HOW NON-DIRECT CARE NURSES FIND FULFILLMENT AWAY FROM THE BEDSIDE

By

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How Non-Direct Care Nurses Find Fulfillment Away from the Bedside

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Abstract

Problem: Nursing is widely seen as a respected, trusted, and caring profession. Those who go into nursing often do so with a desire to provide compassionate care and feel as though they made a difference. As the need for nursing perspective grows within health care settings, more nurses step away from the bedside to apply their knowledge and skills in other areas.

Project Aim: The aim of this study was to explore what nursing meant to those who no longer take direct care of patients, to describe how these nurses find fulfillment in their work, and thereby contribute understanding to strategies designed to retain more nurses in important non-bedside roles, such as managers, educators, researchers, quality improvement, etc.

Project Method: Qualitative descriptive study data was collected through semi-structured interviews of nurses who previously practiced at the bedside but now contribute through non-bedside positions. Eight nurses from an urban, hospital-based setting participated in a voluntary 20 to 40-minute recorded interview. Data was then transcribed and analyzed through a thematic analysis method. Emergent themes were categorized, documented, and discussed.

Findings: Through the course of the interviews several main themes continued to emerge. These included shift in focus of caring, ability to impact patients and families in new ways, emphasis on success of others, and perception of the nurse as a leader and a leader as a nurse.

Conclusion: As healthcare continues to grow in complexity, it will be imperative to have strong nurses both at the bedside and in non-bedside roles. Organizations will need to fully understand what drives those in non-bedside roles to ensure that they can maintain their engagement and utilize their unique skills to meet the expanding needs of patients and colleagues for the future of healthcare.

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Introduction

Nursing has long been known as a trusted and caring profession (American Hospital Association [AHA], 2019; Kersten et al., 1991). Direct care bedside nurses give hands on care to patients as the major part of their typical workday and often see immediate rewards for their efforts: the patient's physiologic and psycho-emotional status is assessed through numerous nurse-patient interactions and activities of daily living are addressed. As a result, the patient may feel more comfortable and clean, pain is controlled, breathing may be easier, and fears or concerns may be put at ease.

The nursing profession offers a wide scope for nurses to apply their skills. Nurses may use their skills in a variety of non-bedside roles such as managers, educators, quality analysts, researchers, or other specialists. In these non-direct care roles, perspectives may change. Days may be filled with meetings, emails, and discussions with care providers during "rounds" and daily interactions with limited or no contact with patients. Nursing care may take on different definitions for nurses whose primary role is non-direct patient care, such as those supporting or managing other nurses, conducting research, quality improvement and numerous specialist roles, or educating. The purpose of this project was to understand how nurses who left direct-care redefine nursing and caring and find fulfillment in expanded roles, and to identify what factors motivate these nurses to continue work in non-direct care roles.

Literature Review

A literature review was conducted using PubMed and CINHAL databases. Searched key words included fulfillment, non-direct, care, bedside, nurse, interdisciplinary, team, job and satisfaction. The focus of article criteria was on how nurses find fulfillment and job satisfaction away from the bedside and how leaders may help non-direct care nurses in meeting job

fulfillment and satisfaction needs. Key themes emerging through the literature review included nursing as a trusted and caring profession, a call for nurses to lead, and struggles facing nurses in roles away from the bedside.

Nursing is a Trusted and Caring Profession

The profession of nursing is widely seen as a trusted and caring profession (AHA, 2019; Kersten et al., 1991). For the 17th year in a row, the Gallup survey ranked nurses as the most trusted profession (AHA, 2019). According to AHA (2019), 84% of people ranked traits such as honesty and ethical standards of nurses as high or very high. It can be assumed that nurses go into the profession for a variety of reasons. They may want to interact and help or improve the lives of patients; be a part of a profession where the goal is to help others, or they may have had a personal experience that affected them either directly or through the observed experiences of loved ones. They see the care and compassion given and they want to give back. According to American Nurse Today (2015), due to its intimate nature, nursing can have a powerful impact on patient's personal lives. Nurses can make significant contributions to patients' experiences, safety, and healing (American Nurse Today, 2015).

Nurses want to feel as though they are connecting with their patients, making a difference in some way, and have the autonomy to do so. A study by Alilu et al. (2017) found that feelings of worthlessness and powerlessness were two of the key drivers that led nurses to leave bedside roles and that the strategies to negate these feelings include perception of personal competence and self-control. Additionally, Han et al. (2015) also identified similar findings as a lack of autonomy and decreased feelings of support from coworkers and supervisors contributed to feelings of wanting to leave bedside roles. Both of these findings indicate that individual nurses

providing direct clinical care want a level of autonomy in his or her practice and want to be

recognized for their knowledge and contributions to the care team.

