteristics of the X and Y generations. Participants, ages 52 to 62 years, are from the Baby Boomer generation. Distinct characteristics for each generation showed the potential for conflict among the different groups.

The significance of the generational conflict is the repercussions that this may have on quality patient outcomes and the retention of the older RN participant. Working at the bedside in the critical care unit necessitates collaboration with a multidisciplinary team of healthcare providers. Participants in the current research study perceived younger nurses as disrespectful and devaluing their expertise. Thus, participants held a negative view of the younger nurse and were likely to detach themselves from any interaction with them. Due to the lack of communication and teamwork there is a potential for poor or lower than standard care for the patient. Therefore, as generational conflicts persist communication will diminish and patients will receive less than satisfactory quality outcomes. Another significant factor is that these younger generation nurses will not receive the mentoring from the experienced older RN participant if generational conflict truly exists. Younger nurses will not receive the valuable information that only an expert nurse knows and can share.

Administration was considered by the participants in the current research study as being detached from the business of patient care and thus, causing conflict for the participants. By working closely with administrators, participants envisioned improved patient and family organizational experiences and an increase in profitability. The participants wanted to be valued more for their years of service and experience. Though no monetary award was mentioned participants were more interested in being recognized through more involvement to improve the work environment. The administrators image of being unapproachable made the participants feel devalued and unappreciated. Herzberg's (1966) Theory of Motivation and Hygiene recognizes that true motivation comes from within a person. According to Herzberg (1966) the absence of hygiene factors which includes administration can create job dissatisfaction. Participants in the current study exhibited true motivation through their love for nursing. However, administration devaluing the participant through not requesting their input could lead to job dissatisfaction for the participants and electing to leave the bedside in the critical care unit.

Conflict concerning computer documentation was based on the time taken away from bedside nursing. Fear of computer documenting was not an issue for the participants. This finding was inconsistent with the literature review. However, some participants had received reprimands for delays in documentation. Fear of retribution was voiced by two participants who had received a verbal or written warning for failure to document in a timely manner. All participants felt that there was too much emphasis placed on the computer documentation system and less emphasis on quality patient care. Computer

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documentation was viewed as a necessary tool and considered a time saving strategy and participants felt comfortable using computer documentation. However, nursing the computer rather than the patient was voiced by several participants. In cases of extreme emergencies, such as a code, computer documentation slowed down the process which caused distress for the participants. All but one participant had been documenting on the computer for nine or more months and felt comfortable with the process. Satisfaction was voiced by the participants with computer documentation during non emergent times.

Positive Self-Image

The third theme that emerged from the current study was positive self-image. Three areas emerged from this theme: specific clinical focus, institutional involvement and support, and valuable contributor and will be discussed individually.

Specific Clinical Focus

Participants in the current study had a positive self-image concerning working at the bedside in the critical care unit. All believed that their work was excellent and that their expertise was beneficial to the critical care unit and patient outcomes. Baumeister, Campbell, Krueger, and Vohs (2003) were of the opinion that a person with high self-esteem used self regulating strategies. Also, these individuals felt worthwhile, confident, and respected themselves. Despite stress, the authors reported that high self-esteem made a person more likable and were happier and easier to interact with. The results of the current study are inconsistent with the findings of Letvak and Buck (2008). As a part of their study, the authors wanted to determine if job stress affected the RNs employed in

direct patient care in the hospital setting and their intent to stay in nursing. Results of

their study showed 28 percent of the RNs stated that job stress causing the inability to

provide quality patient care and poor job satisfaction were the reasons they left nursing.

Participants in the current study felt confident in providing quality patient care and stated

that working in the critical care unit was less stressful because of the one to one patient

care they could provide.

Positive cognitions, as defined by Zauszniewski, McDonald, Krafcik, and Chung

(2002) are "a collection of specific positive thinking patterns that are thought to enhance

one's ability to effectively manage daily activities and promote mental health" (p. 733).

Similarities were demonstrated by the participants in the current study. When discussing

working at the bedside in the critical care unit, participants spoke positively about their

work and patient care. Feelings of excitement, thrill, and positive overall attitude were

displayed. Robert Wood Johnson Foundation's (RWJF) (2006) effort to assist in retaining

experienced nurses commissioned the development of the Wisdom Works white paper.

The current research study is similar to RWJF findings concerning job satisfaction. When

older nurses in their study were asked how satisfied they were with their current nursing

position, 99 percent responded they were either very satisfied or satisfied with their job as

a whole. All participants in the current study emphasized working as a bedside nurse in

the critical care unit as a rewarding career.

Zauszniewski, (1995) was of the opinion that a health-seeking model was suitable for

nursing research and practice. He described resourcefulness skills as self-control,

problem-solving skills, and a belief in a person's ability to cope effectively with adverse

situations. Participants in the current study expressed pride in describing situations where problem-solving, known to them as intuition, was important in life threatening situations for the critical care patient. Atchley, (2008), in discussing spirituality, meaning and the experience of aging was of the opinion that a primary strategy for coping with the challenges of aging was having a positive outlook. Deggs-White and Myers (2006) explored the relations among 320 women, ages 21 to 69, concerning relationship status, subjective age, self esteem, and life satisfaction. The results found that women who had positive self-perceptions also had higher levels of life satisfaction. During discussions of coping with challenges participants displayed a positive attitude and viewed the experience as an opportunity to learn from the event and help the critical care patient. Clinical focus was viewed positively for all participants.

Institutional Support and Involvement

Participants in the current research study depicted a positive self image through institutional involvement and support. All gave of their time to attend activities provided by their facility. Participants revealed that they had a desire to support activities provided to them by their employer. Also, many participants were active in volunteering their time and expertise to train faculty throughout their facility. Meyer and Allen's (1991) Three Component Model of Commitment includes affectively commitment, normative commitment, and continuance commitment. Meyer and Allen (1991) explained that when expectations are consistently met and satisfy basic needs, employees have a stronger affective attachment to the organization. Employees with a strong affective commitment remain with the organization because they want to. These individuals participate in

organizational activities to stay abreast of developments. Thus, consistent with this model, participants in the current research study participate in organizational activities because they desire to do so and feel this will assist in keeping them informed as to new developments within their facility. Participants also expressed enjoyment in attending work-related seminars, participating in training sessions, and volunteering their time to train faculty members in their facility. No one expressed a feeling of obligation or dread when discussing the amount of time spent assisting in hospital wide activities and rendered that their institutional involvement and support contributed to a positive self image.

