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THE REVITALIZATION OF HOSPICE NURSES IMPLICATIONS FOR THE STRUCTURE OF RENEWING EXPERIENCES

The Ohio State University

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THE REVITALIZATION OF HOSPICE NURSES:
IMPLICATIONS FOR THE STRUCTURE
OF RENEWING EXPERIENCES

DISSERTATION

Presented in Partial Fulfillment of the
Requirements for the Degree Doctor of
Philosophy in the Graduate School
of The Ohio State University

By
Ellen Dennison Beck, A.B., M.A.

The Ohio State University
1986

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FOR DAVID DENNISON BECK
AND
FOR THE HOSPICE PROFESSIONALS
WHOSE SHARING OF THEMSELVES
ENRICHES OUR UNDERSTANDING OF RENEWAL
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# TABLE OF CONTENTS

ACKNOWLEDGMENTS ............................................... iii

VITA ........................................................................... v

LIST OF TABLES ...................................................... x

CHAPTER

<table>
<thead>
<tr>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. THE PROBLEM .............................................. 1</td>
</tr>
<tr>
<td>Background of the Problem .................. 1</td>
</tr>
<tr>
<td>The Definition of the Problem ............. 5</td>
</tr>
<tr>
<td>Elements of the Problem .................... 6</td>
</tr>
<tr>
<td>Vocational Choice .......................... 6</td>
</tr>
<tr>
<td>Personal Involvement with Patients ....... 7</td>
</tr>
<tr>
<td>Coping Skills .............................. 8</td>
</tr>
<tr>
<td>Renewal Efforts and Experiences .......... 8</td>
</tr>
<tr>
<td>Justification of the Study ................. 10</td>
</tr>
<tr>
<td>II. A REVIEW OF LITERATURE ..................... 12</td>
</tr>
<tr>
<td>Theoretical Perspectives .................... 12</td>
</tr>
<tr>
<td>Maslow's Humanistic Perspective ........ 12</td>
</tr>
<tr>
<td>Viktor Frankl: Humanistic Theory .......... 16</td>
</tr>
<tr>
<td>Gordon Allport: Development of Maturity .. 18</td>
</tr>
<tr>
<td>Selye et al: Effects of Stress ............. 21</td>
</tr>
<tr>
<td>III. RESEARCH METHODOLOGY .................. 23</td>
</tr>
<tr>
<td>Rationale ........................................ 23</td>
</tr>
<tr>
<td>The Sample ...................................... 23</td>
</tr>
<tr>
<td>Size and Source of Sample ................ 24</td>
</tr>
<tr>
<td>Composition of the Sample ............... 25</td>
</tr>
<tr>
<td>Procedures ...................................... 27</td>
</tr>
<tr>
<td>The Interviews ............................... 30</td>
</tr>
<tr>
<td>Interview Guide ............................. 31</td>
</tr>
<tr>
<td>Practice Interviews ....................... 33</td>
</tr>
<tr>
<td>Data Gathering Interviews ............... 33</td>
</tr>
<tr>
<td>Data Analysis ............................... 36</td>
</tr>
</tbody>
</table>

vii
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Audit</td>
<td>36</td>
</tr>
<tr>
<td>Rationale</td>
<td>36</td>
</tr>
<tr>
<td>The Auditor</td>
<td>37</td>
</tr>
<tr>
<td>The Audit Procedure</td>
<td>37</td>
</tr>
<tr>
<td>The Audit for this Study</td>
<td>39</td>
</tr>
<tr>
<td>IV. THE PHENOMENON OF RENEWAL/WHAT THE NURSES SAID</td>
<td>41</td>
</tr>
<tr>
<td>The Respondents</td>
<td>42</td>
</tr>
<tr>
<td>The Work of Hospice Nurses</td>
<td>43</td>
</tr>
<tr>
<td>Hospice Nurses' Perceptions of Renewal</td>
<td>47</td>
</tr>
<tr>
<td>The Nurses' Definitions of Renewal</td>
<td>49</td>
</tr>
<tr>
<td>The Process of Renewal</td>
<td>56</td>
</tr>
<tr>
<td>The Major Themes</td>
<td>59</td>
</tr>
<tr>
<td>Life Perspectives</td>
<td>59</td>
</tr>
<tr>
<td>Meaning in Life</td>
<td>59</td>
</tr>
<tr>
<td>Significant Life Events</td>
<td>63</td>
</tr>
<tr>
<td>Balance</td>
<td>68</td>
</tr>
<tr>
<td>Attention to One's Own Needs</td>
<td>76</td>
</tr>
<tr>
<td>Attention to Physical Well-Being</td>
<td>77</td>
</tr>
<tr>
<td>Attention to Emotional Well-Being</td>
<td>84</td>
</tr>
<tr>
<td>Attention to Intellectual Well-Being</td>
<td>91</td>
</tr>
<tr>
<td>Attention to Spiritual Well-Being</td>
<td>98</td>
</tr>
<tr>
<td>Attention to Social Well-Being</td>
<td>113</td>
</tr>
<tr>
<td>Personal and Professional Relationships</td>
<td>117</td>
</tr>
<tr>
<td>Affirmation</td>
<td>125</td>
</tr>
<tr>
<td>The Nature of Hospice Work</td>
<td>129</td>
</tr>
<tr>
<td>Perceptions of Professional Effectiveness</td>
<td>139</td>
</tr>
<tr>
<td>Diversion and Fun</td>
<td>140</td>
</tr>
<tr>
<td>Professional Development</td>
<td>144</td>
</tr>
<tr>
<td>The Composite of the Revitalizing Hospice Nurse</td>
<td>149</td>
</tr>
<tr>
<td>Lack of Renewal</td>
<td>151</td>
</tr>
<tr>
<td>Constructive Suggestions for Renewal from Former Hospice Nurses</td>
<td>157</td>
</tr>
<tr>
<td>V. A STUDY OF HOSPICE NURSES' RENEWAL: SUMMARY, IMPlications for Adult Education and Suggestions for Further Research</td>
<td>159</td>
</tr>
<tr>
<td>Summary of the Study</td>
<td>159</td>
</tr>
<tr>
<td>Context of the Problem</td>
<td>159</td>
</tr>
<tr>
<td>Conceptual Framework</td>
<td>161</td>
</tr>
<tr>
<td>Research Methodology</td>
<td>161</td>
</tr>
<tr>
<td>Data Collection and Analysis</td>
<td>162</td>
</tr>
<tr>
<td>Interpretation</td>
<td>164</td>
</tr>
</tbody>
</table>

viii
# LIST OF TABLES

<table>
<thead>
<tr>
<th>TABLE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demographics of Interviewed Samples of Nurses Compared with Three Hospice Nurse Populations</td>
<td>28</td>
</tr>
<tr>
<td>2. Responses to Interview Questions Associated with Major Renewal Themes</td>
<td>57</td>
</tr>
<tr>
<td>3. Renewal Elements Associated with Major Renewal Themes</td>
<td>58</td>
</tr>
</tbody>
</table>
CHAPTER I
THE PROBLEM

The issue studied in this research is the personal and professional renewal of hospice nurses. The intent is not to begin with a theoretical premise which will guide research but rather to gather information, observe and describe the philosophies, perspectives, and renewing experiences of persons who perceive satisfaction in their personal lives and/or in their work as hospice nurses, and then to analyze and synthesize the reports to form an analytic description of the renewal process. In this introduction the problem is identified, the context of the problem is discussed, the research purpose and methodology are outlined, and the analysis of data is described.

Background of the Problem

Rapid gains in medical and technological knowledge since the turn of the century have resulted in decreased infant mortality, increased life expectancy, and eradication or reduction of some debilitating diseases. These gains in knowledge have also made possible the
survival of severely disabled persons and the extreme extension of life for some terminally ill persons (Kalish, 1979). Citizens today are called upon to make value judgments and to consider some ethical issues related to living and dying that their forebears did not have to consider in the same ways. If death denial is common in the United States, as Kubler-Ross (1979) suggests, people in this culture may well be less realistic about dying and death and less well prepared to deal with death than their forebears were; the effects of this lack of acceptance and preparation pervade many aspects of life.

Present day care of terminally ill persons includes sophisticated hospital care, nursing home care, at-home and/or hospice care. The philosophies underlying the various types of treatment and care focus mostly on the cure of illness and the extension of life; the philosophy of hospice care, on the other hand, focuses on the palliative rather than the curative. This concept is a relatively new one in the United States (Lack, 1977).

A hospice is defined as a way station for travelers. The term hospice today refers to a philosophy and type of practice which assists terminally ill persons on their voyage from this life. The philosophy incorporates ideas that life is to be lived, that death is real and not to be feared, that dying is the final process in living, and that a hospice can provide a haven or way station for persons in
this final phase of life. Hospice personnel assist terminally ill persons to live until they die, and help them to be self determining in the ways their lives are lived out. There is usually no curative effort; palliative care assists the patient in remaining comfortable and in functioning as fully as possible for the remainder of life. This contrasts with the perspective of traditional medicine of saving lives at any cost: to the institution, to society, or to the person. The hospice movement was born of a desire to allow cancer patients to make decisions about their own care, and to assist those patients in carrying out their desires not to extend life painfully and unnecessarily when there is no hope of cure or a satisfying life. The hospice movement alerted the western world to a phenomenon that is not new but that has become overshadowed in this technological age. There is now growing acceptance both of dying as part of life and of the involvement of patients as partners with physicians in the decisions about care and/or cure (Cousins, 1979). To help the terminally ill live until they die, and to be with them as they are allowed to die can be intense and deeply meaningful experiences. The most vital, the most important meanings of life often become apparent to those who are faced with the meaning of mortality (Frankl, 1962).

The hospice movement has appealed to some nursing professionals for a variety of reasons: rebellion against
the traditional care of the terminally ill; a strong desire to provide humane care; the opportunity to allow patients to be partners in their own care (Cousins, 1979); the opportunity to allow terminally ill persons to remain at home with their loved ones in familiar surroundings as they prepare to leave all those whom they love. Many hospice nurses report that they consider hospice nursing to be the epitome of professional opportunity. Perhaps some of these nurses enter the field with unrealistic expectations; the work they expect to be enormously gratifying may be exhausting and disappointing in surprising ways (Hospice of Dayton, support group).