Further research has shown that nurses want to feel as though they made a difference and

had the influence to impact care outcomes. The authors discussed what factors influence nurses

to stay within bedside roles, and found that similar factors may be attributed to other nursing

roles as well (Alilu et al., 2017; Han et al., 2015). Although no research was found specifically

looking at what keeps nurses in non-beside roles, similar feelings may be felt in any role a nurse

is in, whether in a beside role or away from the bedside. Nurses want to feel competence,

empowered, and supported (Alilu et al., 2017; Han et al., 2015). Findings show it is important for

nurses to meet these needs, no matter their roles, to feel a part of this profession.

Call for Nurses to Lead

Part of the Institute of Medicine (IOM) Future of Nursing report is transforming

leadership (IOM, 2011). Nurses are being called to lead not only at the bedside, but also in the

boardroom and at every organizational level (IOM, 2011). Due to their unique perspectives,

nurses can lead change and advance healthcare very effectively in today's complex healthcare

environment (IOM, 2011). To answer this call, nurses must shift their mindset, practice, and

educational attainment in order to become full partners with other health care professionals

(IOM, 2011).

In the IOM report (2011), nurses are also called upon to attain higher degrees of

education, including doctoral preparation. There is an increasing number of Doctor of Nursing

practice (DNP) programs across the country. According to Stuart (2018), a DNP prepared nurse

works collaboratively with different members of interprofessional teams. They can strengthen

health care teams by helping to translate evidence into best practice as well as communicate effectively and see a variety of perspectives (Stuart, 2018).

These types of calls or initiatives foster the development of many non-direct patient care roles (Stuart, 2018). Nurses are experts in patient care and can provide valuable perspectives, not only as managers and executives, but also in settings such as information technology, human resources, revenue integrity, quality improvement, education, and infection prevention. Nurses are being driven to do more, while maintaining the balance of what the core of the nursing profession is – providing quality, compassionate care to patients (IOM, 2011).

Struggles Facing Nurses in Roles Away from the Bedside

Much of the literature regarding nurses who are in non-bedside roles focuses on the nurse manager position. Findings from the literature show roles nurse managers play to support staff and what can drive them to have decreased job satisfaction. Nurse managers support staff nurses by ensuring adequate staffing and an environment of quality care (Andrews & Dziegielewski, 2005; Fry, 2010; Skytt et al., 2008). They also support nurses by promoting professional development, improving multi-disciplinary communication, and ensuring staff competence (Schmalenberg & Kramer, 2009).

Nurse managers focus their efforts on their staff instead of their patients. They still maintain a caring role, but their focus has shifted from patients to those caring for patients. This role can meet the need for caring but may not meet the need of recognition or work impact in as timely of a manner as a direct care role (Andrews & Dziegielewski, 2005; Fry, 2010; Skytt et al., 2008). The retention of nurse managers is sometimes challenging due to job dissatisfaction (Laschinger et al., 2007; Richmond et al., 2009). As previously discussed, bedside nurses can usually see the outcomes of their care through patient comfort, cleanliness, and a relaxed state;

however, the non-bedside nurse may not see the direct link between the actions they give. Outcomes may be delayed such as waiting for employee surveys to come back or next month's quality improvement data to come out.

Kelly et al. (2019) looked at nurse leader burnout, satisfaction, and work-life balance. Their study used the Professional Quality of Life scale and a set of interview questions. Four main themes emerged from the research including those related to emotional drain, daily interactions, management of other's emotional states, and work life balance struggles. Furthermore, the researchers found nurse leaders often manage many complex and competing priorities at once. It can be difficult for nurse leaders to balance and prioritize effectively. They are often called to balance staff engagement, clinical outcomes, fiscal productivity, and environment of care, all of which are equally important, but require very different knowledge and skill sets (Kelly et al., 2019). By recognizing these themes and pressures, and implementing strategies to recognize and manage these challenges, leaders had less burnout and compassion fatigue (Kelly et al., 2019). It is important for administrators and colleagues to recognize the importance of supporting leaders in both a professional and personal manner so they can better manage themselves (Kelly et al., 2019).

Summary of Literature

Nursing is a fast paced and demanding profession. People often turn to the profession due to its reputation of being respected, trusted, and caring. Health care is changing, and nurses are being called upon to aide in the future of complex health care systems. Nurses have a wide variety of knowledge and skills that can be applied in a variety of settings. Often expanded roles and non-clinical activities pull nurses away from the bedside to offer their skills in new ways. As nurses assume new roles, new challenges arise, and less evidence of patient benefits occur. It is

important to continue to find ways for these nurses to find fulfilment to keep them satisfied in their non-direct care roles.

