LIVED EXPERIENCES OF NURSES:
NURSE CHARACTERISTICS BY CLINICAL SPECIALTY

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Purpose

Individual characteristics may influence nurses’ clinical specialty choices. Despite consistency of personality type across nurses of diverse specialties, differences between and among nursing specialties require unique skill sets. Thus, it is arguable that nurses across specialties may have unique, individual traits that are consistent with the nursing work they choose. Personality type and specific characteristics may influence why some nurses choose and excel in specific clinical specialties.

This qualitative investigation described the fit between nine nurse faculty members’ individual characteristics and their description of their specialty choices, typical performance, and overall satisfaction within their respective clinical specialties. The question guiding the research was: ‘What are the individual experiences and characteristics of nurses who work in various clinical specialty areas?’

The investigator chose hospital-based clinical specialties. According to a 2004 survey (The Registered Nurse Population, 2004), the majority of nurses employed at that time were employed in the hospital setting, and hospital settings offer nurses a variety of clinical specialties from which to choose. Thus, the following nursing specialties, delineated by the survey, were chosen for this study: pediatric nursing, mental health nursing, maternal health nursing, oncology nursing, medical-surgical nursing, telemetry nursing, emergency nursing, critical care nursing, and perioperative nursing.
**Background**

The investigator reviewed the literature by performing a search on the Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medline, and the Social Sciences Citation Index (SSCI) research databases using the key words nursing specialty, characteristics, personality, traits, temperament, and job characteristics. Papers retrieved from that literature search served as the basis for outlining the background information grounding this study.

Several researchers indicated in their work that nurses in certain specialties have unique characteristics. For example, Atkins & Piazza (1987) reported that 22% of emergency nurses they studied demonstrated the ISTJ (introversion, sensing, thinking, and judgmental) profile of the Myers Briggs Type Indicator (MBTI) (Myers, McCaulley, Quenk, & Hammer, 1998). In a study of oncology nurses using Cattell’s Personality Factors (Gambles et al., 2003), the investigators found that only two (extraversion and tough poise) of the eight secondary personality factors were distinct. Extraversion inferred interpersonal warmth, impulsivity, and social boldness with a group orientation (Gambles et al., 2003). Tough poise inferred interpersonal warmth, emotional sensitivity, and imagination (Gambles et al., 2003). Additional traits particular to the oncology nurse participants were emotional sensitivity, impulsivity, imagination, self-sufficiency, suspiciousness, and rebelliousness (Gambles et al., 2003).

Santamaria and O'Sullivan (1998) reported the issues that were prominent stressors for perioperative nurses as follows: people and staffing were reported as the largest stressors, and equipment and workload as the lowest stressors.
Numerous authors have demonstrated that across studies, nurses possess similar characteristics. For example, consistency among nurses’ psychological type, globally, was found by Allchin, Brewer, and Dzurec (2009), Finefrock (1991), and Sigmund (1968). Barr (1997), Howe (2002), Cash (1994), and Fladeland (1995) found that the majority of nurses had similar Myers-Briggs personality types. As Allchin and colleagues (2009) noted, “Nurses are seen as sociable, outgoing, enthusiastic, and energetic; organized and orderly; and committed to preserving traditions…valuing family, social ties, order, structure, and schedules” (Allchin et al., 2009, p. 8).

Study results of medical students were mixed in terms of their findings regarding a correlation between individual characteristics and medical specialty (Maron, Fein, Maron, Hillel, El Baghda, & Rodenhauser, 2007; Vaidya, Sieries, Raida, Fakhoury, Przybeck, & Cloninger, 2004). Other authors explored the interrelationship of work environment or job characteristics to individual characteristics (Jansen, Kerkstra, Abu-Saad, & Van Der Zee, 1996; Beecroft, Dorey, & Wenten, 2007).

Research about specific specialty nurse characteristics was scant in the following areas: oncology nursing, emergency nursing, and perioperative nursing. Furthermore, there was an absence of literature pertaining to specific nurse characteristics related to clinical nurse specialties in other areas: pediatric nursing, mental health, maternal health, medical-surgical, telemetry nursing, and critical care nursing.

Of interest to the investigator was narrative description of the characteristics of nurses across clinical specialties. This study was undertaken to initiate a foundational description to supplement existing work regarding individual nurse characteristics by
clinical specialty.

**Theoretical Framework**

As a philosophy of science and method of interpretation, Heideggerian hermeneutic analysis (Lanigan, 1988) provided information regarding participants’ subjective sense of fit between their personal characteristics and the kinds of work they did within their clinical specialty areas. Martin Heidegger, a German philosopher, believed that people exist in a world of personal understanding through lived experiences, and that life experiences are a source of knowledge (Johnson, 2000). Based on this viewpoint, phenomenology provided the philosophical framework for this study. In accordance with Heidegger’s viewpoint, the collection of data was completed through a personal, one-on-one, semi-structured interview format (Map, 2008). The investigator’s intent was to qualitatively describe the experiences of nurses. From this perspective, further research might be conducted to determine more quantitatively how nurses’ personal characteristics might influence their clinical specialty choices. Through a program of research built on data grounded in nurses’ reality, it might eventually be possible to develop protocols that would support nurses in choosing satisfying clinical specialties, thus supporting nurse retention and potentially influencing the quality of patient care.

In conclusion, the purpose of this study was to describe and interpret individual nurses’ characteristics and their choice, performance, and satisfaction in their chosen clinical specialty. The investigator plans to continue building on this initial study through her graduate education.
CHAPTER 2

METHODS

Design

There is a shortage of research describing the characteristics of nurses by clinical specialty. Therefore, the investigator chose a naturalistic paradigm to build the research design and qualitative investigation to record the detailed descriptions of specialty nurses. These naturalistic methods “emphasize the complexity of humans, their ability to shape and create their own experiences, and the idea that truth is a composite of realities” (Polit & Beck, 2008, p. 17). Description of the lived experiences of nurses from various clinical specialties may provide insight into the characteristics of these nurses.

Ethics

Following IRB approval (See Appendix), the investigator began the recruitment process in cooperation with the Associate Dean for Academics of the College of Nursing at a large Midwestern university. Following the advice of the Associate Dean, the investigator reviewed the College of Nursing website to identify faculty whose expertise were in the areas of focus for this study. Informed consent procedures were completed immediately prior to each interview.

Sampling and Inclusion Criteria

Through electronic mail (e-mail), the investigator contacted one faculty member from each of nine clinical specialty areas: pediatric nursing, mental health nursing, maternal health nursing, oncology nursing, emergency nursing, medical-surgical nursing,
telemetry nursing, critical care nursing, and perioperative nursing. Three of the participants initially contacted were not available to participate (maternal health, oncology, critical care). Thus, three additional participants were contacted to yield the final total of nine study participants. All participants held a minimum of a Bachelor of Science degree in nursing as well as current and unrestricted state nursing licenses as registered nurses.

**Procedures**

The investigator sent a letter providing information regarding the purpose and procedures of the study, including risks, benefits, and right to withdraw without penalty to participants. A meeting time and location for each interview was mutually agreed upon. On the day of the meeting, the investigator began with introductions and an explanation of the study. Once the faculty understood the details of study, informed consent and audio recording consent were obtained.

**Data collection.** Participants completed the demographic questionnaire (See Appendix). Demographic data were collected immediately prior to the interviews. Demographic information included general descriptors, such as age, race, and gender. It also included information concerning the specifics of the participant’s nursing career, such as how long each had been a registered nurse (RN), and how long each had worked in his or her clinical specialty. Participants filled out the form by marking the most appropriate box or writing a short answer where applicable and then began the interview. The interview format is attached (See Appendix).

On participant completion of the demographic questionnaire, the investigator
conducted audio-recorded, semi-structured individual interviews in a private location of the participant’s choice, using an investigator-developed form. Six questions were developed. The first four questions were based on the major Myers Briggs Type Indicator (MBTI) types (Atkins, 1987):

1) Extroversion-Introversion: How do you feel about working with others in your primary clinical specialty? Please expand in terms of your day-to-day work in your clinical specialty.

2) Sensing-Intuition: What type of information do you deal with in your clinical specialty, and how do you feel about it? Please expand in terms of your day-to-day work in your clinical specialty.

3) Thinking-Feeling: What type of personal connection and interaction do you prefer with others while at work in your primary clinical specialty? Please expand in terms of your day-to-day work in your clinical specialty.

4) Judgment-Perception: Please completely describe how you feel about spontaneity in your primary clinical specialty. Please expand in terms of your day-to-day work and decision-making performed in your clinical specialty.

The fifth question was broad giving participants an opportunity to divulge any other information they felt was important about them or their specialty. The sixth question was also general inquiring about preoccupying issues that may have influenced their interview. The interview questions and format are included in the appendix. After each interview, the investigator composed field notes describing her observations and thoughts.
concerning the interview. According to Polit and Beck (2008), field notes increase a study’s trustworthiness.

Each completed transcript was sent to the appropriate participant to ensure that the transcript accurately represented the actual interview. This technique of verifying the transcript content is called member checking. It also increases a study’s trustworthiness (Polit & Beck, 2008). All transcripts were deemed accurate by the participants.

Data Analysis

Data were analyzed using Lanigan’s approach to hermeneutics. The steps identified for hermeneutic analysis by Lanigan (1988) can be summed in three steps: (1) identifying themes from the interview data, (2) reducing or relating the themes to specific quotes found in the interview data, and (3) interpreting the interview data, themes, and quotes to assign meaning. The three steps of the method are outlined below.