Some research identifies desirable characteristics of caregivers (Vincent & Garrison-Pease, 1986), but almost none of the professional nurses, social workers, and chaplains who enter the field of hospice care today have had extended specific training in hospice philosophy and practice prior to joining the hospice organizations. Most of these caregivers are aware of the potential for burnout in vocations which are physically and emotionally draining (Ledbetter, Boulware & Fulcher, 1982; Korte, 1985). The intense involvement of hospice nurses and other clinical staff with their patients and the patients' families can be both enormously gratifying and enormously difficult. The potential for mental, physical, emotional and/or spiritual exhaustion is high. The potential cost to the health care
system and to the consumer from professionally and personally exhausted, ineffective clinical staff is also large. The costs of burnout for the person who experiences such exhaustion and disillusionment include unhappiness, inability to function, physical and mental illness, and loss of vitality. Although the medical profession is aware of the reality of burnout, the efforts to study and ameliorate personal and professional exhaustion among nurses have emphasized the study of stress management or recovery from burnout (Shubin, 1978; LaGrand, 1980; Donnelly, 1981; Fennigkoh, 1981; Francis, 1981; Ledbetter, et al, 1981; Potter, 1981; Puetz, 1981; Gottardi & Kidorf, 1982; Johnson, Richardson, VonEndt & Lindgren, 1982; Richardson & West, 1982; Korte, 1985; Larson, 1985).

Efforts to prevent this kind of exhaustion and burnout by global or holistic renewal of the individual have not been reported in the research literature.

The Definition of the Problem

It is the problem of renewal and revitalization of hospice nurses that is addressed in this study. Two questions must be answered: 1) What is renewal for hospice nurses? 2) What are the components and/or the global nature of renewal and revitalization that enable hospice nurses to maintain personal and professional effectiveness
and satisfaction? This effectiveness and satisfaction may be conceptualized as composed of a number of elements: reported pleasure in work; feelings of worthwhileness; rewards or reinforcement from patients, patients' families, or hospice personnel for work well done; high energy level; self confidence; maintenance of physical and mental health. How may these characteristics and experiences be achieved or maintained?

Elements of the Problem

Vocational Choice

Nurses select their profession out of a desire to be of service to others (Osipow, 1982). Their motivation stems from their choice to tend to the needs of others in time of the others' vulnerability. Nurses typically choose areas of specialization which are especially interesting to them, and/or areas where they feel they can "make a difference." In so doing, they not only attempt to meet their patients' needs but also their own needs to feel useful and to make contributions to the lives of others. The ego involvement which results from this type of vocational selection can accentuate the response of personal and professional satisfaction or dissatisfaction (Osipow, 1982).
Personal Involvement with Patients

Several options are available to the hospice nurse who is psychologically overloaded by involvement with patients and by the demands of the job. The individual can utilize any number of destructive defenses. For example, displacement allows deflection of anger and frustration onto the nurse's own family or co-workers; repression of the feelings of anger induces depression; physical illness sometimes results; withdrawal removes constructive action and support. Thus the stress of the job is converted to strain experienced by the nurse, and maladaptive or destructive mechanisms promote burnout. If nurses allow themselves to expend themselves, to become involved, to feel deeply about their patients, and to grieve when patients die, the resulting stress and strain are likely to be manifested in intellectual, physical, emotional, and spiritual dysfunction unless the nurses experience renewal in some way. If the workers put up psychological and social barriers to emotional involvement, depersonalization is likely to occur, and personal and professional effectiveness may be reduced.

The negative effects of stress are well documented (Selye, 1956). Stress is not in itself destructive; rather, it is the overload of stress or unresolved stress which compounds and produces strain, the individual's response to stress. The strain may influence work
Coping Skills

Constructive coping skills and other personal resources assist one in resolving stress so that strain is reduced and personal satisfaction is enhanced. Some attempts have been made to understand or measure such personal coping strategies (Osipow and Spokane, 1981). The research reported in the literature is sparse; many articles describe strategies to manage stress with one mechanism or another (Ledbetter, et al, 1981) but renewal includes much more than stress management. No clear research findings reveal a holistic picture of proactive renewal which includes but extends beyond coping. That is, some coping mechanisms allow for the relief of stress, but do not build renewed energy and vitality. Renewal implies building positive, proactive approaches to living so that the destructive effects of stress and strain may be averted and life satisfaction may be enhanced; hence, renewal is much more extensive than mere coping.

Renewal Efforts and Experiences

Renewal is certainly related to some of the following perspectives and behaviors:

1. Attitudes toward vocation—satisfaction about the
choice and continued enthusiasm for the vocation;

2. Professional development activities—the opportunity to learn new, more effective ways to function professionally;

3. Attention to physical health, diet, and exercise;

4. Involvement in significant human relationships apart from work;

5. Conscious utilization of personal coping strategies—social, emotional, physical, intellectual, and spiritual;

6. Integration of deeply meaningful events into one's interpretation of meaning in life and the meaning of living and dying (Frankl, 1962);

7. Acceptance of the reality of death, and acceptance of one's own mortality (Kubler-Ross, 1979);

8. Maintenance of a balance in one's personal and professional lives (Miller-Beach, 1982).

These elements of the phenomenon of renewal overlap in a number of ways; distinctiveness of elements as well as interaction and overlap among them are germane to this study. For the purpose of this research, renewal is conceptualized as the characteristics of the hospice worker and the activities or processes in which the worker engages that are related to ongoing high level personal and professional functioning.
Justification of the Study

The purpose of this study is to increase the understanding of the phenomenon of revitalization for nurses in hospice work. Understanding and utilizing the principles of renewal may have a number of benefits:

1. Renewed nurses may improve their service to patients and their families if the components of renewal can be identified and fostered;

2. Principles of renewal can be utilized to foster the nurses' personal and professional life satisfaction.

3. Knowledge of the principles of renewal can stimulate nurses' actions to become renewed;

4. Relationships between staff and governing/funding agencies can be enhanced if nurses, who are accountable to those organizations, function well as a result of renewal;

5. Principles of renewal can be taught and used in the training of new staff;

6. Principles of renewal can be taught to existing staff through staff development and support activities;

7. Knowledge of characteristics of renewing persons can assist in the selection of appropriate staff;

8. Organizational functioning can be improved by utilization of principles of renewal for individuals and the organization to avert discord and work through conflict. Apparent conflicts within a hospice organization may arise from a number of single or interactional factors;
the nature of the organization, the nature of management, professional competence issues, the mismatch of persons with jobs, and the displacement of energies from unresolved emotional conflicts are some of the possible contributors.

Generalization to situations other than the hospice personnel and organizations studied is not intended. However, the principles of renewal are probably applicable to other persons, vocations, and work settings; testing the generalization of the principles will be a research effort in the future.
CHAPTER II

A REVIEW OF LITERATURE

What is renewal? How may the process and the state of being renewed be described? The purpose of this literature review is to build a conceptual framework through which to explore the phenomenon and its qualities or properties. Fundamental to such exploration is a consideration of philosophical and psychological interpretations of vitality, motivation and optimal human functioning, together with their sources and components. The main focus in this review of literature is an informed perspective from which to view renewal; what it is, as well as a justification for its study by considering the consequences of its lack.

Theoretical Perspectives

Maslow: Humanistic Perspective

Phenomenological or Humanistic/Existential psychological theories provide illustration of positive perspectives on human motivation. Abraham Maslow, for
example, characterizes humans as basically "good" or at least neutral, rather than basically sinful or evil. He suggests that human beings have an inborn motivation to live up to their potential, to become self-actualizing persons. The path to becoming self-actualizing requires that certain needs be satisfied along the way. Frustration in satisfying these needs elicits negative feelings and behaviors; this frustration, not evil nature, is what stimulates human "badness" (Maslow, 1968).

The hierarchy of needs, in building block fashion, includes satisfaction of physiological, safety, belongingness and love, and self esteem needs before the individual can become self-actualizing. Self-actualization is viewed as a process rather than an end product, and once achieved remains elusive and unstable; continual threats to this optimal state of being exist. Individuals are self-actualizing when they make full use of their capabilities and find satisfaction and pleasure in their lives; the paths are many. Based on his study of 48 people he thought were utilizing their talents and living in very full ways, Maslow (1967) identified fifteen qualities which he thought were typical of the self-actualizing person:

1. Efficient perception of reality. Maslow found that self-actualizing people are able to see reality clearly; their perceptions are not clouded by their own wishes and desires.
2. Freshness and spontaneity in thought and action, within the bounds of taste and consideration of others. These give vitality to the self-actualizing person's life, shown sometimes by the awareness of the culture's value system but development of one's own values which may differ from those most broadly accepted.

3. Acceptance of self and others. This is demonstrated by the valuing of self and others at the same time that there is comprehension of strengths and weaknesses. There is a lack of shame, doubt, anxiety, guilt and defensiveness.


5. Autonomy and independence. The self-actualizing person exhibits continuous growth motivation rather than deficiency motivation, and shows independence in moving along a personally decided path.

6. Detachment and need for privacy. The person desires to spend more time alone than most other people need.

7. A continued freshness of appreciation of nature and all of life. This occasionally reaches ecstatic levels in the self-actualizing person. Wonder at the marvel of a new baby or the beauty of a wild flower does not become jaded.
8. Love for fellow humans. Such persons demonstrate ongoing qualities of empathy, affection and nurturance of others.

9. A genuine democratic tolerance of other persons regardless of their political beliefs, social class, race, religion, gender or educational backgrounds.

10. Peak or mystic experiences. These experiences are identified as profound, deeply moving, strengthening and valuable, and may be apart from religion in a traditional sense.

11. Intimate and profound relationships with a very few persons rather than with many, combined with patience and kindness toward all people.

12. A highly developed moral sense with a clear distinction between means and ends; behavior dictated by ethics rather than by expediency.

13. A philosophical sense of humor, never hostile nor at the expense of others, which reflects the humor of the human condition.

14. Creativity, a quality of all self-actualizing persons, demonstrated in a broad variety of ways with freshness of ideas, thoughts and action.

15. Resistance to rigid enculturation while being aware of the demands of the culture. The individual shows tolerance of many expectations of society while courageously working for social change.
This description of the self-actualizing person characterizes the ideal of the renewed individual, as presented in Chapter 1, as one who is alive and vital, who enjoys life, who is productive and who cares for self and others.

**Viktor Frankl: Humanistic Theory**

Viktor Frankl (1962) integrated his observations and personal experiences in Nazi concentration camps in Europe during the 1940s into a personal philosophy and a theory of human functioning, as well as into a system of psychotherapy (Logotherapy). Frankl observed persons and interactions in the most debilitating, dehumanizing situations. Human survival in the face of the Nazi oppression was shaped essentially by the person's integration of meaning in life and purpose in living. Gordon Allport summarizes the germinal findings of Frankl's observations and theory development in the preface to Frankl's book *Man's Search for Meaning* (1962, p.xi):

First to the rescue comes a cold detached curiosity concerning one's fate. Swiftly too come strategies to preserve the remnants of one's life, though the chances of surviving are slight. Hunger, humiliation, fear and deep anger at injustice are rendered tolerable by closely guarded images of beloved persons, by religion, by a grim sense of humor, and even by glimpses of the healing beauties of nature—a tree or a sunset.