Meyer, Allen and Smith (1993), testing the "generalizability" (p.540) of the Three-Component Model of Commitment, distributed questionnaires to 366 nursing students in a four year Canadian nursing school for two consecutive years (*M =22 years)*. Questionnaires were also distributed to 1000 randomly selected registered nurses (*M =40 years old, M = 15 years of service)*. Results of the study indicated that student nurse's age correlated negatively with affective commitment and positively with continuance commitment. Registered nurses age and years of service correlated significantly and positively in all three forms of commitment. Similarities of the current study exist. Participants' commitment to his/her organization was demonstrated in volunteering of their time to actively participate in organization activities. Participants voiced a desire to participate and appreciated opportunities awarded them. No participant expressed that individual activities were an obligation and thus, differences in the current study exist.

Participants in the current study perceived institution involvement as great benefit to his/her career, the organization, and their positive self image.

The results of the current study are also consistent with that of Meyer and Herscovitch (2001) concerning commitment in the workplace. The authors emphasized that when commitment is accompanied by the person's desire to participate the 'behavioral consequences of commitment are perceived by the individual to be broader than when commitment is accompanied by a mind-set of perceived cost or obligation" (p. 312).

Valuable Contributor

All participants in the current study were motivated and self-determined to exercise which contributed to a positive self image. Participants expressed the enjoyment of a regular exercise regimen which was adhered to and perceived as a way to rejuvenate them. It was important to the participants to take care of themselves. All reported that regular exercise would enable them to maintain the stamina to remain at the bedside in the critical care unit as well as the importance of staying healthy and independent. The results of the current study are consistent with that of Wassel (2008) who discussed the need for North Carolina to consider changes to improve healthy aging. These changes, according to Wassel, would enhance older adults' independence as well as assist them in remaining both physically and mentally productive and active. Participants in the current study were considered by the researcher to be healthy individuals according to the guidelines of Wassel (2008). All of the participants indicated they were physically active, mentally productive, and lived independently. Hacker (2009) emphasized the importance

of nurses making their own health a priority. Findings in the current study are inconsistent with Darcey, Baltzell and Zaichkowsky (2008) who stated older adults do not meet the recommendations of daily moderate exercise of 30 minutes. These authors were of the opinion that as a person ages the desire to exercise decreases and older men exercise more than older women. Discussions with the participants of the current study indicated each person was involved in exercise in excess of 30 minutes at a high intensity level and both genders regularly exercised. Gabrielle, Jackson, and Mannix (2008) used a feminist perspective with 12 RNs aged 40 to 60 years employed in either an acute hospital or community health setting in Australia. An aim of the study was to develop self care strategies of older female RNs currently working in direct patient care roles. Findings from this qualitative study showed that the older RNs had a lack of interest in maintaining a regular exercise regimen due to work load issues, family obligations, and chronic pain. Results of the current research study are inconsistent with that of Gabrielle et al. (2008) in that all participants exercised regularly without regard to family obligations, work issues or time constraints. Each expressed that exercise was important to them and contributed to a positive self image.

According to the U.S. Department of Health and Human Services (2000), 43 percent of women in the US are sedentary in their leisure time. Furthermore, only 13 percent of women engage in the recommended 30 minutes of moderate exercise activity five days per week (Christmas & Anderson, 2000). Eight participants (73%) in the current study were women. All female participants were actively involved in a daily exercise program over 30 minutes.

A report by the American Holistic Nurses Association (AHNA, 2007) described older nurses (M =47 years) as individuals who are sandwiched between child care and parent care which deemphasizes the importance of self care. Participants (M= 58 years) provided both child care and parent care but expressed the significance in their personal self care which enhanced a positive self image.

Participants in the current study expressed a positive self image by their desire to be a valuable contributor to their community through volunteering. Giving back to the community was an important positive motivational statement of fulfillment by the participants. Volunteers, according to Bureau of Labor Statistics (BLS, 2007) have a mean age of 49 years and the types of organizations chosen by volunteers were religious, educational/ youth service, and social or community service organizations. Participants in the current study ranged from 52 to 62 years of age (M=58 years) which exceeded the BLS mean age. Also, similarities existed with the participants concerning agencies which included religious and community organizations.

Bond, Holmes, Byrne, Babchuck, and Kirton-Robbins (2008) studied 17 participants, who ranged in age from 28 to 73 years (M=50 years), and resided in the center of a small urban community in the northeast of the United States. The study was part of a broader university–community collaboration to understand how to support grassroots neighborhood participation and leadership. As a part of the study the researchers were interested in examining the preface to women's involvement in community leadership from specific motivations and events that sparked them to step forth and become involved at the particular time at which they did. Results of the study showed that all of

the women interviewed spoke of the personal growth and development that emerged from their community work and the rewarding nature of these personal changes. Rewards of overall personal growth, increased self-confidence, increased sense of voice and empowerment, and learning opportunities were expressed. Seventy one percent of the women referred to pleasure in feeling that they had grown and benefited in broad, important ways through their community engagement. However, every participant reported the strain of time and conflicting commitments that were associated with her leadership activities. In the current study, participants volunteered in their communities as a way of giving back. Though the possibility of being a role model for younger people could be a result of their volunteerism this was not discussed as a reason participants took an active role in their communities. A time constraint was not expressed as an issue for the participants and therefore inconsistent with the findings of Bond et al (2008).

In addition to community engagement, participants in the current research study were caring for family members at both ends of the life span, children and elders. Fredriksen-Goldsen and Scharlach (2001) found that those called the sandwiched generation have the highest stress level due to multigenerational care giving and work roles. The AARP (2001) categorized all individuals between the ages of 45 to 55 as being in the sandwiched generation. Wassel (2006) described adults now in their 60s and 70s as the senior sandwich generation. Hammer and Neal (2008) associated managing multiple care giving and work roles with negative work outcomes and high levels of stress. In the current study, participants' ages ranged from 52 to 62 years and are thus from both sandwich and senior sandwich generations. While several participants were care givers

for either young children or aging parents no one gave an impression that they were highly stressed or that the multiple care giving roles had caused negative work outcomes. Quite the opposite was noted; participants worked many hours of overtime and considered the provision of care for family members as an opportunity to spend time with their loved ones. Thus, findings from the current study is inconsistent with Hammer and Neal (2008). Stephens, Franks, and Townsend (1994) examined stress and rewards in 95 women who were care givers, wives, and mothers. An examination of role-specific stress and rewards as predictors of well-being (physical health, positive affect, negative affect, and role overload) was included. Role rewards contributed unique variance to well-being, even after role stress had been considered. Consistent with Stephens et al. (1994), participants in the current study affirmed well being when discussing the role of care giver for family members.