In beginning the process the investigator read over each transcript several times, becoming familiar with the content. This phase of the process is called description. Next, the investigator identified global ideas or themes emerging from the specific content of a transcript. This process, called reduction, was a step away from the statements given in the transcript. It reflected the investigator’s initial attempt to ascribe meaning to the statements. Each identified theme was written at the top left of a 5½”x8” index card. Each transcript had its own set of theme cards. Then, as the investigator read through subsequent transcripts, specific statements from them were added to appropriate cards. In this way, characteristics that crossed individual participants were identified.

As the investigator continued to read and reread the transcripts, more quotes were
added to the themed index cards. As new themes emerged within the transcripts, new cards were initiated. This process continued until new themes failed to emerge during the review process.

Throughout the process new themes emerged from the transcripts, a process called entailment by Lanigan (1988). Entailment helped ensure the credibility of the final analysis. After the reading process was complete, the investigator listed the themes in a singular column. Examining the themes altogether, similar themes could be compiled under one category; for example, the themes detail-oriented and perfectionistic emerged as a new theme, meticulousness as noted in Table 1 (See Appendix).

Following these steps, the investigator moved to the next level of abstraction, interpretation. At this level, the investigator noticed that all the themes could be reduced to three primary themes: others, self, and environment. Upon further examination of the data, the investigator decided that these categories could be reduced to two major themes: interpersonal (i.e., people elements) and environmental (i.e., physical elements). Consideration of the themes at this level allowed the investigator to envision a continuum of nursing specialties ranging from an interpersonal preference (focusing primarily on the people in the environment) to an environmental preference (focusing primarily on the environment itself). Characteristics emerging from analysis suggested that each of the nine individuals in this study may be placed along this continuum as illustrated in Figure 1 (See Appendix). The investigator’s advisors confirmed the results.

Qualitative inquiry led to a naturalistic way of understanding the subjective realities of individuals. This approach provided first-hand experiential data of nine
nurses as they enacted nursing in their clinical specialties. As a phenomenological method of research, hermeneutic analysis demonstrated auditability and credibility. The investigator and her advisors collaborated as a group after individually examining the data for themes and the meanings of those themes. Then, they collectively confirmed the interpretation of the results, which provided understanding of the participants’ nursing experiences across specialties. All data were transcribed verbatim. According to Polit and Beck (2008), because member checking increases a study’s trustworthiness, transcripts were reviewed by the investigator’s advisors.
CHAPTER 3

RESULTS

Demographics

Participants in this study were registered nurses with a current or recent specialty in one of the nine clinical areas of interest to the investigator, specifically pediatric nursing, mental health nursing, maternal health nursing, oncology nursing, medical-surgical nursing, telemetry nursing, emergency nursing, critical care nursing, and perioperative nursing. All nine participants were Caucasian females ranging in age from 46 to 60 years. Average participant age at the time of the study was 53.2 years.

The educational backgrounds of the participants varied and at the time of interview they all possessed graduate-level nursing degrees. One participant stated that she had begun her nursing career as a nurse’s aide and then became a Licensed Practical Nurse (LPN). Another participant became an RN through a diploma program. Six of the participants stated that they had earned a Bachelor of Science in Nursing. Two participants held doctoral degrees, one in nursing and one in sociology of medicine. One participant stated she had a Bachelor of Arts in Psychology in addition to her nursing degrees.

The nine study participants spent 28.1 years each on average as registered nurses (range=14-39 years) and 23.3 years on average in their current specialties (range=14-35 years). On average, participants spent 86% of their time as registered nurses in their current specialties. Only one participant spent less than 40% of her time as a registered nurse in her current clinical specialty; eight participants spent 70% of their time as RNs
in their current specialties. Six participants spent 90% or more in their current specialties. Four of the participants spent 100% of their time in their current specialty. Several participants had experience in diverse clinical specialty areas. Other specialties represented by these participants included dialysis nursing, home health nursing, endoscopy nursing, cardiac rehabilitation nursing, ambulatory nursing, and hospice nursing.

Six participants were tenure track assistant professors; three were non tenure track lecturers. The participants spent an average of 11.9 years as nursing faculty members (range=less than 1 to 22 years).

**Thematic Analysis**

During the interviews, participants revealed a range of information about their lived experiences. Their interview instruction concerned speaking as much or as little as they preferred regarding each question. Therefore, the quantity of time spent on a particular topic may be an indication of the importance of that topic to the participant. For example, the telemetry nurse emphasized how her clinical experience influenced her role as a nurse throughout the interview.

Some participants waited to be asked specific questions prior to offering additional information about themselves or their careers. Since each participant was primed to think about her specialty before the interview, certain memories and clinical experiences may have been in the forefronts of their minds when the first question was asked. For example, the emergency nurse gave very short, direct, and specific answers to each question. Her restrictive and measured responses may have indicated the way she
processes information. In the case of the emergency nurse, as questions were asked, specific answers were given. On the other hand, the maternal health nurse relayed much longer answers to questions, offering more details and clinical stories to supplement her answers. Sometimes, she answered or touched on the other interview questions before they were even asked. Thus, the way that the interview questions were answered may give weight to the topics’ perceived importance to each participant.

In short, participants responded to six questions overall. The first four questions prompted a response to information regarding the nurse’s unique thoughts and feelings pertaining to her individual clinical specialty experience. Nurse participants’ answers were similar on certain characteristics such as caring, empathy, and teamwork, but they varied on how they expressed those traits.

Some respondents provided very specific data about their work, and sometimes they discussed their feelings. For example, the mental health nurse affirms a preference for interpersonal interactions with her patients. She noted that she “likes the one to one relationships [with patients] and forming bonds, just talking to them.” The critical care respondent reflected on the balance between being team player and advocating for her patient’s needs, “You need to be a team player, not a renegade. I think there are times where if you do believe strongly about some things, you need to be willing to take a stand for your patient and their family. But I think there is a professional way to go about doing that.” The perioperative nurse summed up her interview experience by stating, “The bottom line I want to leave is a convincing way of how the OR is a cool place to work, not only because it’s fun but because it’s personally gratifying to take care of
patients knowing that you’re the one that is making a difference. You’re truly the safety net for the patient, and their life is in your hands.”

The last two interview questions solicited information that was more general in nature than presented in the first four questions. Shifting the focus of the interview format, the fifth question gave the respondents an opportunity to add any information they believed to be important in their view of their clinical specialty experience. All participants gave additional detail when prompted by this question with answers varying in length. Most of the participants did not add new information here; they simply reiterated points of previous answers.

Again, the repeated information may have been a topic of importance for the participant. For example, the maternal health nurse stated that the interview process “made [her] reflect back on a lot of things that are important to [her] in nursing that oftentimes get pushed to the side because of [her] busy schedule…[she doesn’t] often get to be free in [her] thinking like this.” The respondents all answered the sixth question by stating that there was nothing major influencing their interview responses.

Summary of Narrative Findings: Two Thematic Axes Emerged

Interpersonal-environmental nurse focus (X axis). As the investigator reviewed the narrative descriptions, offered by individual respondents, a typology began to develop. It seemed that participants expressed a focus regarding their clinical specialties in terms of positive relationships with others (an interpersonal dimension) and in terms of workplace characteristics (an environmental dimension). Interpersonal focus and environmental focus appeared to anchor two ends of a continuum describing
participating nurse experiences.

Some participants viewed their specialty experiences through the lens of personal and social interactions. These individuals clustered toward the left end of the horizontal axis. In support of this notion is the maternal health nurse. She deemphasized the technical aspects of her job to inflate the interpersonal connectedness felt with her patients and coworkers.

However, other specialties expressed a view focused more on control over the environment. Those participants tended to cluster toward the right end of the interpersonal-environmental axis. For example, the perioperative nurse participant stated, “There is a level of preciseness that has to happen. There are no negotiations…at the same time you have to take into account, ‘What does my patient really need?’” It seemed apparent that the perioperative nurse exhibited a preference for her sterile working environment because of the perioperative job requirements; that is, immaculate sterile techniques increase patient safety. Focus on precision and sterility was her primary patient concern offset by a sincere desire to represent her patient’s best interests. In this narrative, she balanced her environmental focus with interpersonal concern for and desire to take care of her patient. Although interpersonal interactions were important to her, the perioperative work setting necessitated a more dominant environmental focus. Hence, the horizontal X axis described this interpersonal-environmental continuum of nurse participant focus (See Figure 2).

**Patient dependency-independency on nurse (Y axis).** An ingrained and elemental aspect of nursing and nursing specialties is the patient. Each specialty is
designed around certain patient qualities, such as: age (pediatrics), acuity (medical-surgical, critical care), and diagnosis (mental health, maternal health, oncology, emergency, perioperative), among other factors. Therefore, these traits may have an important function in clinical specialty selection because every specialty is comprised of a unique blend of such patient qualities.

Thus, patient qualities color each nursing area with certain distinctiveness, marking each as unique as the individual patients. For instance, the pediatric nursing specialty deals with stable, low-acuity, babies and children. In emergency nursing, the nurse deals more with a variety of ages, acuities, and diagnoses. In oncology nursing, the nurse deals with mainly older patients who only have the primary diagnosis of cancer. Since it is logical that patient qualities may affect specialty selection by nurses, it follows that these qualities may serve as a variable for comparing specialties.

As participants described their patient interactions, it occurred to the investigator and her advisors that the degree of typical patient dependency-independency, related to the nurse, could be organized along another axis. This information could be subjectively quantified to range from increased dependency on the nurse to increased independency of the nurse by virtue of each specialty’s typical patient type, i.e., the typical patients’ need for hospitalization and the kinds of restrictions those needs impose. Thus, patient dependency-independency related to the nurse is reflected on the Y axis, which is defined by the level of patient stability (See Figure 2).