Significance

There are over 4 million registered nurses in the world today (American Nurses Association [ANA], 2019). The nursing profession is often characterized as a helping profession that people are drawn to in order to show care and compassion for other people. Nursing is embedded within the health care field. In a medical model, the focus is on disease, diagnosis, treatment, procedures and cure; whereas in a nursing model the focus is on health, wellness, and coordination of patient care on a 24/7 basis. It is important for nurses in all non-direct care roles, including leadership activities to remember to incorporate and emphasize nursing-based actions (ANA, 2019). By doing this, nurses who have left the bedside are more likely to find fulfillment, satisfaction, and empowerment in their work. The nursing profession is broad, flexible, compassionate, and can provide nurses with a sense of pride in their profession.

This study explored job satisfaction and personal fulfillment of nurses who have moved away from a direct bedside nursing role. Nurses who have transitioned their careers to positions of nurse manager and/or clinical service directors were interviewed to understand how their definition of nursing has changed, how they find fulfillment in their non-bedside work, and what motivated them to stay in their non-bedside roles. Through this understanding, leaders can create strategies to attract and retain non-direct care nurses in important non-direct care roles.

Theoretical Framework

The Watson Human Caring/Caring Science Model (2019) was used as the theoretical framework for this project. Jean Watson is an American nurse who grew up as the youngest of eight children in West Virginia. As she embarked on nursing school, she saw a focus on

medicine, disease, diagnosis, procedures, treatments, cures, but not necessarily a focus on the person and their human dimensions. She was struck with loss at the young age of 16 when her father died. She wanted to be able to connect with her patients, not just with a medical professional relationship, but also on a personal level. Through this early experience as a nurse, she developed a Theory of Human Caring/Caring Science Model to help explain phenomena encompassing the practice of nursing (Watson Caring Science Institute, 2019).

The core concepts of the Theory of Human Caring/Caring Science Model include:

- A relational caring for self and others based on a moral/ethical/philosophical foundation of love and values.

- Transpersonal caring relationship

- Caring occasion and caring moment

- Multiple ways of knowing

- Reflective and meditative approach

The core principles and practices include:

- Practice of loving-kindness and equanimity

- Authentic presence: enabling dep belief of other

- Cultivation of one's own spiritual practice toward wholeness of mind, body, spirit – beyond ego

- "being" the caring-healing environment

- Allowing miracles (openness to the unexpected and inexplicable life events (Watson Caring Science Institute, 2019).

Through the application of Watson's (2019) Theory of Human Caring/Caring Science Model, we can better understand what drives or motivates nurses to find fulfillment in

nontraditional nursing settings. It enabled the project director to understand how nurses can find fulfillment through other means and teach them how to recognize this meaning in a setting that they are not used to.

Project Aim

The aim of this project was to understand what nursing means to those who no longer take direct care of patients, how these nurses find fulfillment in their work, and what motivates them to stay in non-direct care roles; and thereby contribute to strategies designed to attract and retain more nurses in important non-bedside roles.

Project Questions

1. How have non-direct care nurses' definition of nursing changed since leaving a direct care role?

2. How have non-direct care nurses' definition of caring changed since leaving a direct care role?

3. How did nurses practicing away from the bedside find fulfillment in their work?

4. What motivated non-direct care nurses to stay in their roles away from the bedside?

Definitions

Fulfillment

Conceptually, fulfillment is the achievement of something desired, promised, or predicted (Google Dictionary, 2019). Operationally, fulfillment is finding satisfaction, meaning, or purpose in our personal and professional lives.

Caring

Conceptually, caring is the moral ideal of nursing whereby the end is protection, enhancement, and preservation of human dignity. Human caring involves values, a will and a

commitment to care, knowledge, caring actions, and consequences (Watson Caring Science Institute, 2019). Operationally, caring is taking time to think or help someone else.

Methods

Project Design

A qualitative descriptive design was used in the project by conducting semi-structured interviews. Qualitative descriptive design is descriptive in nature, particularly for examining health care and nursing-related phenomena. Qualitative data are reviewed using a thematic analysis. A thematic analysis approach according to Saldana (2016), typically is applied to a set of text, such as interview transcripts as used in this project. The data is then closely examined to identify common themes – topics, ideas and patterns of meaning that come up repeatedly. In this case, looking through the information gathered through the semi structured interviews of nurses practicing in roles away from the bedside and how they have found fulfillment in their experiences.