Christensen, Stephens, and Townsend's (1998) study focused on 296 adult daughter caregivers who were simultaneously providing care to an impaired parent, mothers to children living at home, wives, and employees. Mastery (perceived competence and control) in each of the four roles was related to well-being was examined. Christensen et al. (1998) reported that the more roles in which women experienced higher levels of mastery, the greater their satisfaction with life. The study is consistent with the current research study in that participants presented a positive attitude concerning the multiple roles which included care provision for elderly parent(s), grandchildren, and working at the bedside in the critical care unit.

In summary, all participants in the current study took great pride in being a valuable contributor to the critical care unit. Valuable contributor was based on a high energy level, experience, and full engagement thus producing quality outcomes for the critical care patients. Participants were confident in working in their individual units and were proud of their total involvement. Responsibility to the patient and their unit was voiced by the participants as well. Dedication was noted through enthusiasm as each participant spoke about working in their particular unit and a sense of pride when speaking of quality patient outcomes. Herzberg's (1966) Theory of Motivation and Hygiene affirmed that responsibility is a motivator factor which brings satisfaction to the person concerning the work performed. Thus, participants in the current study felt a responsibility to their unit, the overall care for their patients and were of the belief that they were valuable contributors.

Participants in the current study were actively involved in their organization. Participating in hospital activities included work related seminars, staff training, and organizational functions. All of these were expressed as important to the participant. Staying abreast of organizational developments contributed to their feeling of involvement. Through involvement participants felt a stronger attachment to their organization. All participants expressed enjoyment and appreciation for being included to participate in the organization.

Regular exercise was important to the participants in the current study to maintain stamina for their busy lifestyle. Participants were active with family responsibilities, community involvement, and personal life. All participants displayed a positive attitude

and perceived themselves as a valuable contributor. The literature reviewed portrayed the sandwich generation, which includes the participants, having the highest stress level due to multigenerational care giving and work roles. However, all participants had a sense of well being and a positive self image. Working 12 hour shifts were enjoyed by the participants because it allowed the participants an opportunity to maintain a highly active life style both at work and their personal life.

Altruism is its Own Reward

The fourth theme that emerged from the current study was that of altruism. All participants in the current study expressed that every act he /she did as a bedside nurse in the critical care unit was totally for the benefit of their patient. Participants expressed that money, though necessary for daily living, was an unimportant entity when freely giving of themselves for quality patient outcomes was concerned. All voiced that they worked in the critical care unit because it was interesting to help critically ill patients get better.

Caring for and being attentive to the needs of the critical care patient was of the utmost importance to participants. For the participants, giving of his/her time and efforts for quality outcomes and utilizing their expertise was considered a selfless act. Ariely, Bracha, and Meier (2007) conducted a two-part experimental study which focused on how the dual presence of extrinsic incentives and image-based incentives complicates determining whether someone is acting purely for the greater social good, or whether despite appearances of being driven by purely altruistic tendencies, some individual self-interest plays a part in the underlying incentive for undertaking the prosocial activity. Results indicated that people wanted to be seen by others as doing good solely for

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"goodness's sake," (p.15) for in the absence of extrinsic incentives, observers would attribute the prosocial act to the individual's innate altruism. In the presence of extrinsic incentives, the value of a philanthropic act is diluted, as others might conclude that private self-interest drove the publicly virtuous decision. Ariely et al. (2007) described intrinsic motivation as denoting a wholly altruistic impetus for promoting the welfare of others. Whereas extrinsic motivation was described as any reward, perk, material or monetary, received in return for acting in a prosocial manner. Consistent with the current research study and Herzberg's (1966) Motivation and Hygiene Theory, participants shared that they were interested in the "good" of the critically ill patient and were not concerned about extrinsic incentives, such as salary, interpersonal relationships, and working conditions.

Participants perceived quality patient outcomes as an achievement which according to Herzberg (1966) are motivator factors and intrinsic to the job. The motivational factors are needed in order to inspire the older RN to perform a work related action because the older RNs desired to perform this altruistic action.

Wagner and Rush (2000) surveyed 96 nurses of two hospitals in southern United States. They hypothesized altruistic organizational citizenship behavior (OCB) in older workers is positively associated with the dispositional variables of self-monitoring and moral judgment. Among older employees, altruistic behavior was significantly and positively related to the modifiable dimension of self-monitoring and to moral judgment and negatively related to pay satisfaction. Further, older workers acted instinctively when provided with an opportunity to behave in an altruistic manner. Wagner and Rush (2000)

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described altruistic behavior among the younger workers as significantly related to trust in management, job satisfaction, and organizational commitment. Kanugo and Conger (1993) portrayed altruistic OCB for older employees as a belief in the moral imperative of helping others without regard to future personal benefit. Similarities to Wagner and Rush (2000) and Kanugo and Conger (1993) studies were observed in the current research study. Altruistic behavior was perceived by the participants as a willingness to help the patient in the critical care unit without the result of personal gain. Acting instinctively was described by the participants as well in the current study. Describing an experience as "just knowing" and "just doing" illustrated the altruistic behavior of all participants.

Rushton, Fuller, Neale, Nias, & Eysenck (1986) conducted a cross-sectional study of adults 19 to 60 years of age to determine altruistic behavior and motives. Results from their study indicated that altruism, empathy, and nurturance increased with age. Participants in the current study exhibited contentment when discussing helping the critical care patient. Satisfaction in knowing that the patient had benefitted from the care they provided was expressed by the participants. Post (2006) summarized data on altruism in relation to mental and physical health. His opinion was that there is "a strong correlation between well-being, health, and longevity and people who are emotionally and behaviorally compassionate" (p. 66). Participants in the current study exhibited happiness and contentment when discussing actions taken for the critically ill patient. Providing one on one care or working overtime when the critical care patient was having

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difficulty was considered essential rather than a burden. Thus, similarities to Posts'

(2006) summary of altruistic behavior were exhibited by the participants.

The aim of a study by Jensen and Lidell (2009) was to describe how nurses working

in inpatient care perceived the influence of their conscience on their provision of care.