**Grid description.** As the patient dependency-independency axis intersected the interpersonal-environmental axis, a grid was developed. Through interactions with the
investigator, participants seemed to fall across into three of the four quadrants of the grid. Figure 2 illustrates the picture that emerged for the investigator as she considered participant responses as a whole. These two axes overlaid form a grid that comparatively summarized characteristics of the participants in this study.

Quadrant one (Q1), located in the lower left corner, represents increased interpersonal focus and increased patient dependency on the nurse. Quadrant two (Q2), located in the upper left corner, represents increased interpersonal nurse focus and increased patient independency of the nurse. In the upper right corner is quadrant three (Q3) representing increased environmental nurse focus and increased patient independency of the nurse. In the lower right corner is quadrant four (Q4) representing increased environmental nurse focus and increased patient dependency on the nurse. See Figure 3 in the Appendix for an elemental breakdown of the grid.

The next section provides a simplified explanation of each clinical specialty. Narrative examples are included to provide an overview of each respondent’s interview data. Finally, a supported description of how each specialty was plotted on the grid is given.

**Summary of Specialty Nurse Responses**

**Pediatric (PED) nurse.** Pediatrics is the nursing specialty concerning how children develop, including their well care, illnesses, and injuries. Pediatric nurses care for children across the lifespan, and for their families. A pediatric nurse may care for five to six patients at a time, depending on hospital policy and patient acuity. Analysis of the data demonstrated that interpersonal involvement with patients and families was viewed
As central to the work of the pediatric nurse participant.

Anxiety-alleviation emerged as a primary theme after analysis of the pediatric nurse transcript. She stated that in the pediatric nursing specialty, the patient is really the whole family. She talked about the overarching pediatric concern when she said, “The bigger issue is dealing with all the emotions and mental issues.” The respondent supported her interpersonal stance when she stated, “Most of the things we deal with in pediatrics is anxiety.” She added weight to her interpersonal focus when she noted, “Anytime a child is sick, the family is often frazzled, anxious, and frustrated.” Therefore, this respondent’s typical approach to anxiety alleviation was through answering family questions and providing information for them. She stated that pediatric nursing consisted of “…just answering questions for parents…coordinating your efforts…with other disciplinaries (sic) … trying to get their questions and their anxiety and their frustration level down.”

She described her tendency toward interpersonal interactions with her patients and coworkers by commenting “I tend to do a lot of personal interactions with patients.” With regard to her clinical work with children, she revealed, “I always felt like they were mine.” She went on to describe her overall attitude toward her patients: “I’ve always treated [my patients] like they were my kids…soothing, accepting.” In addition, she spoke of the degree of interpersonal connection she experiences with her patients, “You really get to…know [your patient] on a more intimate level.” This close interpersonal connection seemed to direct the pediatric nurse participant’s nursing philosophy.

Even though children are dependent by nature, in the hospital setting the family
oftentimes continues to contribute to the child’s needs, thus relieving the nurse of some basic tasks (e.g., feeding, bathing, changing diapers, comfort, etc.), thus allowing increased time for interpersonal communications. Since the pediatric nurse views the whole family as the patient, and not just the patient alone, it makes sense that the patient is more independent of the nurse based on the patient’s continued family reliance.

“Humor is a huge component of nursing,” the pediatric participant noted. She mentioned her belief of having fun and being humorous at work with her patients and coworkers. She went on to add, “It’s okay to laugh” with your patients. Furthermore, she expressed a tendency towards extroversion that enabled her preference for spontaneity and her talkative inclination. She stated, “I think it’s advantageous to get an extraverted nurse because I think [patients] feel that a person that is extraverted is gonna speak to them more, interact with them more.”

In summary, the pediatric participant described her interpersonal tendencies as influenced by how she enacted nursing in the pediatric specialty. It is noteworthy that she underreported environmental aspects of her job in lieu of the more interpersonal concentration. Thus, her focus was the family’s mental and emotional issues. Her nursing role emphasized anxiety alleviation through answering family questions. She reported using humor as another strategic method for dealing with family anxiety. She expressed the need to have fun at work, which consequently was the topic of her master’s thesis. The pediatric nurse stated her motherly and possessive nature towards her patients.

It is interesting how the pediatric participant’s transcript compared with elements
from other specialty transcripts. For example, the oncology nurse (also a research author about humor and nursing) shared the importance of humor with patients, and the perioperative nurse shared the importance of humor with her coworkers. Another comparative specialty example concerned the mental health participant’s statements about patient empowerment and independence. The pediatric nurse’s narrative quotes about nurse-patient relationship seemed in opposition, in this one area, to the mental health nurse’s comments regarding the sense of ownership felt involving her patients.

The investigator expected this participant to fall in Q1 based on the pediatric patients’ dependency as infants and children. However, based on the themes extracted from participant data and since this participant included the family as part of the patient, this participant was placed in Q2 along with the mental health, maternal health, and oncology nurses (See Figure 2). This respondent had increased interpersonal focus with increased patient independency of the nurse. Because the family may assist in patient care, this may enable the nurse to have increased interpersonal communications with the family. Since pediatric patients are accompanied by their family during hospitalization, the family may continue caring for their child’s basic needs. Thus, the family may assist the nurse with patient care tasks, giving the patient increased independency of the nurse.

**Mental health (PSY) nurse.** Psychiatric or mental health nursing is a nursing clinical specialty that deals with the mental, emotional, or behavioral issues of individuals and families. Mental health nurses care for patients with issues and diseases such as depression, schizophrenia, phobias, obsessive-compulsive disorders, personality disorders, etc. Mental health nurses care for approximately five to six patients at a time,
depending on hospital policy and patient acuity. For example, manic patients require more nurse attention, which may affect the total number of patients that the nurse can care for safely. Data analysis revealed themes related to the lived experiences of the mental health nurse participant. Analysis of the data demonstrated interpersonal preferences.

The mental health nurse mentioned her struggle of balancing interpersonal connections and environmental necessities. “So you try and be personable and open as possible, but you have to get your job done.” She disclosed the need for boundaries with her nursing students, patients, coworkers, and staff nurses under her leadership. She stated, “You have to be very selective with what you’re gonna disclose about yourself with patients because they shouldn’t know anything about you. They should only know something about me if it’s gonna benefit and help with education and a therapeutic relationship.”

This participant described the way she helps her patients. As opposed to the pediatric nurse who feels more motherly towards her patients, the mental health nurse attempts to equip and empower her patients in learning to meet their own needs.

Learning how to communicate effectively and problem-solve is a learned thing. You just help [patients] to learn how to communicate and deal with life more effectively. They do the work, but we help them sort things out. Sort out their life issues. Help them look at consequences because many patients don’t realize consequences. They don’t think rationally. You’re there as a sounding board to help them make wise decisions instead of unhealthy, unwise decisions.
Her interpersonal needs drive her job preferences as well. “In a job, what do I look for? People. How it would be nice to have connections with people, have open and honest relationships with people.” She expressed her preference for mental health nursing because “it’s not so high tech and so intense with task-oriented things. It’s more relationship and getting to know the patients, really asking them what’s going on with them and looking at how they like to get along in society and reality.” She mentioned her specialty preferences when she was in nursing school,

In nursing school, I liked peds, OB, and psych…I don’t know if I liked peds so much, but I loved OB and I loved psych…in school I liked talking with patients and connecting with them and in [OB and psych] I liked the teaching and the family aspect….

She discussed the topic of spontaneity. She said that routine is safe and boring; it “stuffs your creativity.” On the other hand, she mentioned that people do not like change because change causes anxiety. She mentioned a preference for the type of patient she cares for.

Everybody has their own unique qualities. [My friend] was good at tasks, she could handle a crisis, [IV] lines and drips and everything. Whereas, I would get really nervous and I’d wanna talk to them or whatever. I never liked patients that were unconscious because you really couldn’t connect with them.

The mental health nurse discussed her typical day. It is “different every day…patients may have the same diagnosis but everybody’s unique and they experience life differently. They have their own unique way about how they cope, how they handle
anxiety and stress. So, every day may be different.”

In summary, the mental health nurse declared her preference for people. She likes to work with and alongside of people. She emphasized the significance of an interpersonal connection through openness and honesty. It is not surprising her interview lacked strong environmental concern. She reported that she does not feel the need to coddle her patients. Her clinical stance relied on the psychological empowerment of her patients.

The mental health nurse was placed in Q2 due to her focus on the interpersonal and increased patient independency (See Figure 2). Since these patients have mental, emotional, or behavioral issues, it is obvious that these nurses would be interpersonal in nature. Even though their patients may be unstable psychologically, they are more physically stable than patients of other critical care type units. With decreased attention on the physical, there may be increased time for interpersonal connections.

**Maternal health (OB) nurse.** Maternal health nursing (i.e., obstetrical-gynecological nursing, midwifery) is a specialty involving the care of women and their female reproductive tract. The maternal health nurse cares for women who are receiving surgery on their female reproductive tract, such as a hysterectomy or a Caesarean section. They also care for pregnant girls and women and their newborn infants. The number of patients a maternal health nurse cares for depends on hospital policy and patient acuity. For example, a patient in active labor will require more attention by the nurse. Thus, at this time, the nurse will care for fewer patients. On average, however, maternal health nurses may care for around five patients at a time. Data analysis revealed themes related
to the lived experiences of the maternal health nurse participant. Analysis of the data revealed strong interpersonal preferences.