But these moments of comfort do not establish the will to live unless they help the prisoner make larger sense out of his apparently senseless suffering. It is here that we encounter the
central theme of existentialism—to live is to suffer, to survive is to find meaning in the suffering. If there is a purpose in life at all, there must be a purpose in suffering in life and dying. But no man can tell another what this purpose is. Each must find it for himself and must accept the responsibility that his answer prescribes.

Frankl (1962) recounts that the prisoners lost their fear of death and sometimes became apathetic very soon after internment. They developed protective shells which allowed them to endure and to observe unspeakable treatment. Political and religious interests eventually grew in depth and vigor. Spiritual life deepened. "They were able to retreat from their terrible surroundings to a life of inner riches and spiritual freedom" (p.35).

Frankl (1962) describes the enlightenment he experienced as he was transfixed by thoughts of his wife during one particular ordeal. "The truth--love is the ultimate and the highest goal to which man can aspire....The salvation of man is through love and in love....It finds its deepest meaning in the spiritual being, the inner self" (pp.36-37).

Inner life intensified for these prisoners. Frankl witnessed the prisoners' transcendence of this world and their verification of ultimate purpose in their existence. Pleasure in small things, in art, in nature, in relative luck, in humor and song, in gratitude for small mercies, and care for one another gave life some measure of meaning and purpose and afforded the prisoner some inner peace.
Not all prisoners were able to achieve this spirituality and peace. If they succumbed to the pressure and degradation they soon existed like animals.

Frankl concludes that humans have choices of action and of attitude. Even in the face of horrible stress, humans can preserve the independence of mind and spiritual freedom which give life meaning. The prisoners' personal decisions determined the sorts of persons they became. Frankl suggests that each individual's unique meanings, courage, style, attitudes, and hope make the difference in that person's ability to survive.

Frankl suggests that these positive personal qualities apply to the world beyond in a larger sense. His conceptual framework bears directly on hospice nurses' lives. They, more than most caregivers, have opportunities to find meaning in the suffering and deaths of their patients. The choice of their own attitudes towards their lives and work, their love for others, joy in existence, and meaning and purpose in life may relate directly to their sense of being renewed.

**Gordon Allport: Development of Maturity**

Maturity is a term used by some psychologists to describe a state that promotes physical and psychological well-being. Turner and Helms (1983) describe the mature individual as one who possesses "a well-developed value
system, an accurate self concept, stable emotional behavior, satisfying social relationships and intellectual insights." The mature person copes realistically with demands of the environment and life problems, and expands resources for happiness. Many of these qualities are those of renewing and renewed persons.

Psychologist Gordon Allport (1961) discusses the development of the maturity necessary to cope with frustrations, failures, and successes as an ongoing process which includes many struggles and decisions over the life span. Allport suggests that each individual's development and style is unique, and that the individuality is demonstrated in seven dimensions of maturity:

1. The extension of self to others to form meaningful relationships outside the family.

2. The ability to relate warmly to others, shown by compassion and caring as well as intimacy, warmth, sensitivity to the needs of others, tolerance for others, friendship, love and devotion.

3. Emotional security, including these particularly important qualities: self acceptance, ability to accept personal strengths and weaknesses, acceptance of the reality and value of emotional experience and expression; ability to continue to function in times of frustration and stress and to maintain a healthful life style; spontaneity, awareness and acceptance of personal emotions and ability
to express emotions appropriately.

4. The accurate perception of reality, without distortion to suit personal needs, or without overuse of defense mechanisms.

5. The development and use of skills and competencies, reflecting pride in one's work and a moderately high activity level.

6. Self objectification, the clear insight about self necessary for maturity. This quality includes the individual's comprehension of personal strengths and weaknesses and a clear perception of societal demands on behavior.

7. The development of a unifying philosophy of life including purpose, ideals, values, and goals.

Allport's characteristics of maturity are similar to Maslow's qualities of self-actualizing persons. A thread which runs through all three of these theories is a unifying philosophy of life which incorporates meaning and values, and which directs behavior. Other common threads include the ability to address problems squarely, possession of accurate self knowledge and self acceptance, tolerance and love for others, and helpfulness to others. Maslow and Frankl both suggest that depth of spirituality is characteristic of the optimally functioning person, and both mention the importance of positive attitudes in making meaning of and finding satisfaction in life.
Thus, in this conceptual framework of optimal functioning, these themes emerge: mental attitude; the development of a philosophy of life; meaning and purpose in life; warm relationships with others; realistic view of life; accurate self knowledge and self acceptance; and pride and purpose in life and work. These characteristics are found in renewing and renewed hospice nurses.

*Selyle, et al: Effects of Stress*

What happens when renewal does not occur? Each of the above mentioned theoretical perspectives acknowledges the value of facing or solving frustration and suffering. What happens when frustration and suffering are not faced? The research literature is replete with discussions of the destructive and negative effects of unresolved stress.

Hans Selye (1956) describes the stress reaction and notes that unresolved stress may result in exhaustion, physical illness, and even death. Holmes and Rahe (1967) attempt to quantify the impact of life change events on one's mental and physical health. They suggest that certain amounts of life change produce predictable changes in physical and mental health. Freudenberger's research (1980) adds support to the destructive aspects of stress, strain, and burnout.

The possible negative results of stress and strain have been thoroughly documented. The goal of the research
reported here is to discover patterns of living and personal characteristics which prevent the negative effects of stress and strain, which foster renewal, and then to build a grounded theory of the holistic nature of renewal.
CHAPTER III

RESEARCH METHODOLOGY

Rationale

The intent of the researcher was to develop a holistic view of renewal as it has been experienced by a group of hospice nurses. A global perspective about such renewal does not appear to be addressed in the research literature. There is no holistic theory from which to form hypotheses; the exploratory inductive research methodology was selected for this study because such methodology facilitates the emergence and building of descriptive holistic explanations of revitalization as it has been perceived and experienced by the hospice nurse participants.

The Sample

The sources of information were hospice nurses. A premise of this research is that the nature of renewal is individual and subjective; therefore, the method selected for data collection involved interviews which encouraged individuality of perception and expression. The
interviewer and each interviewee engaged together in the effort to uncover, explore, and articulate the nurses' experiences from their own perspectives. Qualitative, inductive research methodology permitted the nurses' structuring of their own realities of revitalization.

**Size and Source of Sample**

The goal was to have a sample of voluntary respondents, comprised of fifteen hospice nurses, five each from three different locations, to provide a variety of perspectives and to balance possible unique influences of each setting. The three hospice locales, Dayton, Cincinnati, and Northwestern Ohio, were selected because they were relatively convenient for the investigator.

The planned total of fifteen respondents was identified by the investigator's dissertation committee as sufficient for the research purposes and as manageable for the investigator. When the hospice workers in the first location sampled were approached about the research project, more than five persons volunteered, so interviews were conducted with all who volunteered; ten nurses, one nursing supervisor, and two social workers. Interviews were conducted with five nurses, one social worker, and one nursing supervisor or director in each of the other two locations.

Hospice organizations in the Toledo, Dayton, and
Cincinnati areas have been in existence no longer than eight or nine years, with the first established in 1977. Their models of organization and functioning were taken from British and Connecticut examples and adapted to particular locales; hence as a result, the evolution and growth of each organization has been slightly different, although each began with a small staff and grew as need grew and funding and staffing allowed. The total number of nurses on each staff is relatively small, and turnover and change have been the rule rather than the exception.

Composition of the Sample

The intent was to select the sample that would best serve the purpose of the research (Patton, 1980; Bogdan & Biklen, 1982). Since the purpose was to develop a concept of renewal as it relates to hospice nurses, and since it was assumed that a measure of renewal and job satisfaction is length of service, the original plan was to draw respondents from nurses who had completed at least two years of service to hospice. Plans were modified because of the lack of potential respondents who fit that requirement; the practical decision was made to talk with hospice nurses who had completed at least six months service in their positions. This decision was based on advice from two hospice directors who suggested that new employees' orientation to hospice takes about six months.
The age of the worker was not a criterion for selection. Generally, hospice workers are selected from among applicants who have had two or more years of professional work experience in nursing, post graduation. Maslow suggests that self-actualization develops as one matures and resolves some of the deeper questions of life, so it is possible that increasing age may be a concomitant of renewal, but certainly not a requirement. The approximate chronological age of each participant is noted.

Renewal is probably not a result of gender, although societal response to gender may influence the individual's approach to renewal. Gould (1978), Levinson (1978), Erikson (1959) and others writing in the adult development literature suggest that there are age and sex related differences in renewal or work-related transformations. Since almost all hospice nurses are female, most of the participants in the study were female; only one male is included in the total of 20 hospice direct-patient-care nurses who were interviewed. Length and types of professional work and duration of hospice work were also recorded.

To summarize, the sample was selected from those nurses with at least six months service with hospice. Participants volunteered for the interviews. Age, sex and length of professional career were noted.

In order to determine that the samples chosen were
representative of the populations, a comparison of the samples to the populations was made. In one location the sample was the same as the population; all the nurses, four female and one male, were interviewed. In another location, which provides both in-patient and home-care, there were six home-care nurses (5.5 FTE) and 35 in-patient nurses (23 FTE); three home-care and two in-patient nurses were interviewed, all female. There were no male home-care nurses and one male in-patient nurse in the organization at the time. The third hospice had provided home-care for six years and had offered in-patient care for only a few months at the time of the interviews. Ten of the 14 home-care nurses, all female, and none of the in-patient nurses were interviewed. Table 1, p. 28, shows the demographics of the interviewees compared with the total number of nurses in the three locations. The sample of nurses is judged to be representative of the population of the nurses in the three locations with respect to the six demographic variables.

Procedures

The directors of the three hospice organizations were approached about the proposed research. The investigator called each director by telephone to explain the project briefly, and to request cooperation and assistance. The telephone call was followed by a letter reiterating the purpose of the project, a summary of the research plan and a
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* Exact numbers unavailable
request for a letter of approval for The Ohio State University Human Subjects Review Committee. The directors all agreed to cooperate. The investigator requested volunteers with at least six months professional service in their respective organizations.

The investigator asked the directors to initiate contact with the clinical staff, telling them about the research effort and encouraging them to participate and assist the investigator. The directors explained the nature and purpose of the project and the method of data gathering. Each potential participant was asked to agree to one one-hour tape recorded interview and a possible follow-up interview at times and places of their convenience. When the potential participants agreed, times and places for the interviews were set.

The investigator encouraged the directors to allow work time to be utilized for the interviews, to affirm the value of the study to the participating worker. The investigator offered monetary contributions to each of the hospice organizations and/or offered honoraria to each interviewee as ways of showing appreciation for the contributions of the participating clinical staff and the directors to the project. An option for each organization was for the researcher to pay the interviewees for their participation and to complete the interviews on the nurses' own time; in one location this option was selected by the respondents.
One hospice declined a contribution and requested that the investigator present an in-service program to the hospice staff instead. The possibility that payment of the nurses would bias their responses was considered; responses were consistent across all three hospices, hence the judgment is made that payment to the hospices did not significantly bias the nurses' comments. The directors and the interviewees were assured of anonymity with explanations of methods of masking responses in reporting the findings.