Project Setting

This project was conducted within an urban, hospital-based setting. Non-bedside nurse participants were contacted from Children's Mercy Hospital Kansas City (CMH). Participants were contacted via email based on approval by senior leadership within the organization. Interviews took place utilizing Microsoft Teams based on COVID-19 physical distancing guidelines. CMH is a Magnet-recognized, not-for-profit, urban children's hospital located in downtown Kansas City, Missouri (Children's Mercy Kansas City, 2019).

Sample

Participants were selected from groups of leaders based on approval at Children's Mercy Hospital. All leaders within these groups were contacted and each were selected based on order

of response. Inclusion criteria were nurses who practiced at the bedside at some point after

nursing school and currently hold a position away from bedside nursing care. Exclusion criteria

included nurses who practiced for less than a year in a bedside nurse role, and nurses who still

hold a part-time or PRN position in a direct patient care area. An estimated six nurses were

initially sought, but interviews were continued until themes were repeated and no new themes

emerged. A total of eight interviews were completed.

Data Collection

In this qualitative descriptive study, data were collected through semi-structured

interviews of nurses who previously practiced at the bedside but now contribute through non-

bedside positions. Potential participants from CMH were sent an email asking for voluntary

participation in the study (Appendix 2). Nurses who replied with an acceptance to participate

were contacted to arrange a time for an interview via Microsoft Teams. A total of 65 nurses were

contacted and 12 nurses responded initially to participate in a voluntary 20 to 40-minute recorded

interview and eight were interviewed. Thereafter, all potential participants were notified that the

study had ended and no more interviews were needed.

At the beginning of each interview, it was stated that the interview was through voluntary

participation, and that the interviews were to be recorded and transcribed, but de-identified. An

interview guide (Appendix 1) was used to ensure each interview was conducted in a uniform

format with prescribed primary questions. The semi structured approach allowed for follow up

questions to emerge depending on the interview context. With expressed permission, the

interview guide was a modification of that used by Ebberts and Sollars (2019). The interviews

occurred over a two-week span in Spring 2020.

Data Analysis

Once interviews were complete, the recordings were transcribed using a transcription service and analyzed utilizing the thematic analysis method. Thematic analysis is a common method used to analyze qualitative data. It is typically utilized with text data, including interview transcripts. The data were examined to identify common themes, ideas, topics and patterns of meaning that came up repeatedly. Emergent themes were categorized, documented, and discussed as preliminary considerations for non-bedside nurse retention. As a study modified from previous research, findings were also analyzed and compared to see if similar themes were identified or new themes emerged from those found in Ebberts and Sollars (2019) study. Findings were further analyzed to make recommendations for future research on the topic.

Human Subject Protection

Institutional Review Board (IRB) flexible review study approval was initiated and obtained prior to data collection. Submission for IRB approval was at the University of Kansas Medical Center (KUMC) and Children's Mercy Hospital (CMH) human subjects committee. Potential risks of involvement in this study were breach in confidentiality or anxiety related to sharing feelings of a personal nature. Potential benefits of participation included expressing feelings which may be therapeutic. Consent through voluntary participation was obtained when the participant agreed to be interviewed. In order to protect confidentiality, identity of participants was kept anonymous. Interviews were kept private, and the recordings and transcripts were kept on a password-protected computer with the principal investigator as the only one having access. No adverse events were anticipated or occurred in this study.

Results

Of the 65 nursing leaders invited to participate, a total of 12 nurse leaders responded;

however, one was excluded due to her PRN position as a staff nurse along with her nurse

manager role. Of the 11 remaining eligible nurse leaders, a total of eight were interviewed and

were chosen on order of response. A total of seven females and one male were interviewed. One

of the respondents was from an inpatient department and the remaining seven were from

ambulatory settings. No urgent care nursing leaders were interviewed for this study due to no

response rate. Within the ambulatory leaders, two were at the director level and the remaining

were at the nurse manager level. Of the eight that responded, the total years in nursing ranged

from 12 to 33 years with an average of 19.6 years. Everyone had practiced at least a year at the

bedside, ranging from four years to 20 with an average of 10.75 years. Lastly, all had been in a

leadership role for four to 20 years, with an average of 9.6 years. See Table 1 for full

demographic data.