The maternal health nurse spoke about the importance of interpersonal interaction with her patients. She discussed her involvement within the primary care setting:

“Anybody can catch a baby. I like developing the relationship with the patient through being with them throughout their pregnancy and their delivery.” She went on to say, “I like that patient contact and that connection. I see these patients once a year. With my patients who were pregnant, I was seeing them twelve to fourteen times in a year, plus their delivery, which is a very bonding experience. I really loved that.”

She discussed that her specialty and spontaneity do not go together. She reported, “You just can’t have spontaneity with patients because you have to manage and take care of patients. You really have to be methodical in an evidence-based manner.” Even though she mentioned that spontaneity does not play a role in her specialty, she reported, “We laugh a lot and do spontaneous things in the office with myself and my staff.” In addition, she declared, “I like to have the variety in my practice; otherwise it gets kind of boring.”

The maternal health nurse talked about how she interacts with others at work. She stated, “I share the details of my life more freely than I should.” She goes on to say that sometimes she feels like she’s an open book which she tempers with the notion of “learning how not to be [so open].” She revealed her openness on several occasions during the interview, “I’m kind of like a free-spirit sometimes. It’s always good to be a free spirit. Although I doubt everyone would agree with that. A free-spirited nurse is not
always appreciated.”

She mentioned that through her experience, she gained the trust and respect of others in her work environment. She said as a maternal health nurse,

When I came up to labor and delivery, the charge nurse was real happy to see me and would put me right in and have me doing some work with them because they knew I was a midwife. I think there was respect there. They were happy because I was an extra pair of hands. They knew I wasn’t going to put my students in an unsafe situation.

In summation, the maternal health nurse’s interview is heavy in interpersonal examples. She downplays the technical and physical aspect of her job to play up the interpersonal connection opportunities. She repeatedly emphasized how much she enjoys spending time with her patients. She reported strong team relations and camaraderie with the physicians.

The maternal health nurse was plotted in Q2 mainly due to her increased interpersonal nurse focus and the patient’s increased independency of the nurse (See Figure 2). In this specialty, the patients are usually healthy and only require assistance during the child birthing process. Therefore, these patients may have increased independency of the nurse. The patient’s independency may allow for increased interpersonal interactions, which may provide a clue to why nurses choose this specialty.

**Oncology (ONC) nurse.** Oncology nursing is the clinical specialty that cares for adults and children with cancer. Oncology nurses care for patients receiving chemotherapy and radiation to treat cancer. They care for a range of individuals who
may be stable and ambulatory to those who may be unstable and dying. The desired outcome in oncology nursing is different from other nursing specialties in that the focus is on patient comfort and not just surviving the disease. The number of patients an oncology nurse cares for varies depending on hospital policy and patient acuity. For example, a patient who is actively dying may require more nurse attention. Therefore, that nurse will care for fewer patients at that time. Analysis of the data revealed themes related to the lived experiences of the oncology nurse participant.

The oncology nurse participant’s primary themes contained interpersonal overtones. She emphasized interdisciplinary teamwork, which flowed from physician, to nurse, to dietician, and even to housekeeper. She viewed each team member as equal and integral to proper patient care. In addition, she made a distinction between her specialty and other nursing specialties. She stated,

You develop relationships with other nurses on other units [e.g., medical-surgical, critical care]. Besides, sometimes you have to float on over there. And they don’t understand the multidisciplinary concept of team treatment. Nobody, no nurse works in a vacuum. And the relationship, with what I call colleagues, is the physician, the pharmacist, the social worker, the caregivers, the family. We’re all in this together…. They don’t have that in these other specialties.

The oncology nurse expressed that she felt being extroverted was more beneficial in her specialty. She said, “If you were introverted, I don’t know that you’d communicate well, and communication is the name of the game…open communication, all the time. There’s nothing hidden about what we do. As bad as it is, it’s not hidden.”
She emphasized interpersonal relations throughout the interview, such as how humor is a coping mechanism used frequently to deal with the devastation of having cancer. She revealed, “So when a patient throws a pun at you, laugh! Throw it right back at them! This is his personality coming out. ‘Alright, remember me? I’m not the prostate cancer! I’m Joe Smith, and I used to be the president of this certain business, alright? Yeah, I still like to have a beer at four-o-clock. Okay? Fine!’” She spoke about how humor makes the patients feel more human. She stated, “People are very frightened. Cancer is a six-letter word that begins with a big ‘C’.” She continued, “We can never say to a patient that there is a cure. We can put them in a state of disease-free, but we cannot tell them they’re cured.”

The oncology nurse participant also mentioned the other dimension of her job, which deals with more environmental aspects, such as giving the most dangerous medications available. With the awareness of how dangerous these cancer medications are, she emphasized the precision necessary to safely handle such medications.

In my opinion, generalizations to me are more for social and psychosocial aspects. I have a little play there, but when it comes to drugs, we give the most dangerous drugs in the world. We do…I could kill a patient with this drug if I don’t follow the code. The pharmacist mixes it under a hood, sends it to me, we have two nurses double check the medication.

It is interesting that she made a distinction between the ‘social and psychosocial’ aspects of her job, which can be more imprecise and the environmental aspect of her job, which required meticulousness.
The oncology nurse addressed technology in her environment. The types of equipment oncology nurses uses are very technical. She added, “The oncology nurse is ‘the queen of toys’. Oncology nurses regularly gets calls from various specialty departments, such as ER and ICU, to assist with new technology, especially ports.”

Overall, during the interview, the oncology nurse participant emphasized the interpersonal nature of her job in comforting patients who cannot be cured. Interpersonal aspects, including communication and interdisciplinary relations, flow between coworkers on the oncology unit. However, her job is very technical too because of the types of medications she administers and the types of equipment utilized.

This participant was placed in Q2 for increased interpersonal nurse focus and increased patient independency of the nurse (See Figure 2). This specialty was ranked as having a balance between interpersonal and environmental preferences with a stronger tendency towards the interpersonal. This may make logical sense because she reported dealing with patients who require increased emotional support in understanding their diagnosis and prognosis, in addition to the administration of hazardous cancer medications.

**Medical-surgical nurse.** The medical-surgical nursing specialty involves the nursing care of adult patients with medical needs requiring hospitalization. The surgical aspect of this specialty deals with pre-operative and post-operative needs of adult patients. A medical-surgical nurse cares for five to six patients at a time, depending on hospital policy and patient acuity. Data analysis revealed themes related to the lived experiences of the medical-surgical nurse participant.
Analysis of the data revealed themes of interpersonal preference as tempered by environmental preferences. “If you make yourself available to [your coworkers], they’ll make themselves available to you. I think it makes things run a lot smoother.” This give and take teamwork described helping others as a method of improving the environment.

She talked about her preference for a fast-paced and hectic work environment. “I’m probably a high stress person. So the more stress I’m under, the better I work.” She goes on to say, “If things are hectic, I stay more organized.”

Her interpersonal communications revealed her desire to show her concern and reassure her patients that they are not alone. Selectively sharing personal information with patients allowed them to understand that nurses are “not just here to collect a paycheck.” Sharing personal information “creates a good bond between me and the patient.” When she shares, her patients “understand that [she’s] been through some of those things too.” The medical-surgical nurse has this to say about personal interaction with patients: it “has made me more compassionate.” She discussed that younger nurses come to her for information using her as a living reference book because she is an educator and an older nurse.

In conclusion, the medical-surgical nurse thrives in a stressful, fast-paced environment. She declared how the pace allows better decision-making for her. Along with the telemetry, emergency, critical care, and perioperative nurses, the medical-surgical nurse is protective of and defends her interpersonal nature. As a technique to improve interpersonal patient interactions, she uses therapeutic sharing of self with the patient. Sharing herself with her patients increased her trustworthiness.
The medical-surgical participant was the only specialty placed in Q3 for increased environmental nurse focus and increased patient dependency on the nurse (See Figure 2). The medical-surgical nurse cares for the patients with increased independency on the environmental side of the spectrum since these patients’ conditions are stable. As a side note, the oncology and telemetry nurses were close to this quadrant indicating a possible relationship.

**Telemetry (TEL) nurse.** A telemetry nurse usually works with patients who require continuous monitoring because of their unstable medical condition, such as cardiac monitoring. Another name that may be synonymous with the telemetry nursing specialty is the step-down unit. A telemetry nurse usually takes care of patients who are no longer in critical condition, but still unstable. For example, after heart surgery a patient may get moved to the critical care unit until an increased level of stability is reached. After the patient becomes more stable, the patient may get moved to the step-down unit for continued monitoring on a less intense level. A telemetry nurse cares for approximately four to five patients at a time, depending on hospital policy and patient acuity. Data analysis revealed themes related to the lived experiences of the telemetry nurse participant. Analysis of the data revealed experience as a major theme.

The telemetry nurse views herself as a resource person similar to the medical-surgical nurse. However, she sees her experience and wisdom as her qualifications of being a resource person, instead of just her age and occupation as an educator. She stated, “[My coworkers] come to me as a resource person to help them answer questions, a voice of experience.” She continues, “I have a lot of information from intuition in my
gut, age of wisdom, and experience.”

The telemetry nurse even views her interpersonal work connections through the lens of her experience. She stated, “I have a pretty good relationship with pretty much all of [my coworkers]. I think they respect me because of my experience.” She reported that her reward in nursing is “having a patient tell you that they appreciated [what you’ve done] or made them feel better”. She continued, “I feel some reward when patients say, ‘Oh, you’ve been doing this for a while.’ I touch them differently, I talk differently, and they can see that it’s experience.” Patient interaction is “why we wanted to be a nurse.”