The study employed a phenomenographic approach and analysis method. Fifteen nurses

from three hospitals in western Sweden were interviewed. The results showed that these

nurses considered conscience to be an important factor in the exercise of their profession,

as revealed by the descriptive categories: conscience as a driving force; conscience as a

restricting factor; and conscience as a source of sensitivity. They perceived that

conscience played a role in nursing actions involving patients and was an asset that

guided them in their efforts to provide high quality care. Jensen and Lidell further noted

that values such as altruism and concern for patients' health and well-being are the moral

standpoint on which nurses base their work. Participants in the current research study

possess similarities to that of Jensen and Lidell (2009). Conscious, or "just knowing",

was considered an attribute for the older RN participant.

The purpose of a study by Rassin (2008) was to measure professional and personal

values among nurses, and to identify the factors affecting these values. The participants

were 323 Israeli nurses, who were asked about 36 personal values and 20 professional

values. Altruism and confidentiality were not highly rated (12th). Rassin (2008) reported

the devaluation of altruism among nursing students and nurses. Altruism, in past years,

was considered the most important nursing value. However, Rassin depicted narcissism

to represent current social trends. According to Rassin, assisting others does not reflect

feelings of compassion and grace but stems from the need to achieve something for personal evolution and identity. Also, by attending to others, nurses improve their self-esteem and their social status as caregivers. The results of the study were inconsistent with the current research study. Participants reflected feelings of compassion in describing situations where a critical care patient was in need of immediate care. Self-esteem was not discussed as a factor for the participants when providing patient care and achieving a quality outcome for the patients. Thus, altruism was represented as an important nursing value for the participants in the current study.

Sadler (2003) acknowledged in her literature update that the baby boomers, most of the nurses currently in practice, were mainly motivated by altruistic motives when entering nursing. Nortvedt (1996) emphasized the importance of empathy and altruistic feelings in nursing and saw them as moral judgments, stating that: "Values can be actualized to a large extent through a moral attitude that is characterized by sensitive and careful communication" (p. 91). Similarities existed in the current research study with that of Sadler and Nortvedt. Participants viewed critical care nursing as a profession where altruistic behavior was shown.

To summarize, all participants worked at the bedside in the critical care unit to provide care to critically ill patients. Participants expressed giving their all to the patient for quality outcomes. No participant expressed a desire for recognition. The main focus for the participants was that the patient received any and all necessary care so they could have a quality life. Participants expressed an emotional attachment when speaking about their patients. It was not uncommon for the participant to discuss the extra care and time

given to a patient when they felt it was needed. Examples of intuition, or just knowing, were also described by the participants. Thus, altruism was viewed by the participants as being emotionally and behaviorally compassionate and the satisfaction in knowing that the patient had benefitted from the care they provided.

Summary of Themes

Four themes emerged from the current research study. to answer the question, "What is the lived experience of the older RN working at the bedside in the critical care unit?" Participants answered by stating that working at the bedside in the critical care unit is a rewarding career however, there is conflict with younger nurses, computer documentation, and administration, the participants have a positive self image and provide altruistic care to their critically ill patients.

The first theme *rewarding career* was exemplified by participants in the current research study indicating that working at the bedside in the critical care unit provides a rewarding career. These individuals loved their job due to the new and improved technology that assisted in patient care. Interpersonal relationships with peers, managers, physicians, and patients/families contributed to a rewarding career.

The second theme *conflict* was due to generational differences when interacting with younger nurses. Additionally, computer documentation, though necessary, was perceived as a conflict when time was taken away from direct patient care to computer document. Participants perceived computer documentation as time saving when compared to paper documentation during non emergency times. However, during emergencies the process

hindered caring for the critically ill patient. Administrators were believed to devalue the expertise of the participants which also caused conflict. Participants desired to be involved in decision making when it involved patient quality outcomes. Giving input concerning the critical care unit would increase overall profitability for the organization.

The third theme of *positive self image* found participants in the current research study of the belief that their work was excellent and their expertise was beneficial for quality patient outcomes. Also, participants were actively involved in their organization or institution and were very supportive as well. Involvement and support were demonstrated through assisting in training for organizational staff, attending meetings, and attending activities provided by the organization. Staying involved was viewed as staying abreast of developments and showing their support. Participants were valuable contributors through regular exercise, community volunteering, and family involvement. All participants were highly motivated with a positive attitude.

Altruism is its own reward, the fourth theme, was demonstrated by all participants in the current study expressing that every act he /she did as a bedside nurse in the critical care unit was totally for the benefit of their patient. Caring for and being attentive to the needs of the critical care patient was of the utmost importance to participants and utilizing their expertise was considered a selfless act.

Reflection of Findings

This researcher bracketed previous thoughts and experiences about the experience of being an older RN working at the bedside in the critical care unit. Bracketing for the researcher involved thoroughly examining and then suspending her beliefs as an older RN so that a description of the experience by the participants was not tainted by the researcher's bias.

Bracketing

In keeping with Husserl's (1966) phenomenology concerning bracketing, the researcher journaled thoughts and feelings prior to each interview. Immediately after each interview the researcher used journaling to reflect and write about feelings and thoughts about the participant and the discussion that took place.

Expecting that all interviews would be upbeat and friendly the researcher was taken aback by interview number six, Brandon. The initial telephone contact raised awareness that Brandon was skeptical of the research study but was willing to participate. Interviewing him at his facility gave the researcher an opportunity to view his interactions with staff throughout the facility and peers in the critical care unit.

Brandon conducted himself professionally during the interview and was relaxed when discussing working at the bedside in the critical care unit. He was very critical of administration, peers, and the facility during the discussion and challenged the researcher's role as a professional. An interaction was observed between Brandon and

another nurse that indicated uneasiness between them. However, when discussing the care he provided his critically ill patients, a transformation occurred and Brandon voiced caring and a protective attitude.

Following the interview, as a routine procedure, the researcher attempted to journal but found it difficult to write about the interview with Brandon. While journaling, the researcher spent a great deal of time reflecting on Brandon's voice, his attitude, and his overall anger. Transcribing was difficult as well. On average, transcribing took several hours for one interview. Brandon's transcription took several days. Again, the researcher would reflect on the interview and would become unsettled while listening to and transcribing his interview. Reflecting on this particular interview the researcher pondered on several reasons for the difficulty. First the question of why the researcher had trouble was asked. And, second, did the researcher dislike Brandon?