Table 1

Participant Demographic Information

Participant	Total Years in Nursing	Years in Bedside Nursing	Years in Current Role	Years in Leadership Role	Current Position
1	33	13	20	20	Director
2	12	8	8 months	4	Nurse Manger
3	13	8	4	7.5	Nurse Manager
4	20	4	12	14	Director
5	25	8	14	14	Nurse Manager
6	20	16	6 months	6.5	Nurse Manager
7	20	17	3	5	Nurse Manager

8	14	8	2 months	6	Nurse Manager

Families are an integral part of the care given to the patients within a pediatric facility and are often discussed in conjunction with one another within a pediatric facility. Therefore, the nurses interviewed referred to patient care activities that encompassed both individual pediatric patients and the families of these patients where appropriate.

Themes

Through the course of the interviews several main themes continued to emerge. These included shift in focus of caring, ability to impact patients and families in new ways, emphasis on success of others, and still a nurse as a leader and a leader as a nurse.

Shift in Focus of Caring

Throughout the discussions each interviewee discussed how their current role fit into the description of nursing as a "caring profession." The results showed that the focus is still the patients; however instead of directly impacting the patients at the bedside, the nurse leaders shifted the focus of their care to the staff of caregivers so caregivers can better care for the patients and families. As stated by one of the participants, "your focus has always been patients because that is the foundation of nursing, you start to shift and your focus becomes caring for the people who care for the patients – having the underlying reason for nursing is our patients."

Multiple interviews discussed the importance of being around their staff and caring for their staff. They expressed feelings such as "when I don't get the "people" time, I feel like less of a leader" or feeling like their time in Gemba [a Lean term for where the work is done] and helping staff was their most important part of their day. They mentioned that they felt they had failed as a people leader when they spent the whole day in meetings and often felt the struggle of

balancing getting office work done, while still being out with staff and around people. "Sometimes I spend my entire day doing meetings and I don't get to interact with my staff. I don't feel like I am a good people manager on that day. I am getting my job done, I am getting my work done, but I am not having any people time."

They discussed the importance of caring for others around them is how they meet the needs of being in a caring profession. One participant stated, "I feel that I am a mom to everybody who comes through clinic, whether it is the patients, the families, the nurses, or the providers. You are overseeing and caring for all of them, whether it is listening to their troubles, listening to and actually helping them come up with a solution or it's just letting them vent." Another participant discussed the importance of caring about those you work with or lead. This respondent felt that staff know if their leader cares about them. Staff nurses and others can feel it and it impacts the pulse of your team. Those that feel cared for are more invested in their role.

When asked the question about "what are the biggest reasons you stay in your current position?" six out of the eight specifically stated it was because of the people they work with. This included nursing and caregiving staff, other leaders, supervisors, and colleagues. The other two did not mention people specifically, but they spoke to enjoying being a liaison or middle management and the other spoke to enjoying being able to learn something new every day.

Ability to Impact Patients and Families in New Ways

The second main theme that emerged was the ability to impact patients and families in new ways. Participants expressed the ability to take the time to reach out to patient and families, talk to them more in-depth about their struggles and concerns. They could take a deeper dive into processes to improve their experience and assist them with getting the care they needed. One participant mentioned:

"I really enjoy talking to those families that just need reassurance. Sometimes families

are frustrated and really you get to talk to them and you ask them the questions you can

hear what it is their concerns about. Rather than at the frontline it is easier to be frustrated

at that this mom is angry at something really you can't control."

They also mentioned enjoying being able to problem solve with families, offer

reassurance or assisting them in receiving the care they needed. The participants mentioned this

several times as being a source joy for them. They were able to connect with the patients and

families and impact them on a different level. There were feelings of ability to change processes

to improve access and care received to hopefully help a larger group rather than a single patient.

Satisfaction was generated through success of others.

A few of the interviewees mentioned that they had been in a variety of roles both at the

bedside and away. They felt they were utilizing new roles to learn new things about how to better

serve and care for their patients. One respondent mentioned:

"I truly have a passion for the quality and safety side of the hospital, so I can definitely

see myself still doing something within that, a performance and improvement realm. I

really want to see more of that connection a little closer with patients, even though I still

don't take care of patients day to day, it is nice to see one."

A few stated if given the opportunity to do something else they would go back to a

bedside care role and utilize the things they had learned and implement them in order to improve

the overall care they give to their patients.

Emphasis on Success of Others

Another theme that emerged was related to an emphasis on the satisfaction gained from

watching the success of others. They enjoyed getting to see others succeed - either those they

work with or the patient and family. They enjoyed coaching, challenging, pushing someone outside of their comfort zones to watch them grow over time in their role or as a person. Multiple interviewees mentioned that they measured a "successful" day by the success of others. By seeing an improvement idea impact their group positively, seeing someone overcoming an obstacle they had been struggling with, or seeing the development of a new process come into fruition.