In order to address some of the reliability and validity issues of research, that is, the credibility, confirmability, dependability and context relevance of the data, the investigator also collected information related to possible negative instances or lack of renewal. Five former hospice nurses were interviewed to tap their perceptions of renewal, but also to search for characteristics and experiences which might detract from renewal, and perhaps to reveal that renewal is facilitated by changing jobs. The investigator approached the former hospice workers directly, without the directors' intercessions, and offered monetary reimbursement for participation. All former nurses declined payment.

The Interviews

The purpose of the interview was to elicit the respondent's perceptions and understanding of renewal
(Patton, p. 20). This goal is best facilitated by an atmosphere which is non-threatening and accepting, and an interview style which rewards depth of personal reflection and expression. For these reasons a combination of unstructured and semi-structured guided interview styles was used. Personal expression was encouraged.

**Interview Guide**

The interviews were open-ended for the most part, although the investigator used a general guide to insure consistency through interviews with all participants, and to probe, clarify, amplify, or refocus as seemed appropriate (Guba and Lincoln, 1982). Some of the questions or statements that were used to trigger responses about renewal were:

1. What does renewal mean to you?
2. What is it that you do to help yourself feel refreshed and renewed?
3. Tell me how you take care of yourself physically...intellectually...emotionally...socially...spiritually.
4. How do you feel about your job? What is the best part of the job? The worst part?
5. How do you feel about your effectiveness as a hospice worker?
6. Does the organization provide development opportunities and support for you? In what ways? How are
these activities and support related to your renewal?

7. In what kinds of professional development activities do you engage? What seems to be the most helpful?

8. What are the aspects of personal relationships that are important to you?

9. What are some of the most important and significant events in your life? Why are they so significant to you? What differences have they made in your life?

This initial list of questions was intended to tap many dimensions of the nurses' personal and professional lives. The list was expanded slightly as information was gathered in the succession of interviews with the twenty-five respondents; questions about meaning in life and the importance of balance in life were added. They were usually phrased:

10. What gives meaning to your life? What is meaningful in your life?

11. Some people talk about the importance of balance in their lives. I'm not sure if this is important or not. What do you think?

The intent of the interviewer was to elicit and capture the interviewees' perceptions of philosophies, activities, events, personal characteristics, relationships, spiritual support, and other dimensions or experiences that may be renewing without in any way indicating that there is a
"correct" way to be renewed.

Practice Interviews

The investigator engaged in five practice interviews with two former hospice workers, a Visiting Nurse and two persons in related fields. The interview protocols were analyzed by the investigator and critiqued by graduate research class colleagues of the investigator who had some knowledge and experience in qualitative research. The practice enabled the investigator to refine the interview questions, to practice interview technique and style, and to receive feedback about the process.

Data Gathering Interviews

For practical reasons the interviews were conducted over a period of fourteen months. In two locations the interviews were clustered in fairly tight time frames. In one site all interviews were completed in the hospice offices over a period of one afternoon and the following morning. In another site, the interviews were completed in two three-hour segments, one week apart. In the third site the individual interviews were conducted over a period of weeks and were held in a number of locations such as the hospice office, the interviewee's home, the interviewer's home or office. The former hospice nurses were interviewed in their homes or in the interviewer's office or home over a period of several months. Second interviews varying in length, were held with three persons, and written
communication was added by three other persons.

All interviews were conducted by one interviewer who was guided by principles of interviewing set out by Dexter (1970), and Tymitz and Wolfe (1977, cited in Guba and Lincoln, 1981, p. 143-144). It was important to build trust, to be empathic, to be a good listener, and to be confident and non-threatening.

At the beginning of each interview the investigator explained the nature and purpose of the research. The respondents were assured that it was their experience which was important and that they could refuse to answer questions if they preferred. The investigator was described as a fellow learner in the process of discovering principles of renewal, and all interviewee perceptions were welcomed. The process of masking identification of responses was briefly explained. The rationale for and the mechanics of recording the interview were described.

Most interviews were limited to an hour or so. Immediately following the completion of the interview sessions, the interviewer reflected on the process and substance of the interviews and completed field notes. Attention was given in the field notes to the nonverbal behavior of the interviewees, and there was an attempt to capture the emic, the nurses' experiences, with a description of the context of the situation as well as with verbatim transcription of the interviews.
Each tape-recorded interview was transcribed and coded. Initial coding categories included: definitions of renewal; the renewal process, which included spirituality, relationships, professional development, personal and professional support, emotional expression; care of self, including emotional, social, intellectual, physical and spiritual components; rewards for work; inspiration and learning from patients and their families; personal philosophies and/or religious perspectives about life and death; meanings in life; significant life events; balance in life and living; and organizational support and encouragement. Renewal theme coding classifications were added as the themes emerged in the succession of interviews.

Reliability of perceptions was confirmed in two ways. The geographic separation of the groups of hospice workers produced consistency of perceptions from group to group, thus confirming the findings. As new insight developed some second interviews provided further confirmation of recurring patterns.

It was necessary to account for the neutrality of the interviewer. Some of the biases of the interviewer are illustrated by the nature of some of the interview questions. The openness of the interviewer to the interviewees' fresh thoughts and reflections about renewal was important, and the preservation of the recorded interviews, the verbatim transcriptions and field notes
allowed checking and rethinking initial perceptions. Review of findings with the hospice staffs at the completion of the study provided member checks and support for the findings as well as ideas for additional research. The audit procedure, described below, also incorporated checks for neutrality.

Data Analysis

The modified analytic induction method of analysis of data was deemed appropriate for the purpose of this study. On the basis of the initial interviews the interviewer developed a loose descriptive theory of renewal, and then proceeded with additional interviews. After each group of interviews, the theory was held up for reflection, modification and redefinition. The sampling, coding, reflecting and writing continued as the model continued to evolve and emerge. Cases which were thought not to fit the emerging formulation were sought out, and the loosely built theory became tighter as new information was incorporated and the explanation was revised and modified (Bogdan and Biklen, 1982, pp. 64-68).

Research Audit

Rationale

The richness of inductive naturalistic research needs to be supported by evidence of trustworthiness of the data.
Lincoln and Guba (1982) discuss four aspects of trustworthiness to be addressed: confirmability, dependability, credibility and applicability of data and research findings.

Lincoln and Guba (1982) further suggest that an audit of naturalistic inquiry by an outside critic can help to establish or verify the confirmability and dependability of the research. Information on audits of naturalistic inquiry is sparse, although Lincoln and Guba provide some useful guidelines for audit procedures which were utilized for auditing the research reported here.

The Auditor

Lincoln and Guba (1982) describe the research audit as somewhat analogous to a fiscal audit, but while a fiscal audit is conducted by a certified professional, there is no specific certification for an auditor for naturalistic research. Lincoln and Guba (1982) further suggest that the auditor in such a case be a professional peer of the researcher.

The Audit Procedure

The essential purpose of the audit was to establish that the research was carried out in a reasonable manner (Lincoln and Guba, 1982, p.4) and to accomplish this the auditor had two main tasks:
1. To review the inquiry processes to be certain that they fell within the norms of good professional practice, to ensure the dependability of research findings, and,

2. To review the inquiry products to be certain that they could be substantiated from the data collected, in order to establish the confirmability of the findings. Establishing the credibility and applicability of the research findings were beyond the purpose and scope of the audit.

Guba (1981) and Lincoln and Guba (1982) list eight steps in this audit process:

1. The decision to do the audit

2. Acquisition of the inquirer's report and all portions of the audit trail (all notes, transcripts, documents, etc.)

3. Determination of whether the audit trail is sufficiently complete to perform audit

4a. Comparison of procedures to problems addressed

4b. Comparison of raw data to final product (written narrative) and a check of unitizing and categorizing systems and labeling procedures

5. Description of the results from both comparisons in step 4

6. Notation of shifts in methods of deployment of personnel, and judgments about context and problem

7. Notation of whether inferences flow logically from
data

8. Certification in the final report of what is found.

The auditor for this study, a student peer of the researcher's at The Ohio State University, completed an academic sequence of naturalistic or qualitative research courses, and conducted qualitative naturalistic research to complete a doctorate in Physical Education in 1985. He is now on the faculty of the University of North Dakota.

The Audit for this Study

The researcher provided the auditor with the following materials to facilitate the conduct of the audit:


2. The interview audio tapes from interviews with the 20 hospice nurses, five former hospice nurses, three nursing supervisors and four social workers.

3. The typed transcriptions of all interviews. All transcriptions were marked with coding notations.

4. Data analysis cards and sheets.

5. Field notes.

6. An activity log.

7. Names, addresses and telephone numbers of all respondents so that the auditor could complete member checks.

The auditor was asked to examine the research process
and the data to determine the dependability and confirmability of the data. To address the issue of dependability he was asked to "examine all the documentation from the point of view of its acceptability within the norms of good professional practice...(and to) certify that the inquiry has been adequately executed from a methodological point of view (Lincoln and Guba, 1982)."

To address the confirmability issue the auditor was charged to "examine the analyzed data, comparing samples against selected original data items" to verify a) the appropriateness of the categorization systems, b) that the conclusions drawn by the researcher are documentable in terms of the categorization system, and that conclusions were drawn from multiple data sources. (Lincoln and Guba, 1982)

The auditor was also charged with the task of providing a report of his findings to the researcher and the dissertation committee. The final report is included here as Appendix B.
CHAPTER IV

THE PHENOMENON OF RENEWAL - WHAT THE NURSES SAID

The conceptual framework developed in Chapter II (pp. 12-22) served as the base to define consistent themes in renewal of hospice nurses. Data for these consistencies came from interviews which probed the hospice workers' subjective experiences and perceptions. The data were coded and analyzed for themes and trends.

Tentative themes of renewal or revitalization which were revealed in initial analysis of responses to the questions about the definition and process of renewal were then tested against the responses to the remaining interview questions. Responses to all interview questions supported one or more of the themes. Some overlap inevitably occurred in the responses from question to question. Analysis was continuous throughout the process of study of the interview protocols. Tentative themes were identified early in the process; when answers to all questions had been analyzed for content area another examination for alternative categories of themes was conducted. Table 2 (p. 57) summarizes the cross match of
responses to specific interview questions and the identified themes.

This report of the data includes: a description of the respondents, the interviewees who contributed their perceptions for study and analysis; a description of the work of hospice nurses; a discussion of the respondents' definitions of renewal; the nurses' perceptions of the process of renewal; a discussion of the major themes of renewal which emerged after analysis of the interviews; an interpretation of the data with respect to the processes and conditions of both renewal and failure of renewal; finally, a rationale for the analysis and determination of predominant themes.