The telemetry nurse reports that she is a curious individual. “I’ve always been an inquisitive person.” She continues, “I like to be a detective and hunt for information.” She mentioned technology as an asset in her clinical work by saving time and helping her “to get much information quickly”. However, she cited technology as a negative as far as hindering the nurse’s critical thinking by the over-reliance on the machines. In addition, she mentioned that technology “hindered us in terms of being able to have some of that patient interaction and that nurse-gut building that we developed before.”

The telemetry nurse reported not seeing much spontaneity in telemetry nursing. “If you look at spontaneity in terms of autonomy…even though we can tailor our care to individual patients, we still have guidelines that we have to stick within. Therefore, autonomy is limited.”

In sum, the telemetry nurse saw technology as paramount for clinical success due to quick information access. It is all about solving the patient puzzle. She feels rewarded when the patients appreciate her experience and contribution. She saw her specialty
through her clinical experience. Experience gave her confidence in her clinical and interpersonal skills. Spontaneity was lacking for her in this specialty.

The telemetry nurse’s characteristics were consistent with Q4 for increased environmental nurse focus and increased patient dependency on the nurse along with the emergency, critical care, and perioperative nurse participants (See Figure 2). In this quadrant, interpersonal focus is outweighed by an increased environmental focus. The telemetry nurse expressed increased environmental focus on machines and technology due to the increased instability of these types of patients. Since these patients are unstable, interpersonal interactions between nurse and patient may be decreased.

**Emergency (ER) nurse.** Emergency nurses provide care for a range of patients with mild illness to severe trauma in urgent care settings. In the emergency department, there is a continuous rotation of new incoming patients with varying degrees of medical needs. An emergency nurse’s duties may be to triage patients, start intravenous therapy, insert a urinary catheter, clean and dress a wound, etc. An emergency nurse cares for four to five patients at a time, depending on hospital policy and patient acuity. Themes were revealed in the data analysis related to the lived experiences of the emergency nurse participant. Analysis of the data revealed themes relating to the clinical environment, such as her clinical expertise and knowledge base.

“ER is a critical care area…So, it’s sort of an umbrella term for all those different areas.” She goes on to say,

Emergency nursing is very hard work, very demanding….Spontaneity happens all the time in the ER and critical care. You have to be able to make the right
decisions: when to contact the physician, when to give PRN medications, standing orders… What I like is different diagnoses, different levels of care, different acuities, keeps your skills sharp… “I don’t think I’m spontaneous in my personal life, but I must enjoy it in my nursing career.

The emergency nurse participant defined teamwork as a give and take situation. When coworkers work together, the patient’s outcome improves. “Patient outcomes are more improved when you work with others and they’re able to help you and you’re able to help them.” According to the emergency nurse participant, working together may be less interpersonal and more environmentally focused, as evidenced by her greater concern for the outcome than for the interactive working together process.

She revealed her preference for personal privacy at work. “Some people do take their problems to work and discuss them. I don’t often do that because it’s just not my nature.” In addition, she reported a preference of “a work connection” with her coworkers. “If we work together as a team, I think things should be fine. I mean, there shouldn’t be any problems, but of course, that’s not the way it is realistically.” Even though she declared her preference for a professional relationship with her coworkers, she reported liking the interpersonal aspects of emergency nursing. She stated, “I enjoy answering the family’s questions, educating them, and comforting them.” She continued, “I enjoy providing families with hope when they need it.” Her patient interactions revolve around what she can give or do for them.

You have to be both a clinical expert [and a family liaison]. You have to be very good technologically to be able to work with the equipment, especially in
intensive care. In addition, you have to work well with the public. You’re not only dealing with the patient, but you’re dealing with their family members too.

Of course HIPAA is number one, too.

“You have more interdependency to make more independent decisions, but you have to be confident in your skills so that you know when to notify the physician and when to proceed with standing orders.” She reported experience as a driving force that assisted in the improvement of her clinical and interpersonal skills. “Experiencing so many things in life (in my family and in what I’ve seen as a nurse) has made me more caring and empathetic.” She continued, “I’m not as cold as I used to be. I think because I didn’t know anything. I was stupid in everything in general: life skills, working skills, communication skills. Just the whole young, naïve, and inexperienced.”

The characteristics of the emergency nurse participant were consistent with those of other participants whose characteristics’ profile placed them in Q4 for increased environmental nurse focus and increased patient dependency on the nurse (See Figure 2). The unstable nature of ER patients’ health status may demand ER nurses’ increased focus on physical and environmental aspects of their roles.

**Critical care (CC) nurse.** The critical care nurse is responsible for the care of medically unstable patients, because of injury, illness, or surgery, requiring continuous monitoring with machines and specially trained nurses. Another term commonly used for this type of nursing is intensive care unit (ICU) nursing. Nurses in this specialty only care for one to three patients at a time, depending on hospital policy and patient acuity. Data analysis revealed themes related to the lived experiences of the critical care nurse
Analysis of the data demonstrated an environmental preference for the critical care nurse participant. She disclosed the variety of ways information was obtained, including written and verbal. The critical care nurse participant systematically described every area in the patient chart where information is obtained. She stated gleaning information from not only the medical and nursing notes in the chart, but also the dietary and other disciplinary notes. The critical care participant reported, “Sometimes, you have to be able to ferret out what’s gonna be most helpful for me immediately taking care of my patient.”

In addition, she reported utilizing the psychosocial patient information to help understand and treat the patient. She stated, “What do I need to be able to know to be able to communicate effectively to other people caring for this patient as well, not just the physical information about the patient but psychosocial, even in critical care.” She gave several examples of how psychosocial patient information is imperative for a positive patient outcome, such as a patient’s history of substance abuse. For example, she said,

You have a patient who has a history of drug or alcohol abuse. If you don’t know that and they start having signs and symptoms of withdrawal from drugs or alcohol, if you don’t have an awareness of that information, you’re not prepared to deal with the ramifications of the withdrawal, and then you’ve got a patient who is psychotic and you don’t know why, and you’re like, ‘Whoa! What happened here?’

The critical care nurse participant mentioned technology being vital in her role as
a critical care nurse. “Technology is another piece of the puzzle, you have to be technologically savvy, and you have to certainly know how to work the equipment…."

Proper handling of the equipment yields useful information about a patient’s condition enabling better decision-making. The critical care nurse emphasized, “…knowing how to handle the equipment is one piece of [the puzzle], because if you can’t do that, you don’t get accurate information about patients.” She continued, “If you don’t get accurate physiologic data, then you can’t make good decisions about things that the patient needs.”

The critical care nurse described her view on spontaneity when she said, “I think the key words adaptability and flexibility are absolutely foundational because these things are extremely dynamic, not just in critical care but in healthcare today.” Knowing the difficulty of her job, she articulated protectiveness about her time and her energy. She underscored the value of nurse self-care. If the nurse does not take breaks, energy is decreased affecting the nurse’s ability to give the best care. Stephen Covey (1987), motivational author, relayed a story about a man too busy sawing to sharpen his saw. This man’s success would have increased if he had taken time to sharpen his saw. If one does not take time to rest and be refreshed, one becomes ineffective due to exhaustion. The critical care nurse stated,

Some days it takes a lot of energy to be spontaneous. It takes a lot of energy, physical, emotional, and mental energy to be a nurse on any given day. I think spontaneity just adds to that, that energy requirement, which is why you need to get your breaks in! So, you have the energy to do that. I mean it’s physical, it’s
mental, and it’s emotional, not just any one of those. It can be any or all three of them in any given situation.

The critical care nurse participant shared her feelings about working with others in her clinical specialty. She stated, “I enjoy working with other nurses in critical care. I always find it a challenge to be able to work with them, and to be able to collaborate about what’s going on with the patients, to get their understanding about the situation.” She went on to say, “…if [a group of nurses] can’t work together, the patient suffers.”

According to the critical care nurse participant, some critical care nurses have polished clinical skills and possess a decreased focus on the interpersonal. In reference to an earlier statement in which she referred to some critical care nurses as “intimidating,” she further stated, “In general, I think those nurses take very good care of their patients, and it’s kind of interesting because the few that come to mind work well with the physician. Who they don’t work well with are their colleagues.” During the interview, she referenced boundary setting for the critical care nurse. She exemplified confidence and assertiveness when she disclosed, “Some of the patients and families we care for, you have to set boundaries and limits with them. … They’re not always nice people, and so they don’t behave in a nice way. So you don’t have to lay down and be run over or allow them to say or behave in a way that is crude or unacceptable.”

In conclusion, the critical care nurse participant’s interview focused on interactions within her environment. She spoke mainly about the elements necessary to complete her job in stabilizing a patient: psychosocial, physical, and technology. It is essential to distinguish her focus on how the psychosocial aspects assist in the physical
care of that patient. When she described a critical care nurse, she emphasized a balance between interpersonal (caring, empathy, compassion) and environmental concerns (physical, equipment, technology). She emphasized that the value of being assertive, borderline aggressive, is essential for a critical care nurse. In the high-pressure environment of critical care, the nurse participant stated that being assertive, confident, and outgoing is imperative to taking care of critically ill patients. These characteristics assisted in advocating for her patients’ needs, she reported.

For these reasons, the critical care nurse was placed in Q4 for increased environmental nurse focus and increased patient dependency on the nurse. Critical care patients have increased dependency due to their unstable condition. In caring for such patients, it is logical that her focus was more physical and environmental. Increased clinical focus on the environmental allows less focus on the interpersonal.