There was discussion related to how, as a bedside nurse, a lot of his or her success was automatic to them. This was received by a patient or family saying thank you for the care given to them, watching a patient hit a milestone in recovery or getting discharged. In their new roles, it is more of an internal satisfaction when they see someone on their team succeed in some way. As stated by one participant, "As a bedside nurse, the role is very task oriented: Did I check off all my tasks? [if so] then that was a successful day." However, several discussed the shift in the types of tasks measuring success of the day. "We still have a lot of tasks, but I'm always trying to make sure everything I do fits under that umbrella of the kindness, supportive as leader." "Now it is, did I come up with a plan to approach my tasks in an organized way to get them addressed in a timely manner?"

For those in leadership positions away from the bedside, satisfaction is a balance of being with staff and getting their work done. A "good day" was marked by steady wins, high staff morale, positivity. "It is nothing major one way or other, but a steady stream of work marked with small successes, good conversation, little wins and good problem solving." One participant discussed a satisfying day when, "I am able to leave knowing that I fulfilled everyone's needs or wants to the best of my ability and that might not be to completion of their needs and wants, but maybe I escalated their concern, I listened to their concern, I help them problem solve." Success

for most was when they were able to support staff to be successful. Satisfaction was ultimately obtained when the team was happy and felt supported.

Still A Nurse as A Leader and A Leader as A Nurse

The last theme that emerged was that participants were still a nurse as a leader and viewed themselves as a leader as a nurse whether in a formal leadership position or not. One participant expressed that, "I still feel like I'm a nurse, as a leader. Even though it's not direct patient care, I can still listen to lung sounds. I can still do all of that. It's like riding a bike." The focus has just shifted to other tasks; however, they still had the ability to apply their nursing skills in their new roles. "The focus of caring for employees instead of patients makes me still feel like a nurse, just in a different way." Some of the participants took opportunities to practice direct patient care when able. "I still like to go into the treatment room and help. I often will go hold a crying baby if there is a crying baby in one of the rooms and I hear them and I have time I will gown up and go pick that baby up. I still love to feel like I am being needed." Some of the roles allowed for balance between direct patient interaction and roles away from the bedside. This balance allowed opportunities for these nurse leaders to stay connected to those feelings of a direct care nurse.

Many participants voiced that continued learning was an aspect they enjoyed within leadership. They could apply their skills as a nurse, but align patient needs to overall big picture needs of the organization. They could make connections to the larger goals of the organization. "Compassion, caring, all of that very much carries over. But you are a role model in this role as a nurse and especially as a nurse leader. Professionalism in nursing is, I think, more apparent now for me than it used to be. My mindset has shifted with what advocacy means, what all those things mean from a bedside nurse to a leader." Many of the participants mentioned how

important it was to be a leader. "My mantra is to teach, coach and inspire and that all starts with a caring, supportive environment."

During the interview, each of the eight participants were asked their perspective on the top three qualities of a strong leader. There were 24 qualities with only 7 qualities that were repeated, while 17 qualities varied. The qualities that were repeated more than once included ability to listen, accountability, humility, trustworthy, transparency and above all compassion which was mentioned three times. Qualities mentioned once included being approachable, coachability to problem solving, presence, resiliency, caring, knowledge, innovative/visionary, open-mindedness, patience, honesty, and commitment. See Table 2 for a Word Art of all of the qualities mentioned by participants.

Table 2

Top Qualities of a Leader

Discussion

Nursing is categorized as a caring profession. Caring professions are often described as those where there are opportunities to care for others. Commonly, nursing is caring for the patients. Through the interviews, the theme of shift in focus of caring was apparent. Although the nurses were not in direct care roles, they still were able to care for others. They chose to use nursing skills to care for staff, co-workers, and colleagues. They may not have been caring in a traditional sense of direct caregiver, but still felt the pull to see others not only succeed, but also to be happy or content in their roles. Participants mentioned that they get fulfillment by interacting with staff to see what is going on, how they can guide and help, and how the actions they are doing each day are impacting the direct caregivers at the "front line."

Another theme that emerged was ability to impact patients and families in new ways. Similar to the shift in caring, this related to still the need to care or help their patients, just in a new way. In each interview it was apparent that their true focus was the patients, although not caring for them directly, were still the focus of their actions in their roles. They care for the patients through their staff, their coworkers, the families and processes through the organization. Within a large health care organization everything everyone does should be with the patient in mind and these participants very much had that at the forefront of their mind.