The Respondents

Interviews were conducted with twenty hospice nurses who were involved with direct patient care at the time of the interviews; ten of these nurses were from one hospice location, while five were from each of two other locations. Five former hospice nurses were also interviewed; they had all provided home-care for at least two years at some time within the five years immediately preceding the interviews. The data reported here are based on the total of those twenty-five interviews.

In addition, three hospice nursing supervisors or directors were interviewed. The information from the
supervisors provided background for interpretation and is not directly reported here.

Almost all personnel interviewed worked with home-care patients and their families, although four of the nurses had worked in in-patient units prior to becoming home-care nurses. Two of the nurses worked in in-patient units at the time of the interviews, and had not worked in home-care. Brief biographies of the participants are included in Appendix A. The names of the respondents have been changed; otherwise the information in the biographies is accurate. The respondents' signed and witnessed consent forms, required by the Human Subject Review Committee of the Ohio State University, are on file with the investigator's advisor. Attribution to nurses' names in quotations taken from interviews and their names in the biographies are scrambled.

The Work of Hospice Nurses

The work of hospice nurses is inherently stressful, as this brief description shows. Systems differ in various hospice locations but in general the following activities occupy the hospice nurse.

Each hospice patient is under the care of a physician; the primary care nurse assigned to each case works with the attending physician. Each home-care patient has a caregiver, such as a family member, a neighbor, or a hired
home health aide, who administers much of the direct care under the supervision of the hospice nurse and the physician. The hospice nurse often has the responsibility of coordinating much of the care with any additional professionals, para-professionals and volunteers who are called in to help. The nurse also communicates with the physician, seeking advice, sharing perceptions about the patient's condition and ideas for care, and requesting medication and other treatment. The nurse for home-care cases becomes the case manager for the home-care team. In-patient cases require similar staff support, but instead of one primary nurse there are three primary nurses, one for each shift.

Hospice care focuses on palliative care rather than on curative efforts; there is no attempt to effect a cure and attention is centered on treatment of symptoms such as the control of pain and nausea. Terminally ill patients for whom no curative treatment is available and who are judged to have no longer than six months to live are eligible to become hospice home-care patients. Patients may self-refer in some situations, or hospital discharge planners or physicians may refer the patient and family to hospice, and the patient is placed on a waiting list to become an active hospice case as nursing care becomes available. Each home-care nurse carries a patient load of between eight and fifteen cases, depending on the policies of the various
locations, the amount of ancillary care available, and the time demands of each case.

The nurse makes an initial assessment of the patient and the family on the first visit; this may take from one to four hours and includes physical and psychosocial assessment. The nurse may have the assistance of the hospice social workers, home health aides, volunteers, chaplain, and other community resources to organize the best care possible for the patient and family. Decisions about immediate care needs are made, including frequency of home visits.

Home-care hospice nurses have better opportunities than hospital nurses to become acquainted with patients and their families in their homes, and familiar surroundings. The time allotted for holistic assessment and care allows the nurse to know the patient as a whole person and to feel responsible for the success of care. This contrasts somewhat with traditional hospital nursing where there may be several primary care nurses for each patient and responsibility is shared. While care is provided by a team in hospice home-care, the nurse is concerned not only with physical care of the patient but with psychosocial and spiritual care as well.

Such care is extremely time consuming. The depth of emotional involvement with the patient and the family exceeds the involvement the nurse would typically
experience in hospital settings. It is not unusual that new hospice nurses, particularly, have the inclination to give time and energy to their cases far beyond the time in a usual work week. The desire to "make everything right" puts psychological pressure on the nurse. The difficulty and pain which occur when the nurse cannot make everything right may make deaths of patients more traumatic for the home-care hospice nurse than for nurses in many in-patient settings who are more detached and less intimately involved with their patients (Hospice of Dayton).

When a hospice home-care patient dies the attending nurse, who may have become very attached to the patient and the family, tends to the body, comforts the family, and facilitates many arrangements with the coroner's office, the funeral director and the clergy. The nurse may attend the patient's funeral but has little time for personal grief or for assisting the family members in their grief for there are waiting lists of potential patients who need hospice care.

In addition to caring for and counseling the patient and the patient's family, the nurse attends staff meetings, keeps extensive records, consults with attending physicians, consults with other hospice staff, attends in-service meetings and seminars, attends staff support meetings, and may take turns being on call on evenings and weekends. Organization, teamwork and support are essential
to enable the nurses to keep balance in their lives and complete their work in normal work-week hours.

Hospice nurses working in in-patient units typically work eight hour shifts on schedules similar to routine hospital nursing. Patient-nurse ratios are usually 2:1 or 3:1 as with intensive care duty. Hospice patients sometimes move from home to in-patient units close to the time of death because of difficulties of symptom control at home. The average stay is from a few days to a few weeks. Some patients do return home to die, but many die while in in-patient care.

The stresses of in-patient hospice nursing are different from but equal to the stresses of hospice home-care nursing. One of the nurses who had served in both roles expressed her opinion that in-patient nursing elicited much more stress than home-care; deaths occur more frequently; hence, grief intensifies. Primary nursing responsibility is shared with nurses on other shifts who might countermand or ignore carefully derived care plans; frustration increases. Both in-patient and home-care work situations are fraught with stress inducers. Renewal is critical for nurses in both situations.

Hospice Nurses' Perceptions of Renewal

What do hospice nurse perceive renewal to be? Can the components of renewal be identified? Are there patterns of
behavior, including thoughts and philosophies which seem to contribute to renewal? Are there life circumstances over which one may have a range of little-to-considerable control which foster renewal? The purpose of the research discussed here was to discover the consistencies and themes which describe the conditions and processes of renewal.

The research method selected for this investigation was semi-structured interviews which yielded responses that could be analyzed for themes and consistencies among perceptions about renewal. The interview questions were designed to elicit thoughtful responses about maturity, self-actualization, and personally defined meanings in life as established in the conceptual framework. The interviews were open-ended so that respondents could offer additional perceptions which were meaningful to them.

The first question, "What does renewal mean to you?," stimulated fairly simple, sketchy perceptions. The second question, "What is the process of renewal for you; what do you do to renew yourself?," probed respondents' thinking and reflection more deeply. Succeeding questions about care of self, meaning in life, and significant life events revealed deeper and deeper reflections and philosophies. The strength of feelings about renewal became even clearer after analysis of the entire series of questions. Summaries of the nurses' definitions of renewal and their initial perceptions of the process of renewal are followed
by discussion of the major themes of renewal which emerged from analysis of all their responses.

The Nurses' Definitions of Renewal

The main themes emerging from answers to the initial question "What does renewal mean to you?" revealed perceptions of rejuvenation, increased energy, ability to cope, balance in life, feelings of freshness, and enthusiasm about work. Samples of definitions show consistencies as well as individual perceptions. Chris's short definition summarizes opinions of several nurses, "[To me renewal] means to be refreshed, able to cope with the situations that arise. To have a fresh enthusiastic outlook. To be energetic" (p. 1). Janet describes renewal as "Feeling fresh. Having energy. Looking forward to the day. Just being alive and fresh - ready for whatever challenge comes up" (p. 1). Others show similar perceptions:

Renewal means feeling fresh and ready to start over again after perhaps a period of hard work or rough emotional times. To become revived. You feel like you are ready to go back and take on the world again.

When I'm renewed I feel very energetic like I could do a lot of different things--take on a lot of different activities. Feel contented, happy. (Beth, p.1)

[I have] a resurgence of energy [after] I have felt depleted of energy. A sense of security where I have been feeling paranoid or insecure. A feeling that I am doing what I want to be doing. When I can feel like I give to my job instead of having to work at my job, then I feel
that I have been renewed. For me to feel renewed is to feel fresh—starting out with a clean slate. Making an imagery of a spring day as compared to the end of March when everything is so gray and dull and just plugging along. (Alice, p. 1)

For me renewal feels good. That is how I get in touch with when I need renewal and need some activity to get renewed. I kind of monitor that all the time. When I feel refreshed I feel that all my cells are in order....A coming together of the physical, the emotional, the mental, the spiritual, and I feel valid. I feel intact and flexible. It's a state of well-being. (Glenda, pp. 1 & 2)

Renewal is revitalization or being re-energized. Get yourself back...when you are real enthusiastic about things again. My jobs are always more than jobs to me; what I'm doing is a big part of my life or my being. I constantly need to feel that I'm doing the best I can and putting out the most that I can in order to feel satisfied with what I'm doing. That keeps me looking forward every day to go to work. That's the state I'm in now. (Pat, p. 5)

Bonnie's brief definition stresses the energizing nature of renewal. "I use analogies, like a car battery. Renewal is like recharging the battery. You feel good, feel high." (p.2) Others, in addition to those already cited add:

Renewal is stepping back and looking at all the things we do and the difference that we make. In working here you can get caught up in things we don't do or short comings--a negative attitude. You get renewed more when you step back and look at the many things we do differently and correctly. When I'm renewed I feel energized, more hopeful, a lot happier. (Belinda, p. 2)

"Renewal means a process by which I rejuvenate myself or restructure myself or refurbish myself physically, mentally or spiritually. When that happens I feel positive, bouncy, happy--a feeling of energy. A feeling of
wanting to do my best." (Linda, p. 1)

"Renewal means rejuvenation. It is what you do so you can keep on doing what you are doing. When that happens I feel energized, satisfied, at peace, and powerful as though I can conquer anything. I can think creatively, I have a broader perspective." (Millie, pp. 2, 3)

Renewal defined as 'starting over' is illustrated by Evelyn and Sharon's responses. Evelyn says, "Renewal is starting over, or a second chance and enjoying it more this time. It's like when you get up in the morning [and you think] 'oh boy! I'm still alive'... Today is a new day and I get another chance" (pp. 3, 4). Sharon reflects:

I think the word renewal is kind of confusing. Renewal must be something that I do to keep myself going with this kind of work. I truly like my work.

When we go to a big workshop once a year together with other hospice people who have the same philosophy, we always seem refreshed after that and we come back and are able to do it again. Being renewed is being able to start over again with lots of energy. I can think clearly, make things work and keep people comfortable.

(p. 1)

Renewal incorporates feelings of peace for Millie, cited above, and Margaret and Paula. Margaret says:

I get renewed when I can cut the barriers between nurse and patient and just talk person to person. The patient shares a little, I share a little. And when there has been a good death, the patient is free of pain and the family copes well and they comfort each other. That is what renews me. I feel satisfied and at peace.

Before I came to hospice I would have said renewed would mean professionally uplifting, but I think here at hospice it goes beyond that job mentality and it is the interpersonal
relationships with the patient as a person. And so I feel that I have learned, that a segment of my personality has been opened a little bit, that it has not stagnated. I feel at peace.