**Perioperative (OR) nurse.** The perioperative or operating room (OR) nurse works in a surgical environment. There are two types of perioperative nurses: scrub and circulating. The sterile scrub nurse assists the surgeon during surgery. This nurse may reposition the patient during surgery or hand sterile surgical instruments to the surgeon. The unsterile circulating nurse documents the surgical events and details, such as counting sponges and needles before and after surgery. The circulating nurse monitors the overall activities in the OR, such as anesthesia, the surgeon, the scrub nurse or technician, the monitors, etc. The scrub and circulation OR nurse combine to only care for one patient at a time. Data analysis revealed themes related to the lived experiences of the perioperative nurse participant.
Analysis of the data revealed themes reflecting environmental nuances. Multitasking was an important theme of the perioperative nurse. “If I’m circulating, I’m looking to see what the urine output is. Anesthesia’s managing that, but I’m watching that equally. First of all, to make sure they don’t miss it, but secondly, if there’s no output, what is anesthesia gonna ask from me? If there’s a lot of blood, I need to make sure that I’m gonna get the blood bank on the phone, is there blood....” She took pride in being able to anticipate the needs of others in the operating room. She warned against assuming that the unsterile circulating nurse is loafing.

It’s interesting when you work in surgery, whether you’re circulating or you’re scrubbing (more so if you’re circulating), it may appear like you’re just sitting there not doing anything. In reality, your senses are working because you’re always listening to the monitors and the beeping of the heart rate, or [watching] what anesthesia is doing. At the same time, you’re multitasking....

Even in her learning style, she revealed her preference for kinetic learning exemplified by confidence. “You have to stay caught up with the clinical care, continuing education, the new OR equipment....” She stated it’s not easy for her “in particular because I’m a hands-on learner. I’ll watch a video, but I won’t remember what I saw. I need time to play with the equipment and ask questions.” She addressed the notion of most OR nurses being hands-on learners. She said, “I don’t know the answer to that, but most OR nurses will fake it through it. So, we’re like the little kid. We’re not restricted by our own inhibitions to not try things. Because, we’ll try things just to make it work.” To be proficient with OR technology she stated, “You have to have
confidence…so you just learn it yourself.” The perioperative nurse participant commented on her decision-making, “If I do deal with it right away, I’ve moved on, and it’s fine. And usually, it’s the right decision. I don’t make bad decisions. Thank God!”

In a clinical specialty requiring hard work in a cold, sterile environment, she expressed the need of balance. Her creativity was exhibited through lightheartedness during downtime at work. “…the balance of [stated her name] is working hard, having humor, and having fun. That allows me to have the ugliest day possible…you gotta get away from it. When it’s so difficult, you gotta allow yourself to step back, look at it, and maybe refocus differently.”

Although environmental concerns for the perioperative nurse participant are more dominant, interpersonal concerns of the perioperative nurse participant were still apparent. “There’s a high degree of skill required for a patient to trust you.” She continued on, “Part of gaining a patient’s trust is explaining to the patient and their family what you’re doing so that they become comfortable with you.” In addition, she mentioned not needing the thanks or appreciation of the patient for being their safety net during surgery. She also added that she followed nursing protocol because it is right and not just as a means to protect her nursing license from possible disciplinary action due to litigation. As a contrasting position, the maternal health nurse stated that she was protecting her nursing license by not taking complicated patients outside her scope of practice.

Overall, during the interview, the perioperative nurse expressed herself as hard-working, detail-oriented, confident, and fun. She relayed stories demonstrating her
advanced communication skills honed in strategic interpersonal confrontation to manipulate poor work behavior of others. She emphasized the importance of her developed interpersonal skills to gain the trust of her patients in the brief pre-surgical time-period.

The perioperative participant’s data placed her specialty in Q4, increased environmental nurse focus and increased patient dependency on the nurse (See Figure 2). Interpersonal interactions are limited due to the nature of a surgical visit to the hospital. It makes sense that the perioperative nurse focuses more on the environment; during surgery patients are usually under general anesthesia which makes them unconscious and completely dependent on the nurse. The increased dependency of the patient on the nurse may reduce the nurse’s ability to have interpersonal interactions with the patient.

It is interesting to note that there were no clinical specialties represented in Q1 for increased interpersonal focus and increased patient dependency on the nurse. This may be because increased clinical focus is on the physical, which may not allow interpersonal opportunities. This specialty nurse would have to be more focused on the interpersonal aspects of care for a patient who requires increased dependence on the nurse. Perhaps, another specialty not examined in this study would fall into this quadrant.
CHAPTER 4

DISCUSSION

Study of the individual characteristics of nine clinical nursing specialties demonstrated that there are similarities and differences between and among the nurses who participated in this study, representing nine different clinical specialties. Data revealed consistency in concern for patient well-being across specialties. However, the participants approached the management of patient well-being in different ways. The maternal health nurse demonstrated care for her patients by spending time with them. The perioperative nurse showed patient concern through meticulous environmental focus emphasizing patient safety.

All participants discussed the importance of caring and empathy in dealing with patients. Furthermore, all participants discussed the importance of teamwork in their clinical specialties. However, the individual participant definition of teamwork differed for nurses in the various clinical specialties. Pediatric, mental health, and maternal health, participants mentioned teamwork as an interpersonal expression, helping to improve coworker relationships. Oncology, medical-surgical, telemetry, critical care, and perioperative participants expressed teamwork as a give and take, helping others to receive future help.

Consistent with existing literature describing nurses (Allchin et al., 2009; Barr, 1997; Cash, 1994; Finefrock, 1991; Fladeland, 1995; Howe, 2002; Sigmund, 1968), nurses in this study all demonstrated concern for their patients with caring, empathy, and teamwork. All participants were concerned with providing competent care, but what
competent care looked like varied across participants. Participants whose characteristics placed them in Q2 actively described interpersonal aspects of their work, but seemed to take environmental aspects for granted, seldom actively discussing those aspects. Alternatively, nurses whose characteristics placed them in Q4 actively described environmental aspects of their work, but seemed to take interpersonal aspects for granted.

Global analysis of the comments provided by study participants suggested that as the acuity of the patient’s condition increased, interpersonal focus decreased. In other words, meaning pulled from participant transcripts, as wholes, suggested that all participants dealt with interpersonal and environmental characteristics in ways that served optimally to meet the needs of patients through competent caring. Likewise, as patients demonstrated more independence, participants were liberated to engage in patient care in more interpersonal ways. This concept extends the study presented here, considering a new factor, patient acuity. Thus, the relationship of interpersonal-environmental nurse focus and patient acuity might be probed further in a future study.

**Further Research**

This research may serve as a foundation for new knowledge about clinical nurse specialties. Other nursing specialties could be examined in another study (e.g., geriatric, home health, legal, orthopedic, or school nursing). An individual nurse’s natural inclinations may affect their affective, behavioral, and cognitive domains. Further research is necessary to determine how these tendencies may affect a nurse’s deficiency, tolerance, or proficiency in their specialty. Additional research may assist in determination of how a nurse’s individual characteristics and preferences affect job
satisfaction, burnout, and turnover.

Future research may draw on the knowledge of individuals other than the specialty nurses themselves. For example, it may be beneficial to examine nurse managers who supervise staff nurses; they may offer knowledge concerning the nurse characteristics that enable clinical excellence. Job performance reviews may be assistive in discovering information about nurse characteristics. Likewise, non-medical researchers may offer a different perspective of nurse characteristics in various clinical specialties via direct observation studies.

Quantitative research may examine nurse characteristics with objective measures. Using the MBTI to investigate specialty nurses may contribute to the current body of knowledge regarding the characteristics of nurses in clinical specialties. Likewise, the Strong’s Interest Inventory (CPP, Inc., 2009) may assist in understanding nurse characteristics using five scales: General Occupational Themes, Basic Interest Scales, Occupational Scales, Personal Style Scales, and Administrative Scales (CPP, Inc., 2009).

Limitations

As a qualitative study, this work does not support generalizability and therefore may only be representative of the nurses investigated. Thus, future research might build foundation of this work. This study, however, offers an initial picture of nurse characteristics across clinical specialties, as they were offered by the study participants. The picture offered provides a starting place for understanding how nurse characteristics and clinical specialties interact.

Conclusion
Individual characteristics of nurses may influence clinical specialty choice. Even though current research reports general consistency of nurse personality type across specialties, differences between and among nursing specialties may exist. Since each specialty is different and may require unique skill sets of nurses, it is arguable that nurses across specialties may also have unique, individual traits that are consistent with the nursing work they choose to do. Thus, personality type and characteristics may influence why some nurses choose and excel in specific clinical specialties.

The investigator’s intent was to qualitatively describe the clinical specialty experiences of nurses. From this perspective, further research might be conducted to determine more quantitatively how nurses’ personal characteristics may influence clinical specialty choices. Through a program of research built on data grounded in specialty nurses’ reality, it may eventually be possible to develop protocols supportive of nurses choosing satisfying clinical specialties, thus supporting nurse retention and potentially influencing the quality of patient care.

In conclusion, the purpose of this study was to describe and interpret individual nurse characteristics and nurse choice, performance, and satisfaction in a chosen clinical specialty. The investigator plans to continue building on this initial study during graduate education.
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April 23, 2010
Rebecca Barreca
Nursing

Re: #10-068: “Nurse Characteristics by Clinical Specialty: A Descriptive Analysis”

I am pleased to inform you that the Kent State University Institutional Review Board has reviewed and approved your protocol through the expedited (Level II) review process. Approval is effective for a twelve-month period:

April 19, 2010 through April 18, 2011.