To answer the first question the researcher felt she had trouble because Brandon gave the appearance of having an authoritative personality. Prior to the face-to-face meeting, Brandon had reprimanded the researcher on the telephone for addressing him as a male nurse. A lengthy discussion had ensued as to why he wanted to be addressed as a RN who was male as well as the researchers' reason for addressing him as a male nurse. Brandon stated that all RNs were the same regardless of gender. Though several interviews had already taken place the researcher prepared more for Brandon's interview so not to displease the participant. Did the researcher dislike Brandon? Prior to meeting Brandon the researcher had to bracket her feelings of feeling offended. However, once the researcher met him a feeling of respect from both parties was perceived. The researcher

came to the conclusion that her difficulty in transcribing Brandon's interview came from the fact that she was taken aback by the initial contact. The researcher had perceived that every interviewee would be pleasant to interview and because of the initial telephone conversation and Brandon's straight forward approach an unexpected response had caught the researcher off guard.

Significance of the Research Study

Reflecting on the findings of the current study revealed several areas that the researcher considered significant. First, the current qualitative study is the first that assisted in answering the question "What is the lived experience of the older RN working at the bedside in the critical care unit?" Also, of the eleven RNs three were RNs who were male. This is significant in that the literature reviewed mainly focused on females who worked throughput the hospital. Second, Staiger and Auerbach (2008) were of the opinion that due to the downward turn of the economy many nurses who were planning to retire are remaining in the nursing workforce. The authors believe that once the economy improves there will be an exodus of older nurses from the workforce. However true this may be, the significance of this current research study is that participants in the current study had no plans to leave bedside nursing in the critical care unit in the near future. They enjoyed working as a bedside nurse in the critical care unit and intended to continue. Money was not the reason they worked. Third, participants are not asking for nor expect concessions to be made for them to continue to work at the bedside in the critical care unit. A perception of working until they lost their stamina was articulated.

These participants totally accepted that working at the bedside in the critical care unit was difficult and if they could not provide the quality of care to their critically ill patients then they would leave. Fourth, generational conflict was identified in the current research study. Conflict has implications related to the nursing shortage. The participants expressed conflict with younger nurses working in the critical care unit and even felt that the new nurses should have done their time in medical surgical nursing prior to working in the critical care unit. These feelings may limit the participants' abilities to mentor newly graduated, younger nurses working in the critical care unit. The participants did not offer assistance because they either offended the younger nurse or the younger nurse gave the impression of not valuing the participants' expertise. A decrease in communication between the generations could lead to potential poor quality outcomes for patients and patient care. Working in the critical care unit involves a multidisciplinary team who work closely for the good of the patient. A decrease in communication and lack of respect for those who the participants work with will result in a less than desirable nursing environment for the older RN. Also, younger nurses may not feel supported in the critical care setting and choose to leave the unit or leave nursing entirely. These generational conflicts exist and can impact the nursing shortage. Fifth, computer documentation was voiced as a conflict by each participant. Fear of retribution was voiced by several participants based on not meeting the designated documentation time.

Participants spoke of making a choice of providing needed care or electingto document a medication or assessment and their choice was to provide the needed care for their critically ill patient. Two of the participants had received either a verbal or written

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warning and were concerned about future ramifications. They verbalized no remorse in

providing care for the patient over computer documentation. Sixth, participants of the

current study, though viewing administrators negatively, had a strong desire to work with

administrators to improve the work environment and achieve organizational goals.

Conflict for the participants in the current study included feelings that hospital

administration as a whole was unapproachable and unavailable. Administration staff, if

aware of these feelings, could utilize shared governance to increase the feelings of self

worth and value for older nurses choosing to work at the bedside. Rarely are staff nurses

involved with overall hospital administration activities. By involving older nurses in

hospital administration decisions and activities, self esteem related to expertise in

provision of care may be enhanced. The participants expressed that they wanted no

recognition but felt that giving their expertise in what was important for the patients and

their families could show profitability to their organization. Seventh, participants in the

current study were very active working at the bedside in the critical care unit,

participating in organization activities, and their personal life. This is a significant

finding. A positive self image revealed the participants felt good about the skills they

possess and the impact their care had on patient outcomes. A positive self image was

projected through the participants' institutional involvement and support. The

combination of intrinsic and extrinsic factors may contribute to keeping the older nurse

employed, even in the high acuity area of critical care. Administration, aware of the

positive internal feelings nurses receive from providing care to critically ill patients, can

choose to give more positive reinforcement related to expertise in provision of care which may ultimately enhance retention of the older bedside nurse.

During the open interview process, the researcher began to notice a pattern of how active the participants were. All but one interview was rescheduled on average three times before the interview actually took place. Reasons given were based on a new commitment the participants had made. Not until the researcher actually met and observed participant's putting up shutters, sealing driveways, and bush hogging their pasture did it register how active these older individuals were. Other participants reported they took care of young children or elderly parents, and traveled or worked second or third jobs. The researcher had assumed that because the individuals worked several 12 hour shifts a week that they would be tired and would rest on their days off. This was certainly not the case for the participants in the current study. The 12- hour shifts were appealing for the participants because it allowed them to be more active at home, community, and with family as caregivers. All participants enjoyed daily physical activities.

These participants are relatively healthy and very physically active. These factors may have influenced their intent to continue to work and their confidence in their ability to provide nursing care. This finding has implications for the current supply of nurses and anticipated nursing shortage. Older nurses, working in the high stress area of the critical care unit, are secure in their ability to continue to provide this level of care and are actually more confident in their ability than that of younger nurses working in this area.

Just Because I'm Older Doesn't Mean I'm Old

Prior to the first interview the researcher had written a list of questions that were to be used to guide the interview process. One question which asked the participant to discuss how he or she felt about being an older nurse was included. When the first participant was asked this particular question there was a total change in the participants' demeanor. The researcher quickly realized that a huge mistake had been made in asking this question. Participant one totally ignored the question and acted as if the question had never been asked. It was obvious to the researcher that the participant did not regard herself as being an older nurse. The question was omitted from further interviews.

Though not spoken by any participant in the current study the researcher perceived that ageism had occurred for some participants. Statements such as "you don't look like you're that old" or "I can't believe you're 58 years old and have so much energy." One participant made the statement that "just because I'm older doesn't mean I'm old." The researcher reflected for some time on this and believed it to be a profound statement and one that should not be forgotten. Several events have occurred since the current study came to fruition and the researcher feels compelled to discuss them due to their similarities of the current research study.