I don't really equate renewal with my energy. I can be very tired, look back on what happened and feel it was very renewing. (pp. 2, 3)

Paula adds:

Renewal means to me that when I'm feeling very down and tired, I get a good night's sleep and take a couple of hours just for myself so my outlook is brighter and I can go back out to do what I need to do....When I feel renewed I feel sharp, physically and emotionally. At peace with myself. (p. 1)

Jane's perception, "I think of renewal in terms of growth" (p. 8), is shared by Dorothy, who says, "Renewal is a process of growth. Finding things that help me through stressful times and help make things more positive" (p. 1).

Renewal as the capability to continue working effectively is described by Terry and Kelly. Kelly reflects, "Renewal means being able to continue with the job day after day and feel good about it" (p. 1).

Terry says:

Renewal would mean being able to continue to do a job in this kind of work in such a way that the patient does not become an object. I would always be able to show concern, compassion, empathy, sympathy, and always treat the person as a unique individual. (p. 1)

Additional ideas of renewal include perceptions of cleansing, burdens being lifted, leaving work at work, change of perspective, being better able to deal with
problems, and rewards from work. For example:

Renewal is doing something when you need to get refreshed. For me it is totally removing myself, go out of town, to do something physical like ski. That gives me the most cleansing. When I come back I feel refreshed, ready to go at it again. Start with a clean slate. (Trisha, p. 3)

Others add:

Renewal is the process by which I feel refreshed and feel that what I'm doing is worthwhile and that I'm getting the proper rewards from my job. When I'm renewed I feel lightened. The burdens are lifted off my shoulders. I can just go home and forget it." (Esther, p. 3)

"Renewal is a kind of regrouping to get your energy back and go on" (Georgia, p. 3).

Renewal is an ongoing process. In the beginning it is accepting the new patients, the assessment of what they need, and following through with a plan. The ending is the patient's death or discharge and then just starting all over again. Renewal is putting restrictions on my own involvement personally. I leave it here when I go home. I don't dwell on it. I know I can't solve everybody's problems. (Alice, p. 1)

Renewal is stopping to take a look because things are becoming a little too overwhelming. You need to make a change, and you grow as a result of that. You feel refreshed, like starting again, even if you are going back to the same point. You are better able to deal with the problems or the situations.

When I am renewed I feel like smiling, There is a sense of relief because I know that I have done something for myself. I can step back, look at the situation. I can deal with it. I'm not dreading it. I have a different outlook. (Martha, p. 1)

One nurse among all those interviewed volunteered a description of her feelings when she is not renewed, or when she feels "the opposite of being renewed." Esther
describes negative feelings. "Problems linger; it is the problem solving, the unanswered questions, the ambiguity. The difficult situations you can't fix to anyone's satisfaction."

To summarize, renewal is defined by the respondents in positive terms. The hospice nurses who are renewed are likely to feel refreshed, energetic, enthusiastic about work, in touch with their priorities, and ready to take on new challenges. The strong overlapping themes are of refreshment, rejuvenation, reenergizing. For example, thirteen of the 25 nurses specifically define renewal or the state of being renewed as feeling energetic about work, anticipating work, and feeling ready for challenges. Martha adds that when she is renewed, she feels ready to start over and ready to cope with problems. Beth comments that she feels "ready to take on the world," and Linda suggested that she feels eager to "give 100%.

Thirteen of the 25 interviewees volunteer definitions of the state of being renewed as being refreshed or rejuvenated. Paula uses the terms "sharp, bright, and rested." Six of the nurses use terms such as "feeling effective," "contented," "happy," or "at peace" when renewed. Glenda uses the terms "feeling centered, valid and integrated emotionally, spiritually, and mentally."

Feeling "in balance" means being renewed to four of the nurses and Glenda indicates that, for her, balance is the...
key to being renewed. In this case balance seems to refer to balance of work and personal life and some balance in physical, emotional, social, spiritual, and intellectual spheres of life.

Other perceptions less often mentioned include concepts that renewal is cyclical rather than constant and that being renewed is "being at peace," "continuing," "feeling in touch with oneself," "feeling confident," "growing rather than stagnating," "feeling intact and flexible," "feeling alive," and "feeling lightened, without burdens, and starting over."

The nature of renewal for some of those interviewed is illustrated by Sharon's comment that "being renewed is being able to come back and begin again." Dorothy says, "It is a process of growth. The word implies that something has gotten old and needs to be rejuvenated, to change perspective or to find something that helps me get back a perspective." Catherine offers, "It is an ongoing process, refilling and giving balance."

Predictably, such definitions of renewal coincide with the respondents descriptions of their feelings when they were renewed. In general, feeling renewed includes feelings of well-being, confidence, being relaxed, feeling "up" physically and mentally, feeling intact and flexible, feeling in touch with self, and at peace with self.
The Process of Renewal

When asked what factors contribute to their experience of renewal and/or their feelings of being renewed, the participants gave myriad answers. As Roger Gould (1978) describes, people of different ages need different experiences or go through unique processes which are somewhat age related in their development to maturity. These transformations, as Gould refers to them, are dependent upon the stages the particular individuals are in in their development to maturity, to becoming self-actualizing. It is beyond the scope of this research project to determine each individual's progress along the path to becoming self-actualized, but where appropriate, notation is made of possible age related or developmental phase differences in types of perceptions. In any case, a number of themes emerged across developmental stages.

The responses to the question "What is it that helps you become renewed?" yielded seven outstanding themes and several less often mentioned but strong sub-themes. The seven major themes are 1) the individual's global perspective about life, 2) attention to one's own needs, 3) personal and professional relationships, 4) affirmation from others, 5) the nature of hospice work, 6) diversion and fun, and 7) professional development. Table 2 (p. 57) shows the cross match of major renewal themes with responses to interview questions, and Table 3 (p. 58) lists
# TABLE 3

RESPONSES TO INTERVIEW QUESTIONS ASSOCIATED WITH MAJOR RENEWAL THEMES

<table>
<thead>
<tr>
<th>INTERVIEW QUESTIONS</th>
<th>Major Renewal Themes</th>
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<tbody>
<tr>
<td></td>
<td>Life Perspective</td>
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<tr>
<td>1. Definition</td>
<td>X</td>
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<td>2. Process of Renewal</td>
<td>X</td>
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<tr>
<td>3. Care of Self</td>
<td>X</td>
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<td>4. Feelings About Job</td>
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<td>5. Feelings of Professional Effectiveness</td>
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<td>6. Professional Development Provided</td>
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<td>7. Helpful Professional Development</td>
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<td>8. Value of Relationships</td>
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<td>9. Significant Life Events</td>
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<td>10. Importance of Balance</td>
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<tr>
<td>11. Meaning in Life</td>
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*Data from interview questions cross matched with renewal themes shown by X.*
### TABLE 3

**RENEWAL ELEMENTS ASSOCIATED WITH MAJOR RENEWAL THEMES**

<table>
<thead>
<tr>
<th>MAJOR RENEWAL THEMES</th>
<th>Life Perspective</th>
<th>Attention to Own Needs</th>
<th>Affirmation</th>
<th>Relations to Others</th>
<th>Nature of Work</th>
<th>Diversion and Fun</th>
<th>Professional Development</th>
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<tbody>
<tr>
<td>NUMBER OF NURSES RESPONDING</td>
<td>20/25</td>
<td>19/25</td>
<td>17/25</td>
<td>17/25</td>
<td>15/25</td>
<td>15/25</td>
<td>18/25</td>
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**RENEWAL ELEMENTS**

1. **LEARN FROM PATIENTS**
2. **FREEDOM ON THE JOB**
3. **SUPPORT FROM OTHER STAFF**
4. **PROFESSIONAL DEVELOPMENT**
5. **TEACH ABOUT HOSPICE**
6. **LIMIT WORK TIME/SPACE SELF**
7. **FRIENDS**
8. **OWN FAMILY/ACTIVITIES**
9. **PHYSICAL ACTIVITY**
10. **BALANCE IN LIFE**
11. **LAUGHTER**
12. **VACATION-TAKE A BREAK**
13. **RELAXATION**
14. **AFFIRMATION FROM OTHERS**
15. **MEANING IN LIFE**
16. **AFFECTION**
17. **ENJOY NATURE**
18. **SHARE FEELINGS WITH OTHERS**
19. **TAKE CARE OF SELF**
20. **SUPPORT GROUP**
21. **CYCLICAL PROCESS OF RENEWAL**
22. **RELIGIOUS FAITH**
23. **SATISFACTION IN HELPING OTHERS**
24. **FEEDBACK FROM PATIENTS**
25. **HOSPICE EXPERIENCE/GROWTH**
26. **IMMERSION IN WORK-THEN BREAK AWAY**
27. **PATIENT AND PATIENT'S FAMILY ACCEPTANCE, DEATH**
28. **RELATIONSHIPS WITH PATIENTS**
29. **FEEDBACK FROM CAREGIVERS**
30. **MUSIC**
31. **HEALTH AND ACCEPT LIMITATIONS**
32. **AVOID STRESS**
33. **TIME MANAGEMENT**
34. **CHANGE PERSPECTIVE**
35. **PROBLEM SOLVE WITH PATIENT'S FAMILY**
36. **GLOBAL VIEW OF LIFE**
37. **EXPRESS FEELINGS**
38. **READING**
39. **TELEVISION**
40. **EDUCATION**

1. Total number of nurses whose responses fit each theme category.
2. The number of nurses who mention each element are indicated in cross matched theme columns.
renewal elements associated with major renewal themes.

The Major Themes

An expansion of each major theme refines the initial definitions of renewal and the processes of renewal given by the nurses. A sampling of specific responses to interview questions is given to support the generalizations. Overlap among them is again apparent, but important distinctions provide an opportunity to focus on specific qualities.

Life Perspective

The strongest theme in the perceptions about renewal is titled Life Perspective for the purpose of this discussion. Incorporated under this heading are responses about meaning in life; global perspectives gained from significant life experiences, including hospice work and religious beliefs; balance in life, including quantity vs. quality of life values. Twenty of the 25 nurses spontaneously reflected on their life perspectives as renewing.

Meaning in life. The earliest interviews did not contain specific questions about events, situations, and relationships that gave particular meaning to the lives of the nurses. In later interviews the questions, "What gives meaning to your life? What is particularly meaningful in
your life?" were sometimes asked. The compilation of meanings is drawn from responses to the specific questions about meanings in life, from responses to other interview questions, and from spontaneous remarks.