Federal regulations and Kent State University IRB policy require that research be reviewed at intervals appropriate to the degree of risk, but not less than once per year. The IRB has determined that this protocol requires an annual review and progress report. The IRB will forward an annual review reminder notice to you by email as a courtesy. Please note that it is the responsibility of the principal investigator to be aware of the study expiration date and submit the required materials. Please submit review materials (annual review form and copy of current consent form) one month prior to the expiration date.

HHS regulations and Kent State University Institutional Review Board guidelines require that any changes in research methodology, protocol design, or principal investigator have the prior approval of the IRB before implementation and continuation of the protocol. The IRB must also be informed of any adverse events associated with the study. The IRB further requests a final report at the conclusion of the study.

Kent State University has a Federal Wide Assurance on file with the Office for Human Research Protections (OHRP); FWA Number 0001853.

If you have any questions or concerns, please contact me at 330-672-2704 or Pwashko@kent.edu.

Sincerely,

[Signature]

Paulette Washko
Manager, Research Compliance, Communications and Initiatives
cc: Dr. Laura Dzurec
May 12, 2010

Dear <Associate Dean>,

I am an undergraduate student in the Kent State University (KSU) College of Nursing (CON), and my home campus is Trumbull. I am performing a qualitative research study entitled “Nurse Characteristics and Clinical Specialty: A Descriptive Analysis” as a requirement for my Senior Honors Thesis through the Honors College. This project has been approved by the KSU IRB for one year. Dean Laura Dzurec is my honors advisor on this project.

Part of the participant recruitment procedure requires that I contact the KSU CON Associate Dean or the Director of Graduate Studies. I am requesting the names and contact information of nine nursing faculty members. I need one from each of the various clinical specialties. The faculty that you suggest does not necessarily have to teach in their specialty area. The only requirement is that they are a Registered Nurse of one of the following specialties:

- Critical care
- Emergency
- Maternal health
- Medical-surgical
- Mental health
- Oncology
- Pediatrics
- Perioperative
- Telemetry

For your information, I will explain the fundamental procedures of the study. I will give the participants a demographics survey to fill out. Then, I will ask them various questions related to their clinical specialty according to this study’s IRB application I have included.

Thank you for your assistance in the recruitment process of this study. Please let me know if you have any questions, comments, or concerns about this request or the study. I can be reached by phone (330-647-8443) or e-mail (rbarrec1@kent.edu).

Sincerely,

Rebecca J. Barreca, LPN

ATTACHMENTS: IRB Application, IRB Approval Letter
May 15, 2010

Dear <Potential Participant>,

My name is Rebecca Barreca, and I am an undergraduate honors nursing student from the Trumbull Campus working with Dean Laura Dzurec in the College of Nursing at Kent State University (KSU) to complete my senior honors thesis. This research will describe characteristics of nurses across clinical specialties. Understanding the fit between nurses and their specialties may lead nurse clinicians, educators, and administrators to optimize nurses’ clinical specialty choices.

I am currently seeking faculty members to participate in this study. Following the protocol approved by the KSU IRB, your name and contact details were provided through Associate Dean Gail Bromley. I am requesting your voluntary participation at this time. If you find that you are unable to participate in this study for any reason, let me emphasize that you are under no obligation to participate. KSU has a large group of nursing faculty to draw from. Without difficulty, I can simply contact another individual in your stead. Again, your participation is completely voluntary, and you are not obligated to participate.

However, should you choose to participate this study, I will explain some of the basics. It involves taking part in a 5-minute demographics survey and a personal interview that will take 15-60 minutes. The interview can take place in a conference room, your office, or wherever you feel most comfortable. The demographics survey is a paper and pencil task. During the interview, you will be asked different questions pertaining to how your individual characteristics fit into your particular clinical specialty, which may or may not be the same as your current teaching or clinical schedule. With your permission, the interview session will be recorded with an electronic audio recorder. After I transcribe the interview, I will email it back to you so that you can verify the content of the interview. In appreciation of your time commitment, I will send you a copy of the final research report.

Please contact me as soon as possible if you are interested in participating in this research study so I can schedule a time for us to meet. After we agree on a date, I will send an email confirmation regarding our meeting time. Furthermore, I will attach additional detailed information about the study, such as the signed IRB and consent forms. If you have to cancel your appointment, please email me at rbarrec1@kent.edu. If you must cancel less than two hours before your appointment, please call or text me at 330-647-8443. Thank you.

Sincerely,

Rebecca Barreca, LPN

Principal Investigator
May 28, 2010

Dear <Participant>,

Welcome to the study! Thank you for willingness to participate in this important study.

Your interview appointment is set for:

**Monday, March 10, 2010 at 3pm** (in your office)

Please review the study details provided in this email. The attached documents include an informed consent and audio consent form. For your benefit, I have also included a basic schedule so that you may understand the order of events on the day of our appointment. The schedule is provided below:

- I will **explain the study** details to you.
- I will **ask if you have any other questions** about the study.
- If you understand the details of the study and agree with your role in this study, I will ask you to **sign the two consent forms**, which I will collect at that time.
- I will ask you to **fill out the 5-minute Demographics Survey**.
- I will begin the **actual interview**, which may take from 15-60 minutes.

If you have any questions regarding the study or these documents, please feel free to contact me by phone (330-647-8443) or email ([rbarrec1@kent.edu](mailto:rbarrec1@kent.edu)). Again, thank you for participation in this study. I look forward to our appointment.

Sincerely,

Rebecca Barreca, LPN

*Principle Investigator*
Informed Consent to Participate in a Research Study

**Study Title:** Nurse characteristics and clinical specialty: A descriptive analysis

Principal Investigator: Rebecca J. Barreca, LPN, Undergraduate Honors Student, Kent State University-Trumbull Campus

This is an invitation to participate in a research study. This consent form will provide you with 1) information on the research project, 2) what you will need to do, and 3) the associated risks and benefits of the research. Your participation is completely voluntary. Please read this form carefully. It is important that you ask questions and fully understand the research in order to make an informed decision. You will receive a copy of this document to take with you.

**Purpose:** The purpose of this study is to describe and understand possible connections between individual nurse characteristics and clinical nursing specialty.

**Procedures:** This research study will be conducted with 9 Kent State University College of Nursing nursing faculty members who are Registered Nurses of various clinical specialties. The interview appointment will be in a private location, such as your office or a conference room.

First, the details of the study will be explained to you. Next, you will be given an opportunity to ask questions about the study and your role in the study. Then, if you understand the details of the study and agree with your role in this study, you will be asked to sign an informed consent form and an audio consent form, which will be collected at that time. After that, you will be asked to fill out the 5-minute Demographics Survey. Finally, during the audio-recorded interview, you will be asked 5 questions about how you feel about certain aspects within your clinical specialty such as, “How do you feel about working with others in your primary clinical specialty?” You will be provided a printed copy of the interview questionnaire to refer to during the interview as desired. You will be requested to verbally respond to each question with as little or as much information as desired. Concluding the interview, you will be asked 1 more question of a more general nature. The actual interview may take from 15-60 minutes. The total appointment may take from 20-65 minutes of your time.

The researcher will transcribe the interviews from the audio recordings, and then start analysis of the data using a process called hermeneutic analysis. In step 1, the researcher will read over the interview several times to become very familiar with it and will extract themes, as such themes appear to the investigator. In step 2, the investigator will tie
identified themes back to specific statements in the transcript of your interview to link your specific and inferred characteristics. In step 3, the researcher will attribute meaning to the entire transcript, based on the first 2 steps. Then, this process will be repeated for every transcript and for all the transcripts as a whole to yield a picture of how individuals' clinical specialties link with their personal characteristics. The researcher expects to see variation in individuals’ expressed meaning based on their clinical specialty. The results may be distributed via a scholarly thesis, which entails a public oral defense and a printed publication. In addition, an oral presentation, a printed publication, an online or printed journal, or other methods of sharing the results of this study may also be used.

**Digital Audio Recording:** Digital audio recording will be utilized during the interview to record your answers to the 6 questions. After the interview is transcribed and verified, the digital audio files will be deleted.

**Benefits:** The potential benefit of participating in this study may include an increase in your personal knowledge. By discussing your own personal attributes, you may develop a new awareness about yourself. Another possible benefit is that information gained during the study will enhance your knowledge of the characteristics of other nurses across clinical nursing specialties and provide a basis for future refinement of this knowledge. To facilitate this understanding the researcher will mail you a copy of the results of the study.

**Risks and Discomforts:** You may experience discomfort related to the amount of time spent in the interview that you may perceive as an inconvenience. The processes and instruments used in this research study pose minimal risk to you. There are no anticipated risks beyond those encountered in everyday life. You are free to answer with as little or as much information as you prefer. You are free to stop the interview at any time. You are free to withdraw from the study at any time. If you cannot or choose not to complete any question or any part of the interview, your information may be withdrawn from the study.

**Privacy and Confidentiality:** Any identifying information, your consent forms, will be kept in a secure location, and only the researchers will have access to the data. Your signed consent form will be kept in a locked filing cabinet at the College of Nursing at Kent Campus. Your consent forms will be kept separate from your study data, and responses will not be linked to you. Your study-related information will be kept confidential within the limits of the law. Research participants will not be identified in any publication or presentation of research results. Your research information may, in certain circumstances, be disclosed to the Institutional Review Board (IRB), which oversees research at Kent State University, or to certain federal agencies. Confidentiality may not be maintained if you indicate that you may do harm to yourself or others. The digital audio files will be deleted after the transcription has been verified.
**Compensation:** No financial compensation is being offered.

**Voluntary Participation:** Taking part in this research study is entirely up to you. You may choose not to participate, or you may discontinue your participation at any time without penalty or loss of benefits to which you are otherwise entitled. Again, your participation is completely voluntary, and you are not obligated in any way to participate.