January 15, 2009, Chesley B. "Sully" Sullenberger III, 58 years of age, pilot of U.S. Airways Flight 1549 who joined US Airways (PSA Airlines) in 1980 landed the aircraft in the Hudson River with no casualties. His crew included Flight Attendant Sheila Dail, age 57, who joined US Airways (Piedmont Airlines) in 1980 and had more than 28 years experience with the airline and Flight Attendant Doreen Welsh, age 58, who joined US

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Airways (Allegheny Airlines) in 1970 and had more than 38 years experience with the airline. The situation occurred when a flock of geese flew into the plane's engines while First Officer Jeffrey B. Skiles, age 49 was piloting. Skiles' experience from the time of actual training to navigating this type of plane to the date of the incident was six weeks. Captain Sully took control of the plane and with his knowledge as a pilot was able to land the plane in the Hudson River as an expert in his profession would. He walked the plane twice to make sure no one was left behind. The flight attendants instructed the passengers concerning safety issues but remained calm and professional during the ordeal.

April 9, 2009 Captain Richard Phillips, 53 years old, owner of the Maersk Alabama ship offered himself hostage to protect his crew against four Somali pirates. Following his successful capture Captain Phillips stated he was just the byline and the real heroes were the Navy Seals who rescued him and his crew. Because of his heroic act no member of his ship was harmed or injured. Phillips was willing to give his life to save his crew.

The following situations are used to make a significant statement. Had these individuals not been in control of the event the end result may have been different. Captain Sully, 58 years old, with 29 years of experience after retiring as a pilot from the U.S Air force, the flight attendants aged 57 and 58 years old with 27 to 37 years of experience and Captain Phillips, 53 years old who surrendered himself as a hostage to save others. Each individual used their experience and expertise to help with the safety of others. No one person wanted recognition and expressed gratitude toward others who assisted them.

Findings from the study revealed similarities to those described. Participants used their expertise every day to protect and provide care to their critically ill patients. During times of extreme crisis these individuals used intuition and experience for quality patient outcomes. Praise for what they do humbled them and they expressed gratitude for those who assisted them. Participants voiced that when they saw a patient in trouble they acted and reacted on instinct regardless of whose patient it may be. They are of the belief that patients belong to everyone. Who would possibly want these experts to leave nursing and why would organizations not implement ways to retain their expertise. Losing this valuable resource will cause a loss of intellect, expert abilities, collected experience and learning, relationships, and professional skills. Findings in the current study revealed that participants had no plans to leave bedside nursing in the critical care unit in the near future. A passion for what they do echoed in every interview. However, just after the interviews for the study were conducted, the economy has taken a major downturn. National news reports major companies are filing for chapter eleven, financial institutions are receiving government bailouts, the stock market is fluctuating daily, industry and healthcare employees are experiencing major layoffs and hiring freezes. Workers at retirement age are either unable to retire or hesitant to retire because of the indicators of the weakened economy including weakened 401(k) funds performance, the instability of housing values, and labor market challenges for older workers (U.S. Special Committee on Aging, 2009). While none of these participants discussed a poor economy, at this time the poor economy may encourage these nurses as well as other older nurses to remain in their positions due to pension plans that are worth far less. However, economists predict,

once the economy recovers, there will be a mass exodus of older workers from the workforce.

None of the participants in the current study had definite plans to retire. Rather, upon reaching the age of retirement they were planning to continue to work in some capacity and expressed the desire to continue to work at least part time at the bedside in the critical care unit. No participant voiced any expectation or need for administration to make concessions for them to continue to work. Comments made by the participants focused on having the physical capability to keep up with the fast paced work environment of the critical care unit. Older nurses also have a more deeply rooted understanding of the needs of patients and have invaluable qualities of commitment. Efforts to retain older nurses are needed. Despite the economic downturn which makes it appear that the nursing shortage is "over" there is still going to be an unexpected shortage of 285,000 nurses in 2015 which will swell to 500,000 nurses by 2025 (Buerhaus et al., 2008).

Summary

The first assumption of this study was that participants would be willing to talk about the experience as an older RN working at the bedside in the critical care unit. All the participants in this study spoke openly of their experiences. The second assumption of this study was that older RNs utilized motivation while working at the bedside in the critical care unit. Herzberg's Theory of Motivation and Hygiene (1966) guided the research study. Motivation was described by Herzberg as a person's relationship with what they do and the tasks they perform. All participants described working at the

bedside in the critical care unit as a rewarding career and a love for their job. Thus, participants utilized motivation. The essence of the lived experience of the older RN working at the bedside in the critical care unit was also captured.

The study revealed nine exhaustive descriptions, which described the lived experience of the older RN working at the bedside in the critical care unit. Participants find working in the critical care unit rewarding. They also enjoy working in the critical care unit because it is challenging and they love the direct patient care it awards them. All participants do not work for the money. Participants value the autonomy and feel comfortable making decisions. However, they accept that administration will not make accommodations for them as they get older. Participants are of the opinion that administration does not take the nurse or patient into consideration when making decisions. All participants believed that computer documentation takes time away from patient care. Participants feel the younger nurse does not value their expertise. These descriptions give insight into the lived experience of the older RN working at the bedside in the critical care unit.

Implications for Nursing Practice

Nurses need to broaden their view and knowledge concerning generational differences. Providing care for patients in the critical care unit involves a multidisciplinary team. In emphasizing the need for sound evidence-based decision making, care must be taken by nurse managers to encourage younger nurses to value the expertise of the older RN. This may be accomplished by mentoring, or open forums for

information exchange. When there are generational differences there is a potential for deterioration of teamwork thus the potential for less than quality outcomes for the patient. Aharony and Strasser (1993) were of the opinion that patients who are satisfied with the care they receive are more likely to continue utilizing the health care services, maintain a relationship with specific health care providers, and comply with medical recommendations. The Joint Commission on Accreditation of Healthcare Organizations (2003) reported that communication failures among team members have been uncovered at the root of 60 percent of sentinel events reported. Nurse Managers can involve nurses from different generations in team building sessions as well as providing opportunities to serve together on committees. Understanding nursing teamwork between the multi-generations and managers effectively intervening to improve it is necessary in order to retain the older RN and because of the complexity of patient care in the critical care unit.

Nurses must become more aware of the issue of ageism. Letvak (2002a) recommended that nurse managers address ageism through staff training and education. Also, managers and nurses must reflect on their own views of aging and the aging nurse (Letvak, 2002b). Educating nurse managers in the issue of ageism will assist in retention strategies for the older RN.

Participants in this study voiced a desire to be actively involved in hospital wide decision making which impacts the quality of care provided to patients and an increase in profitability for the organization. To retain the older RN, administrators should request valuable input from them in areas of work flow, improved patient/family relations and hospital wide committee involvement. This can be accomplished through feedback

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sessions or informal discussions with the older RN. The participants in the study did not want special treatment. However, they did want to be valued for their expertise. Administrators need to be cognizant of the older RN's ability to utilize their expertise for quality patient outcomes which results in overall satisfaction for patients/families and the retention of the older RN.