Participants valued the importance of staff and colleagues with whom they worked. people. Their people are how they found fulfillment, satisfaction, and stability in their roles. These leaders weren't searching for praise from patients and families, but success within their teams. This was not always clear and straightforward. There was a lot of discussion of having to search for ways to find fulfillment and satisfaction in their new roles, with more of an internal focus or self-reflection. Sometimes success within a team can be measured by patient satisfaction

surveys, employee viewpoint surveys or National Database of Nursing Quality Indicators (NDNQI, date) surveys; however, the leaders discussed other smaller, less noticeable successes wherein they found fulfilment. It was important for them to be focused in the now of the day to day and allow a lot of little things guide their satisfaction. These participants still looked to the larger successes, but were able to self-reflect on other positives as well. This speaks to the growth mindset of these participants, as well as that of the organization.

The last main theme was "still a nurse as a leader and a leader as a nurse." This theme shows that nurses, no matter what role they are in bedside or non-bedside, they are still a nurse by definition. All of the participants seemed to recognize their skills as a nurse and a leader, not just a leader who is a nurse. They seemed to respect and appreciate this connection. Just because a nurse goes into a new role, non-direct care does not take away all of direct care experience as a nurse. Nursing skills are utilized in new ways. Nurse leaders take their knowledge and skills and apply them to different situations and in new settings. They impact processes on larger levels. They take their organizational and time management skills and apply them to long-term projects versus a 12-hour shift. Participants were not reluctant leaders, but were proud of their capacity to be nurses and leaders, and included both informal and formal leadership activities. Most of the participants stated they would go back to a direct care role or they mentioned other caring profession roles such as day care provider and teacher. Only one mentioned that they stayed in the role for the money, but they also said they would go back to a direct care role if the pay was the same. They stay in their non-direct care for the people they work with, to see the hard work of staff pays off in patient care, and for the patients. Although practicing in non-bedside roles, the participants interviewed are still clearly nurses.

The Watson Theory of Human Caring/Caring Science Model can easily be utilized to support these themes. The theory discusses the importance of an authentic presence, "being" the caring-healing environment, caring occasions/caring moments and reflective and meditative approach (Watson Caring Science Institute, 2019). One participant discussed throughout her interview the importance of truly caring for your staff. She discussed how others know when you truly care and how this impacts relationships with not just the leader, but also the care they give to their patients. As Watson discusses, the importance of an authentic presence and practice of loving-kindness and equanimity is central to caring actions. Throughout the study, participants kept circling back to key principles of this theoretical framework. Without speaking to it directly, they were pulling out how these features are important to them in their roles and how they utilize them to care for their staff, colleagues, patients and families each day. It seemed that all of the participants practiced self-reflection. They knew that rounding and being out with staff helped to allow them to feel fulfilled. They often categorized this as a "good day" in their roles. As described by Watson, a relational caring for self and others is based on a moral, ethical, and philosophical foundation of love and values (Watson Caring Science Institute, 2019). The core principles of this framework were what seemed to drive and motivate non-direct care nurses to find fulfillment and satisfaction not just in their day to day roles, but also within their own personal lives.

Comparison to Ebberts and Sollars Study

The themes from this study compared to Ebberts and Sollars (2019) varied slightly. The one similar theme identified was shift in caring. As discussed, caring is an integral part of the nursing profession. Although nurses who practice in roles away from the bedside, aren't caring for patients they are caring "once removed" as described by Ebberts and Sollars (2019). Their

scope of caring was enlarged to encompass more than just the patient, but the entire team caring for the patient.

While not all of the nurses interviewed in the current study knew they wanted to practice in a non-bedside role, most conveyed that they had a point in their career where they were called to do something more. This differed from the Ebberts and Sollars (2019) study. In their study they discussed this theme as the "reluctant leader", where leaders describe feelings of unplanned or serendipitous opportunities to change roles rather than to always stay in a bedside role. These nurses did not seek out leadership positions, but stumbled upon them. Most of the leaders identified in the current study had feelings of wanting to impact both the patient and the organization in a broader way. They felt a calling to utilize their skills as a nurse to be a leader in a non-direct role and to embrace being a leader as a nurse. They felt they could impact a wider range of patients by changing processes at a higher level.

Lastly, in the Ebberts and Sollars (2019) study, participants emphasized active searching out of ways to use their bedside nursing skills. They would look for opportunities to use those skills; whereas in the current study only one participant mentioned that she would hold a crying baby or assist in the treatment rooms. Most of the other participants in the current study seemed to gain their connection with the patients through their staff or their impact on larger processes.

Some of the differences between these studies may have been due to the different primary organizations. One of the studies was from an adult facility while the other was for a pediatric facility. As well as Ebberts and Sollars (2019) had a broader range of non-bedside roles from participants compared to the current study of all management roles. Another difference may have been related to the impact of the culture of the organization. Further investigation into these

differences could be evaluated further for a better understanding in the variation of themes identified.