**Contact Information:** If you have any questions or concerns about this research, you may contact Rebecca Barreca at rbarrec1@kent.edu or Dr. Laura Dzurec at 330.672.3777. This project has been approved by the Kent State University Institutional Review Board. If you have any questions about your rights as a research participant or complaints about the research, you may call the IRB at 330.672.2704.

**Consent Statement and Signature:** I have read this consent form and have had the opportunity to have my questions answered to my satisfaction. I voluntarily agree to participate in this study. I understand that a copy of this consent will be provided to me for future reference.

______________________________
Participant Signature

______________________________
Date
AUDIO TAPE CONSENT FORM

I agree to audio taping at Kent State University Kent Campus on _______________________.

Date & Time

________________________________________________________________________     __________________

Signature       Date

I have been told that I have the right to hear the audio tapes before they are used.

I have decided that I:

_____ want to hear the tapes

_____ do not want to hear the tapes

Sign now below if you do not want to hear the tapes. If you want to hear the tapes, you will be asked to sign after hearing them.

Rebecca Barreca (the principal investigator) and other researchers approved by Kent State University may / may not use the tapes made of me. The original tapes or copies may be used for:

_____ this research project

_____ teacher education

_____ presentation at professional meetings

________________________________________________________________________     __________________

Signature       Date

Address:

If you have any questions or concerns concerning this study or this audio consent form, you may contact Rebecca J. Barreca, the Principal Investigator, at 330.647.8443 or her advisor, Dr. Laura Dzurec at 330.672.3000.
Nurse Demographics Background Questionnaire

I am collecting demographic and background information to provide a basis for this study. Please answer the questions below as accurately as you can.

AGE: ____________

GENDER: Male ☐ Female ☐

RACE
- ☐ African American
- ☐ Asian
- ☐ Caucasian
- ☐ Latino/Hispanic
- ☐ Native American
- ☐ Specify Other

RACE:
_____________________________________________________

NURSING SPECIALTY DETAILS

- YEARS AS A REGISTERED NURSE: _______

- LIST YOUR CURRENT CLINICAL SPECIALTY: ________________________________

- YEARS IN YOUR CURRENT CLINICAL SPECIALTY: _______

NURSING FACULTY DETAILS

- YEARS AS A NURSING FACULTY MEMBER: _______

- NURSING FACULTY TITLE(S): ________________________________

- COURSES TAUGHT: ____________________________________________
  ____________________________________________
  ____________________________________________
  ____________________________________________

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LIST OTHER SPECIALTIES WORKED IN & YEARS WORKED IN THEM:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

LIST YOUR EDUCATIONAL BACKGROUND: (check all that apply)

☐ Associate Degree in Nursing
☐ Bachelor of Science Degree in Nursing
☐ Diploma Nursing School
☐ Doctorate in Nurse Practice
☐ Doctorate in the Philosophy in Nursing
☐ Licensed Practical Nurse
☐ Master of Science in Nursing
☐ Nurse’s Aide
☐ Specify Other Educational Degrees or Training

____________________________
____________________________

ADDITIONAL COMMENTS:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________


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Nurse Characteristics Interview Questionnaire

Focus on Interview Topic Using Priming

I am interested in learning about your individual characteristics and the description of your primary clinical specialty. To clarify, at this time, I am not interested in only reviewing your nursing position as a faculty member, unless it is relevant to your primary clinical specialty. The main goal of this study is to obtain a rich and detailed description of your individual characteristics and your feelings about clinical specialty.

Please take a minute or two, before the actual interview begins, to think about:

- Your primary clinical nursing specialty (not necessarily your current faculty role)
- The type of work you performed or are currently performing in your primary clinical specialty
- The type of people you took care of previously or are taking care of currently in your primary clinical specialty
- Your past or present physical work environment in your primary clinical specialty
Nurse Characteristics Interview Questionnaire

Interview Questions

Now that you’ve had a few minutes to think about your primary clinical specialty, I will turn on the audio recorder and start the actual interview. (Turn recorder on.) I am examining the characteristics of nurses who work in various clinical specialty areas.

Please talk as much or as little as you like about each topic.

1. How do you feel about working with others in your primary clinical specialty?
   a. Please expand in terms of your day-to-day work in your clinical specialty.

2. What type of information do you deal with in your clinical specialty, and how do you feel about it?
   a. Please expand in terms of your day-to-day work in your clinical specialty.

3. What type of personal connection and interaction do you prefer with others while at work in your primary clinical specialty?
   a. Please expand in terms of your day-to-day work in your clinical specialty.

4. Please completely describe how you feel about spontaneity in your primary clinical specialty.
   a. Please expand in terms of your day-to-day work and decision-making performed in your clinical specialty.

5. Is there anything else you think I should know about you and your day-to-day work in your primary clinical specialty?

6. Is there anything preoccupying you today that may influence our conversation?
August 1, 2010

Dear <Participant>

Hello, your participation in this important study is greatly appreciated. The interview has been transcribed verbatim in the exact conversational tones in which it occurred. Please verify that the attached transcript accurately reflects our interview session.

Hermeneutic analysis will now be used to analyze and attribute meaning to your descriptive responses. After completion of the study, the aggregate results will be sent to you when they become available.

Again, thank you for your participation in this study. Please contact me directly if you have any questions or concerns regarding this study (330-647-8443).

Respectfully,

Rebecca Barreca, LPN

Principal Investigator
### TABLE 1

**NARRATIVE THEMES**

| Patient | Anxiety Alleviation  
|         | Communication  
|         | Dealing with Patients  
|         | Humor (Patient)  
| Nurses | Accommodation  
|        | Age  
|        | Asking for Help  
|        | Helping Others  
|        | Humor (Coworkers)  
|        | Teamwork  
|        | Working with Others  
| Physician | Physician Interaction  
| Multiple Disciplines | Pharmacist, Physical Therapy, Dietary, Housekeeping  
| SELF | Autonomy  
|        | Experience  
|        | Extraversion  
|        | Humor (Self)  
|        | Nonconformity  
|        | Parental Feelings  
|        | Spontaneity  
|        | Specialty Pride  
|        | Specialty Characteristics  
| ENVIRONMENT | Comfort w/ Environment  
|            | Information  
|            | Multi-tasking  
|            | Organization  
|            | Perfectionism  
|            | Detail-Oriented  
|            | Competence  
|            | Following Through  


FIGURE 1

INTERPERSONAL-ENVIRONMENTAL NURSE FOCUS BAR GRAPH

KEY: Pediatric nurse (PED), Mental health nurse (PSY), Maternal health nurse (OB), Oncology nurse (ONC), Medical-surgical nurse (MED), Telemetry nurse (TEL), Critical care nurse (CC), Emergency nurse (ER), Perioperative nurse (OR)
FIGURE 2

CLINICAL SPECIALTY GRID FOR
INTERPERSONAL-ENVIRONMENTAL NURSE FOCUS AND
PATIENT DEPENDENCY-INDEPENDENCY

KEY: Pediatric nurse (PED), Mental health nurse (PSY), Maternal health nurse (OB), Oncology nurse (ONC), Medical-surgical nurse (MED), Telemetry nurse (TEL), Critical care nurse (CC), Emergency nurse (ER), Perioperative nurse (OR)
FIGURE 3
SIMPLE CONCEPT GRID

Q2
Interpersonal Nurse Focus
Patient Independence

Q3
Environmental Nurse Focus
Patient Independence

Q1
Interpersonal Nurse Focus
Patient Dependence

Q4
Environmental Nurse Focus
Patient Dependence
Purpose: Individual characteristics may influence nurses’ choice of clinical specialties. Despite reports concerning general consistency of personality type across specialties, differences among specialties exist and may require unique skill sets. Thus, it is arguable that nurses across specialties may have unique traits. These traits may influence why some nurses choose and excel in specific clinical specialties. The purpose of this study was to describe the lived experiences of nurses as told by the participants and interpret the narrative data to gain understanding of how they enacted nursing in their clinical specialty, identifying themes related to a nurse’s sense of clinical fit across specialties.

Theoretical Framework: As a philosophy of science and method of interpretation, hermeneutic analysis provided information regarding participants’ subjective sense of fit between their individual characteristics and their clinical area of expertise.

Participants: Nine clinically-expert nurse faculty members, familiar with student and clinician characteristics, specializing in pediatric nursing, mental health nursing, maternal health nursing, oncology nursing, medical-surgical nursing, telemetry nursing, emergency nursing, critical care nursing, and perioperative nursing.

Methods: Qualitative investigation described nurse characteristics across specialties. Interviews and demographic assessments were conducted with a purposive sample. Data were analyzed using Lanigan’s approach to Heideggarian hermeneutics. Responses were sorted to identify characteristics by theme according to specialty. Data description, reduction, and interpretation resulted in better nurse characteristic understanding. The method supported auditability of themes and supports the credibility of the investigator’s interpretations.

Results: Similarities and variances emerged among participants across specialties. Analysis revealed a continuum between interpersonal nurse focus and environmental nurse focus. In addition, the investigator subjectively assigned patient independency as another element that may be related. The result was a grid illustrating this relationship.

Conclusion: Upon initial analysis, there are notable differences in characteristics among nurses by clinical specialty. Understanding these characteristics may assist nurse clinicians, educators, and administrators in optimizing nurse clinical specialty. Further research may help determine the stability and relevance of these variances. Results may provide a foundation for future studies related to job satisfaction and turnover.

KEY WORDS: clinical specialty, hermeneutics, nurse characteristics, nursing, personality, qualitative research