Implications for Nursing Education

This study supports the need to implement nursing education which incorporates working at the bedside with the older RN. Education curricula in undergraduate and graduate programs should place emphasis on the effectiveness of working with the older RN at the bedside. Curricula should teach strategies to undergraduate and graduate nursing students as to the value working with the older RN. The experience the nurse graduate will obtain will assist in gaining a strong foundation for the new graduate to build on.

Implications for Nursing Research

This study supports the need for more research on older RNs working in direct patient care. There is a need for nurse researchers to develop outcome studies with instruments that accurately measure factors affecting retention of older RNs at the bedside in the critical care unit. There is also a need for a more detailed examination of the value or benefits of interpersonal interactions between older RNs and younger counterparts and administration. Studies on the perceptions of different generations caring for patients in

the critical care unit are needed as well. The research question "What is the lived experience of the different generations of RNs working at the bedside in the critical care unit?" may help identify strategies to improve generational differences.

The researcher was unable to identify any evidence-based practice that guided specifically the older RN working at the bedside in the critical care unit. This indicates a need for evidence-based practice research for this group of individuals. Strategies recommended by Hatcher, et al. (2006) for the Robert Wood Johnson Foundation (RWJF, *Wisdom at Work* suggest equipping supervisors and managers to understand and support the older workforce. Also, hospital and nursing administration should continue to formally assess the perceptions about retaining older nurses, and develop and evaluate any educational programs aimed at this group.

This study is important and relevant to healthcare policy because it addresses the need to retain the older expert RN. Dissemination of the study's findings will answer the call for research that addresses retention strategies. The study contributes to creating a better understanding of the experiences of the older RN working at the bedside in the critical care unit. With this clearer understanding of these older RNs, retention strategies needed may be developed.

Implications for Health and Public Policy

This study is important and relevant to healthcare because it addresses the need for retention of the older RN. The study contributes to creating a better understanding of the experiences of the older RN working at the bedside in the critical care unit. Policy

development is necessary for the older RN. Policies that support mandatory staffing ratios and forbidding mandatory overtime for nurses which will especially protect older nurses will assist in retaining this valuable resource. Policy development for generational diversity is needed as well. Hatcher et al. (2006) recommend advocating partnering for a "National Nursing Visionary Leadership Forum" (p. 51) that brings together an intergenerational approach to support more localized knowledge management strategies.

Limitations

The limitations of this study are those inherent in the use of a qualitative research approach. The study is limited to the conditions under which the study was carried out. This study was limited to eleven individuals who were older Registered Nurses who work at the bedside in the critical care unit, so generalizability of the findings is limited. A limitation of the study was the lack of different ethnicities. All participants were Caucasian. Despite recruitment techniques, snowballing provided most of the study participants. The snowballing technique yielded eight RNs who were female and three RNs who were male. Limitations of this study include the use of a small sample and recruitment from only Western North Carolina and the Piedmont Region of South Carolina. A limitation for this study is that participants were asked to recruit other older RNs to contact the researcher. Sampling bias may have occurred due to the RNs who were recruited may have shared the same values or beliefs concerning their work as the RNs who contacted them. RNs who did not share the same values or beliefs may not have been approached or may have elected not to participate in the study.

Recommendations for Future Research

Several areas for future research were identified from the study findings. Research which focuses on the relationship between older RNs and different generations is needed. Three participants (27%) in the study were RNs who were male. Research is needed which will gather accurate statistics for this group. Previous studies imply that RNs who are male work in specialty areas. However, there was no information available for the study that gave accurate statistics for this group. Statistics include all RNs who are male and do not differentiate the areas of work. Future research for this group will help establish a baseline for accurate statistics for retention strategies of the older RN who is male.

Research on a larger scale, including statewide and multiple state studies will increase the generalizability of the study's findings. Diversity of the research sample will be enhanced. The experience of the older RN working at the bedside in the critical care unit will also be captured.

Future research is needed concerning the impact of computer documentation on staff nurses. Addressing attitudes and opinions regarding the use of computers in healthcare concerning the nursing workload is necessary for nurse retention.

Conclusions

This study captured the experience of eleven older RNs who worked at the bedside in the critical care unit. Study participants talked about their subtleties and complexities of

their experiences. Participants described their work as a rewarding career that encompassed interpersonal relationships with peers, managers, physicians, and patients/families. The conflict they described with younger nurses and administrations made them feel that their expertise was not valued. Computer documentation was described as a conflict as well due to the time it took away from patient care. All participants displayed a positive self image through their expertise in the critical care unit, institutional involvement and support, and their community. All participants expressed that their provision of nursing care focused on the patients and not for personal gain.

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APPENDIX A:

FREDERICK HERZBERG'S MOTIVATION-HYGIENE THEORY GUIDED
QUESTIONS

1. **"Tell me why you work in critical care."**

2. **"Please include what has been meaningful to you personally working at the bedside in the critical care unit."**

3. **"Please describe a time when you felt exceptionally good and a time when you felt exceptionally bad about working in the critical care unit."**

4. **"Describe what motivates you to work in the critical care unit."**

5. **"Describe the working conditions in this unit."**

6. **"Describe your relationships with your co-workers and your nurse manager."**

7. **"Describe what you consider as your greatest achievement working in the critical care unit."**

8. **"Describe the type(s) of recognition you receive as a nurse working in the critical care unit."**

9. **"Are you satisfied with the hospital policies and administration? Please explain your answer."**

10. **"If management restructured the pay scale describe your reaction.**

Consent

UNIVERSITY OF NORTH CAROLINA AT GREENSBORO

CONSENT TO ACT AS A HUMAN PARTICIPANT: LONG FORM

Project Title: The Work Experiences of the Older Registered Nurse Working at the Bedside in the Critical Care Unit

Project Directors: Mary Alice Hodge and Susan Letvak

Participant's Name: _____

DESCRIPTION AND EXPLANATION OF PURPOSE AND PROCEDURES:

  Introduction: You are being invited to participate in a research study of Registered Nurses over the age of 50 who are working at the bedside in the critical care unit. There is little information on retention strategies for the older RN who works in the high nursing shortage area of critical care.

  Why the study is being conducted: By speaking directly with older nurses who are working at the bedside in the critical care unit, the researchers will gather information that may be used to develop retention strategies that will encourage older RNs to remain in the workforce.