Significant relationships are most often mentioned as contributing meaning to life. Esther says:

I guess first of all my relationship with [my husband]. If [our financial venture] goes well we can easily be well to do, and it looks like we will be. I [told] Bill I don't think I could be happier. Money is not going to make me more happy or less happy. I'm really content with things as they are. The one question I have is whether or not to have children. Shall I risk my happiness for frustration?....I have a fear of ruining things. It is such a dilemma. (p. 25)

Trisha speaks of her relationships and her work:

My family and close friends [are meaningful]. The people I work with on a day to day basis—patients, families, co-workers. I guess the fact that I know in some small way I touch their lives in a positive way and that makes a difference—I can help ease their pain, emotional and physical, at a very difficult time.

I guess I'm mostly a people oriented person. I like experiencing new things, places, especially the outdoors. When I take a vacation I like to go to remote places and experience lifestyles very different from my own. I just returned from Washington and Montana and I guess you could say I've been renewed and refreshed. Maybe it's the contrast of place and activity that helps generate that feeling. I spent time hiking in the mountains and by the shoreline. The quiet I find doing those activities helps me reflect and get new perspectives on things. I come back feeling pretty good, ready to begin again.

Many respondents speak of renewal from relationships with beloved others; spouse, lover, family, friends. For example, Catherine comments:
I must be in the midst of life, even if it is painful. The alternative of isolation is not OK. I need to be able to love, to give myself in a significant way, to always search for oneness with my beloved and to always search for oneness with God, as well as retaining my own identity.

The meaningful work, hospice nursing, with the opportunity to make important contributions to other people in their times of vulnerability and need gives meaning to all the nurses. For example, Jane offers:

I would like to think that I had some part in helping people be more open about talking about death....I guess the greatest satisfaction is teaching grown people to talk about death and to ask questions about death. (p. 30)

Glenda and Catherine cite the importance of searching for meaning in their work. "I don't always look for reasons for what happens, but I always try to find the meaning of what happens, for myself and for the hospice patient," says Glenda. Bonnie responds briefly to the questions about meaning:

Work [is meaningful]. I'm career oriented in that sense....Work is....what I get up in the morning for. [There are] people I care about a lot. If I lost my job, although it would be devastating, there are other reasons to get up in the morning. (pp. 24, 25, 27)

Spiritual life, spiritual growth and relationship with God are cited by Margaret and Catherine as contributing meaning to their lives. When asked about their attention to their own spiritual well being (part of question #3), several of the nurses speak of the importance of their religious beliefs or their particular spirituality.
Georgia says simply, "I think the most meaningful things in my life right now are my relationship with God and my relationship with my husband" (p. 26). Pat responds:

What gives my life meaning? Well I think spiritual experiences. I know that every person that I touch I somehow make an imprint on. I have a lot of self-awareness to want to treat people the way I want to be treated because I know, whether it is someone I buy shoes or groceries from, I have an effect on them as much as they have an effect on me, and that gives meaning to me. Personal relationships give a lot of meaning and purpose to my life. My job, my relationships there, and the patients that I deal with. A lot of the meaning in my life comes from how I deal with people because I try to live what I believe. (p. 13)

Margaret outlines a number of meaningful aspects of her life:

My spiritual growth; satisfaction with completing a hard challenge of myself; it may be a task, or a situation or a feeling; following meaningful traditions and also starting new ones, like Christmas gatherings, evenings with friends, between husband and wife; being able to nurture someone and something. (pp. 22-23)

Catherine speaks of the pleasure of beauty and nature:

As far as for meaning for my life, I have to be able to be free to flow with the beauty of it. So I enjoy beautiful music. I enjoy beautiful paintings and I enjoy nature. Beauty of symmetry or beauty of contrasts. But I can see clouds in the sky and the contrast of that strikes me as a thing of beauty. I have sensitivity in an aesthetic sense that needs to be fulfilled.

Abraham Maslow describes self-actualization as a process, although for some persons it is also an end product. "It (self-actualization) is not a matter of one great moment... It is a matter of degree, of little
occasions accumulated one by one" (Maslow, 1971, pp. 47-48). Viktor Frankl concludes that a basic human motivation is the need to find meaning in life. Among the people Frankl observed in Nazi concentration camps definitions of "meanings in life" varied greatly, but whatever the uniqueness of the meaning, it enabled the individual prisoner to endure unspeakable horror. For those whose lives were without meaning, illness and depression were more likely to occur. The hospice nurse respondents in this research talked of many foci which gave their lives meaning; personal relationships, vocation, and spiritual life were the major areas mentioned.

**Significant life events.** From answers to questions other than the specific ones about meaning, themes of meaningful relationships, events or conditions recur. For example, most nurses speak of the life changing result of experiencing losses and the subsequent clarity of priorities and meanings in life. Significant life events contribute in both obvious and subtle ways to the nurses' life perspectives and to their renewal. They describe some significant life events as follows:

**Probably one significant thing in my life has been my running. It has taken me a lot of places I would have never been had I not run. I accomplished my goal in running; that was very satisfying. It helped me to grow and mature in adolescence. I think I probably missed a lot of**
things that a normal teenager would have gone through, but I don't regret the experience I had through my running. I think my relationship with my fiance is significant because it has been a very neat relationship for me; it has broadened my horizons and a number of aspects of my life. (Linda, pp. 14-15)

Earning my nursing degree was significant because getting through that was a period of growth. Achieving the goal, achieving any major goal in your life is satisfying. I was working full-time. I did [the degree] in six years; a four year program, going to school part-time. It was very difficult. Becoming a hospice nurse was significant.

Being married to a person that is committed to the marriage and is willing to grow right along with [me] and share in the bumps and bruises and all that is involved in being committed to that idea is significant to me. I would say that having kids is a definite significant event. Going through the different phases that kids go through and sharing that is significant for me. We had our first child the year after we were married and the rest right away. (Terry, p. 17)

Graduation from nursing school was significant. That was very hard and I was able to do that. It was hard for me because I'm not the best student. Getting married and staying married so far has been significant; I think it is hard to be in that type of a relationship. The first couple of years have been kind of hard but it's worth all the problems and working them out. (Kelly, p. 19)

The year I graduated from college was a big thing because I was the first one in our family to have ever graduated from college. So that was a real biggie. My grandmother hardly goes out of the house and she went to my graduation. That was really neat. That was one of the bigger events. That was a lifetime goal right there. And getting my nursing license was a big deal too. That was one of the funniest things. Those are the biggies I think - the ones that stick out for right now. (Bonnie, p. 24)

Asked about the difference these events make in her life, Bonnie responds "[They're symbols] of goal setting and
getting your goals, [and] accepting people just as they are." (p. 24)

Evelyn offers:

The first [significant event] was my marriage. Then the birth of my children. A trip that the whole family took to California for a month... around the whole west... was very meaningful to me. My children were at the age where they thoroughly enjoyed it and they still talk about it. And I still think about it. Buying the cottage was a big event for us and every time somebody new enjoys it or anybody comes up and has a good time I'm so glad we did this. The day I graduated from nursing school was very meaningful. The births of my two grandbabies [were significant]. (p. 18)

Jane offers, "Becoming a mother was fantastic. Hospice was super important to me, and then painful as it was, going through the divorce. You cannot fight without pain. [Those experiences] have deepened my life and they have made my life more meaningful" (pg. 28). For Alice, "Probably my marriage; the day of my wedding was important. Getting my new house" (p. 12). Georgia, a nurse for over fifteen years, explains:

When I got married the first time was a high mark although I had very mixed feelings about it at the time. After the divorce was a good time for me. It was the 70's and I was divorced. It was a time when I could really stretch out and grow and get to know myself, do what I wanted to do and find out what I was really all about, what I was made of.

Going to hospice was significant. My very first hospice patient I had less than two days. He was in the hospital, he was dying and just everything crashing in. [I wondered], "Is this what I'm going to have to go through?" But still I enjoyed it. [Billy was a special] hospice patient. He was the patient that I really cut my
teeth on. It was very difficult for me. It was like going through my father's death all over again. Coming out of that and looking back on it, thinking, "You really did a good job and you really handled that. You handled your own feelings." I think that really was important to me because I was able to try and not lose my objectivity. I fought very hard to keep things in perspective and still not feel like I had to put this shell around me, pretend it didn't hurt and pretend I didn't care; that I could really feel the pain and feel the joy and feel good about it. And then meeting my husband. A lot of things stand out in my mind. (p. 25)

Others comment:

Moving [was significant]. I either was going to make it or I wasn't. I did, and I think that I did a good job. I like who I am most of the time. I like the direction in my life. Graduating from nursing school was significant, because I went through such a period of indecision as to what I wanted to do and I finally decided. The celebration. It was such a wonderful day. We had all my relatives from New Jersey here and friends that I had worked with. They were glad, for me, too, and they just wanted to come and celebrate that with me and my family. My dad, who is very quiet and very reserved, let me know how proud he was of me. That made me feel so good. I never really knew how they felt. On that day they told me, and it was wonderful. It was a day that I don't think I'll ever forget. My neighbors took pictures of the whole time from when I left the house to when I put my cap on. I finally got to wear it and my pin. That evening we just about passed out from exhaustion and happiness more than anything else. We just collapsed on the couch. They have those memories too. (Martha, p. 22)

"Going to therapy, which occurred about two years after my divorce, I have to say was a significant event."

(Jane, p. 18)

"I think working at Children's [Hospital] was real significant because there was (sic) a lot of changes, I worked there almost eight years and I had five different
jobs. I had a lot of chances to grow and learn." (Chris, p. 10)

To summarize, achievements were cited as significant, positive and satisfying for 10 nurses, and that satisfaction and pleasure contributed to renewal, to rejuvenation, to inspiration. The type of achievement varied; three persons mentioned the satisfaction of graduation from college or nursing school and/or passing the nursing exam and two people mentioned achievement of their personal goal to become a hospice nurse. One person gained a strong sense of achievement from her competitive running. Less specific but strong feelings of achievement were illustrated by Alice's satisfaction from fighting and winning a legal battle and Belinda's satisfaction with her own personal growth.

In quite another way renewal was stimulated for many nurses through their own losses and painful experiences. Fourteen of the 25 mentioned family members' deaths as significant life events. The deaths included parents, grandparents, aunts and uncles, nephews and nieces, as well as a miscarriage, the death of a hoped for child.

Other significant losses mentioned by 16 nurses included divorce of parents, parents' disease, husbands' loss of jobs, the nurses' own separation or divorce, one nurse's progressive loss of health, alienation, by choice, from a parent, and one nurse's loss of a significant amount
of body weight, which had both positive and negative consequences. A number of the nurses who cited these losses as significant also commented that the losses helped them crystallize what is really important in life, and identify life priorities. As Jane said, "I became very aware of what is really important; good relationships, love of others and love of self." A reevaluation of one's life with renewed sense of direction and resolve occurred. Glenda observed, "I realized that something very good and constructive came out of the pain and loss."