Maintaining Nurses in Roles Away from the Bedside

More research should be completed on these topics, exploring these impacts and differences. Exploring these questions and topics could not only aid organizations with coaching leaders in their roles, but also help to retain them. As nurses we can sometimes struggle to balance our patient care skills with our natural leadership skills. Organizations should recognize these unique characteristics that nurses offer and find ways to help to encourage and build this. Potential ways to do this include utilizing research-based leadership development programs to offer guidance and support as nurses' transition to these non-direct care roles. To offer opportunities for mentors or coaches in order to offer someone to talk to; not only to help foster them in their new roles, but also to validate some of the feelings they may have.

People who go into nursing enjoy learning and exploring. By harnessing these positive characteristics, organizations can give new possibilities for allowing nurses in these roles to recognize and find fulfillment and satisfaction earlier and to find a balance of meeting their desires of both clinical and non-clinical care. This may or may not be possible, but it is important to recognize and develop a culture within the organization that supports these competing needs and to allow them to be recognized, supported and accepted. This will only strengthen the relationship between the organization and their nursing workforce.

Limitations

This study had limitations. This study was conducted at one institution and had a relatively small sample size of eight study participants. Although themes readily emerged and saturation was achieved through the sample size, this study could be expanded to include other

organizations and a larger sample. The study included both nursing directors and nurse managers. Potentially by limiting the study to one specific role may have allowed for better comparison of data between participants. This as well was only focused on those in management positions versus other non-bedside roles such as quality coordinators, infection preventionists, etc. A focus developed related to leadership; however other themes may emerge with a more diverse group.

This study was conducted during the COVID-19 pandemic. Institutional review board (IRB) submission was initially submitted in February; however, IRB approval was not granted until beginning of April. Delays with IRB approval were due to COVID-19 which caused approval to be granted during the heart of the pandemic in the United States. Due to the complexity of how the pandemic was affecting healthcare organizations, this delayed approval from senior leadership within the designated organization to allow for recruitment of participants. Recruitment was delayed several weeks from the original timeline of the study. Once recruitment began, responses for participations, as well as returned consents and actual interviews, were conducted over a two-week span. Responses to study questions could be different related to events associated with the COVID-19 pandemic compared to non-pandemic times. The study was a qualitative interview that discussed topics such as caring, nursing, fulfilment and job satisfaction. The combination of outside stressors as well as multiple changes and stressors (i.e. Furloughs) within the organization during this time could have had an effect on answers given by participants. The recommendation would be to conduct this study again at a later date once the height of the pandemic lessens.

Conclusion

This qualitative descriptive study using semi-structed interview aimed to explore what nursing means to those who no longer take direct care of patients, to describe how these nurses

find fulfillment in their work, and what motivates them to remain in non-direct care roles. As healthcare continues to grow in complexity, it will be imperative to have strong nurses both at the bedside and beyond to ensure that the key concepts of health promotion, wellness, and patient-centeredness remain a core theme for health care delivery. It will also be important for organizations to fully understand what drives those in non-bedside roles to ensure that they can maintain their engagement and utilize them to carry them forward to quality care.

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Appendix 1

Invitation Email

You are invited to participate in a research study exploring job satisfaction among nurses who no longer practice at the bedside. Nurses who have, at some time, practiced in direct patient care and have now moved to a position in nursing management with a role away from direct patient care are invited.

The purpose of this study is to understand how nurses who left direct-care redefine nursing and caring, find fulfillment in new roles where patient benefits are not as immediately apparent, and what factors motivate continued work in non-direct care roles.

Participation in this study is completely voluntary. Audio recordings will be transcribed and de-identified so no responses can be linked back to any individual. This study will also be used in partial fulfillment of the requirement for the degree of Doctor of Nursing Practice in Organizational Leadership at The University of Kansas Medical Center.

If you are interested in participating, please reply, and an appointment will be made to conduct the interview at a time and place convenient to you. This is estimated to take 20-40 minutes.

Thank you for your consideration,

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Appendix 2

Interview Guide

Demographics:

Total years in nursing_____

Years in bedside nursing_____

Years in current role_____

Current position_____

1. Describe your nursing background and how you came to your current position.

2. Nursing is often described as "the caring profession." In your current position, how do you feel like your role fits this description?

3. How has your definition of "nursing" changed since moving away from direct-care?

4. In your current position away from the bedside, in what ways do you find fulfillment?

5. Tell me what a satisfying day in your current job is like?

6. What are the biggest reasons you stay in this current position?