  Who is participating: Ten to twenty nurses over the age of 50 who work at the bedside in the critical care unit are being asked to participate.

  How the study is being conducted: You will participate in two to three interviews with the researcher at a time and place most convenient for you. While the first interview must be conducted face-to-face, the second interview may be conducted over the telephone. If you feel you have more to say a third interview will be scheduled in person or over the telephone. Interviews will be audio-recorded to assure all information is accurately obtained and the researcher will take notes during the interview. The first interview is expected to take 1 hour to 1 hour and 30 minutes at the most. The second and possible third interviews will take less than 1 hour.

  How confidentiality will be maintained: Your name and any identifying information, including your place of employment, will not be shared with anyone or included on any report that may come from this study. Your name will be replaced with a pseudonym. The audio-tapes will be transcribed by the researcher, after which they will be stored in a locked file cabinet in the researcher's home office. All consent forms and written transcripts will be stored in a locked file cabinet or on a password protected computer in the researcher's home office.   Federal law requires that consent forms be kept for a minimum of three to five years following closure of the project, thus after five years all consent forms, audio-tapes, and written transcripts will be destroyed by shredding.

   Will the study cost anything: If the interview takes place at location which requires a fee for parking you will be reimbursed for your expense. You will receive a $20 gift card to Wal-Mart after the face to face interview in appreciation for your time.

POTENTIAL RISKS AND DISCOMFORTS:
   Your participation in this study is voluntary. You can drop out of the study at any time, ask to stop the interview at any point, or refuse to answer any questions. There will be no consequences for you if you choose to no longer participate. There are minimal risks for you taking part in this study. Participants may become emotionally upset while discussing job issues during the course of the interviews. However, having the opportunity to talk about your experiences may make you more aware of your feelings. You may refuse to answer any question posed by the researcher. You may withdraw from the study at any time with no consequences to yourself. After completing one interview, you may refuse to participate in further interviews. The researcher will turn the tape recorder off if at any time you request it or if you were to become upset during the interview. If you become upset, or need to discuss your feelings further, the researcher will suggest you call the employee assistance office located at your hospital

POTENTIAL BENEFITS:
   There are no direct benefits for you in participating in this study; however, some participants may find satisfaction in discussing their experiences and contributing to nursing research and knowledge. Findings from this study may benefit the profession of nursing and society by helping to develop practices or policies that will assist in retention of the older RN who works at the bedside in the critical care unit.

By signing this consent form, you agree that you understand the procedures and any risks and benefits involved in this research.   The University of North Carolina at Greensboro Institutional Review Board, which ensures that research involving people follows federal regulations, has approved the research and this consent form. Questions regarding your rights as a participant in this project can be answered by calling Mr. Eric Allen at (336) 256-1482. Questions regarding the research itself will be answered by the study principal investigator, Mary Alice Hodge by calling 704 473 5006 or e mailing her at mahodge2@uncg.edu. or by the faculty advisor, Dr. Susan Letvak, by calling 336-256-1024 or e-mailing her at saletvak@uncg.edu Any new information that develops during the project will be provided to you if the information might affect your willingness to continue participation in the project.

        By signing this form, you are affirming that you are 18 years of age or older and are agreeing to participate in the project described to you by Mary Alice Hodge.

_____   _____
Participant's Signature*   Date

APPENDIX C:

RECRUITMENT FLYER

Looking For
Nurses Working Involved in Direct Patient Care in the
Critical Care Unit

- Are you a Registered Nurse 50 years of age or older?
- Are you involved in providing direct patient care in the Critical Care Unit?
- Are you a Registered Nurse with 10 years or more experience in the Critical Care Unit?
- Are you interested in sharing your experiences with a nurse researcher who is interested in learning more about your experiences?

The purpose of the proposed study is to explore the experiences of older nurses involved in direct patient care in the critical care unit. Study participants will be asked to participate in one face to face interview and one or two telephone interviews at a time and place most convenient for you. Interviews are expected to last approximately 1 hour to 1 hour and 30 minutes at the most. Your name and identifying information will be kept confidential. If you choose to participate you will receive a $20 Wal-Mart gift card after each interview in appreciation of your time.
If you are interested in participating or simply would like more information, please contact:
Mary Alice Hodge PhDc, MSN, RN
Doctoral Student
UNC Greensboro School of Nursing
704-434-8629 or mahodge2@uncg.edu

APPENDIX D:

INTERVIEW COVER LETTER

Month, 2008
Hi,

I am sending you a copy of your transcribed interview. If you agree with the transcription
and do not want to make any further comments please sign and return the validation sheet
in the self addressed stamped return envelope.
After reading your transcription you may have a thought that you would like to add.
Please feel free to do so by adding your comments on the validation sheet. This also is the
purpose of returning this transcript to you. Please return the validation sheet in the self-
addressed stamped return envelope.
Please do not hesitate to contact me if you have questions, concerns, or just want to talk.
Thank you very much for participating in this study. It is so important to retain the older
RNs especially in the high stress area of critical care.
Sincerely,

Mary Alice
Mary Alice Hodge PhDc, RN
UNCG Doctoral Student
Home #
Cell #
mahodge2@uncg.edu

APPENDIX E:

VALIDATION OF INTERVIEW

Validation of Interview

I have read the transcript of the interview conducted by Mary Alice Hodge, doctoral student at the University of North Carolina at Greensboro, on *the Lived Experience of the Older RN Working at the Bedside in the Critical Care Unit.*

(1) I agree that the interview was transcribed accurately and I have no further comments.

Signed:_____ Date:_____

(2) I agree that the interview was transcribed accurately and would like to add a comment (s) according to the line number listed on the transcript enclosed.

Signed:_____ Date: _____

Line Number	Comment
Line Number	Comment
Line Number	Comment

Please return this comment sheet in the enclosed self addressed envelope. This comment sheet provides validation for the research study being conducted by Mary Alice Hodge on retention of older RNs. Thank you

APPENDIX F:

EXHAUSTIVE DESCRIPTION VALIDATION FORM

I, as a participant of the study *The Lived Experience of the Older RN Working at the Bedside in the Critical Care Unit:*

Agree with the description _____
                                                                    (Signature and Date)

Do Not Agree with the description _____
                                                                    (Signature and Date)

Comments:

Thank you for reviewing the description that was compiled from the participants for the study. Please return this form in the self-addressed return envelope. Your comments are appreciated.
Sincerely,

Mary Alice Hodge
PhD in Nursing doctoral student
The University of North Carolina at Greensboro
mahodge2@uncg.edu