The events of meeting significant others, marriage, and birth of children were cited by seven of the nurses as significant life events. Other life changing important experiences included travel, an attempted suicide, psychotherapy, vocational decisions, and discovery that parents were not perfect.

Balance. The discussion of theoretical contexts of renewal suggest the importance of balance in one's life for revitalization. The theme of balance is clear in Miller-Beach's research (1982) about renewal of community college teachers. In the development of the initial list of interview questions for exploring renewal with hospice nurses a question on balance was not included because of concern about being prescriptive. However, because this theme was clearly evident, a question was added to most of the subsequent interviews in two locations. Sixteen of the
25 interviewees responded or spoke spontaneously of the importance of balance in their lives for the facilitation of revitalization. For instance, Amy says simply:

> It is terribly important to be balanced. To be a good mother wasn't enough. Work is very important to me. I don't know the answers. I don't know what the balance is between work and play but I think they are both necessary. There is something really gratifying about being part of the larger world of work out there with other people. (p. 21)

Janet has many demands on her time as a mother of two young children. She reflects:

> I guess the balance for me comes with limiting the job. The job can take as many hours as you want it to. And because of family responsibilities I've been real good about limiting it. I've never been one to work 16 hours. I told them that when I came here. Sometimes I will work extra, like if I put in some extra on-call time or if somebody calls me at home. (I almost always go if they call me at home even though I don't give my home number, but they look it up.) I find it takes me a while to catch up after that. One patient called a while ago and I was [at his house] from 7:00 to 12:00. That is really almost an extra day. It takes me a while to catch up then. Sometimes I do take comp. time but it is difficult....I wouldn't be able to do the job if I made it 60 hours....I would begin resenting it.... The kids are renewing in a lot of ways. Sometimes after an especially difficult situation I'll come home and pick them up; it is very renewing to see the continuity of life.
> I think I do many things to renew myself but I think the key to it is just taking time to get your perspective, remembering what's important and what you can do and can't do. (pp. 18-19)

Chris spent a number of years in nursing administration before going to hospice. A four day week, ten hours a day, allows time for other parts of life:
Until this year, I spent a lot of time building my career, trying to move up and increase my salary. I just realized that the rewards were not worth the time and the frustration and stress. That's one reason I went to hospice. I had been in a lot of administration and hospice administrators were kind of leery about my coming because this is a real flat organization. There isn't very far to advance. But that wasn't what I wanted any more. My life is kind of reversed from a lot of people who spend their earlier years with family, and then build careers, wanting to go back. My career building was early and I'm not real interested in that right now. That could change. I want to do a good job and I want to give it my full attention but it's just that--it's my job. (pp.15-16)

Glenda spoke spontaneously about balance in the first few minutes of the interview.

For me, aside from what any definitions might be, renewal feels good. My feelings are how I get in touch with when I need renewal and need to do some activity or actions to feel renewed. I kind of monitor that all the time. When I don't feel good, either physically or emotionally, or I feel disturbed or very tired, I start to think about renewal, that I need something. When I do feel renewed, I feel that all my cells are in order. I'm not really out of sync in particular, [but there] is a kind of coming together of the physical, the emotional, the mental, the spiritual and I feel valid.

I've thought a lot about [balance]. It is an important subject to me in my personal life as well as my work life and it would be even if I weren't a hospice nurse. To me the key to enjoying my day is balance. I'm acutely aware of that, dealing with people that are about to be dying, because it makes me aware that the days are precious and fragile and it makes me continually aware of the change that is part of life. I see life as change and a process rather than something that I ever finish, in terms of growth, learning and experience. So I see balance as important for anybody who works or who lives a day." (p. 1)

When queried about the importance of balance Dorothy answers quickly,
Since I'm Libra, if I didn't think balance was important that would be strange. I have lots of Libra in my astrological chart—I don't guide my life by those things—I know that balance has always been important to me. I also try to see the good and the bad. I do that almost every minute of every day. So balance is an important aspect of my life.

When there is a certain aspect of my life that's traumatic, if I have another part [of my life] that's really good at that time, then the traumatic isn't so traumatic. Maybe the good is also not so good, but it feels a little bit smoother. When things are in turmoil it's important to me to back off a little. I change my perspective. I become more objective. Sometimes it takes a while. Sometimes I have to get awfully caught up into it before I realize it. One of my goals is to see the turmoil earlier. I think in some aspects I'm doing that. There is a part of me that would rather go along in a more even line. At least have my emotional hills be rolling hills rather than mountain peaks and then ocean depths. (pp. 16-17)

Other ideas about balance include:

To maintain good mental health, balance is necessary. You must have the opportunity to leave your job behind and have other interests in your life. To me that's every night when I go home. I leave the job here. Sometimes it takes me a half an hour to unwind a little bit. I recognize that's O.K. I know I can't carry all the world's loads no matter how much time and energy I would devote to a particular field. That's the balance for me, although I imagine there are times that subconsciously the stress and strain from work are carried over and expressed at home. (Terry, p.18)

I think that if my work were everything I wouldn't be balanced. I do have my work and yet I have other things too; the Opera Guild, my friends, I knit. To me that is an accomplishment when I get it done. I try to cook. So I do have a balance. When hospice first started I was really energetic and I used to be on-call all the time. The job took more time than the other parts of my life. Now I think my life is more balanced out. I will do on-call occasionally but I could never go back to every third night being on-call. That got to be too much. (Sharon, p. 21)
For all my unorganized appearance, I have to have organization in my life. I have stability. I call what I have organized chaos. Balance is very important to me. I cannot have things all cluttered. When things are going wrong at work, and things are out of balance at home, I just withdraw. That's when I read books all night long. When things get too rough I feel like I've got to go away. I can't go away but I go away in fun and that helps me. I can start to read a book at 11 p.m. and read all night long and get up and go to work. That book did what I needed it to do. I lost myself in that book. I have to have some balance. Ideally everything would be in harmony at once. That is never going to happen but if the scale is pretty well balanced I'm O.K. But there are times when the scale goes nuts. When that happens I back away. Maybe if I've had a rough week, I get in the car and go to our cottage at the lake, I take the dogs and I go to the lake alone. Because I need that. (Evelyn, pp. 19-20)

Balance is extremely important. In fact I don't think a 50-50 balance of work and the rest of life is best. Work should be 30% and the rest should be 70%. It is imperative that work not be your whole life....I always have a plan and goals and divide my time so that I have time for my work and time for myself, and for others. (Belinda, pp. 6, 15-16, 21)

I like going to the conferences for nourishment. They kind of renew me in terms of looking at things from a new perspective. My personality is very intense so I tend to do what ever I am doing at the moment pretty much 100%. You notice it even here. I'm 100% here. But I need balance. Sometimes the personal side of my life is so unpleasant and I make the excuse not to go home, but I have to work at it because I'm not balancing....The work is always there and it will always be a demand on me. But the challenge is to give myself permission to explore other parts of life with as much enthusiasm. And I do when I give myself permission, but sometimes it's [hard]. So balance is important to me but I rarely have equilibrium. It is that ebb and flow. I believe if I was at equilibrium I would be dead. I think life needs flow. It is in
constant motion and I think life is motion; the pendulum swings. (Catherine, pp. 34, 36)

I tend to put a lot more into school and work because I have to do that, but right now...my social, personal life isn't as developed as it should be....When I get done with school maybe I can balance it....When you get a goal, you have to just keep working for that and hope to finish that so that you can have that balance. As I look at the balance right now I'll never write the [last] two chapters [of my thesis]. Health care is the type of field that you can't afford to let slip because everything keeps changing. If something changes you have to keep up to date and make it a priority, but I try to balance. On the weekends I try to take at least one day and do something different and not worry about work and school. There's the other weekend day to concentrate on the thesis. Get the job done. A lot of the organization committees are fun and they are not necessarily a chore. Balance is important for just keeping your self-respect and keeping reenergized. Otherwise you just burn right out. I know I will have to work for the rest of my life and I know I can't afford to let myself get burned out.

I get a lot of enjoyment out of work even though sometimes I think it would be nice to get married and have kids and stay home. I just know that would never be enough. (Pat, pp. 14-15)

To summarize, most respondents (13 of the 16 who discussed balance) spoke in general terms about the importance of balance. Chris commented that "balance is the key to renewal. I need to feel in `sync' with my world and all aspects of my life." Amy, a divorcee with grown children, talked about the importance of work in order "to feel as though I am a whole person," while Janet, a busy young mother with two pre-school children, stressed the "importance of limiting the job," to be able to give quality time to her family. Catherine, who had experienced
many changes and some trauma in her professional and personal lives, remarked "Balance is important but we don't always have equilibrium. We do have ebb and flow. Life needs flow." Catherine also reflected that with a sometimes sobering job as a hospice nurse she felt she "needed to have permission to address other aspects of life with enthusiasm." And from another perspective Catherine, who had been an administrator in other nursing situations, commented that "Sometimes it is hard to balance my needs with administrative needs of the organization," referring to administrator concern with cost effectiveness and the length of patient waiting lists.

Twelve of the nurses spoke of the importance of balancing work with their other compelling personal needs. For example, five of the nurses spoke of the importance of balance to put life in perspective. As Janet explained, "Balance is essential to help me remember what is really important in life. This is the key to renewal for me." Terry said that reflecting on the "impossibility of solving the world's problems" helps keep the reality of life in perspective.

Several nurses spoke of the important balance between work and family life. One's family can give balance to life (Evelyn) and one needs support both at home and at work (Esther). Belinda does not want hospice to be her whole life; several other respondents stressed the
internally generated mandate that "work be left at work." Chris, Margaret and Kelly believe that work life must be balanced with time off and diversion in order for them to revitalize themselves. Chris works four ten-hour days each week which gives an opportunity to manage leisure time well. This work schedule enables "balance of life better." Margaret's ability to put thoughts of hospice aside when she leaves work helps her life perspective and fosters her revitalization. Bonnie's many activities, which are quite different from her duties at hospice, provide her with a balanced perspective; she sews, cares for her young son, and practices jazzercize.

A sub-theme of change of perspective was mentioned by six other nurses who cited the refreshment of coming back to a healthier world after working with dying people. Martha said, "I stop and take a look because I feel overwhelmed. I need to make a change or need time for myself to allow myself to become renewed."

Dorothy remembered the intensely renewing experience of taking a cruise after many months of hospice nursing without a vacation. "The cruise was enriching in every way. It was so much pleasure, and gave me a chance to change perspectives." Dorothy added that it will be renewing for her to do something completely different from hospice nursing someday. Some months after the first interview Dorothy, by this time newly married, was
interviewed again. She spoke of the pleasure of starting new ventures with her husband, providing change of perspective from her continuing hospice work.

Esther commented on her many interests apart from hospice. Trisha and Belinda both echoed the value of change of perspective for renewal, and Margaret added that she gives all her energy at work and then backs away, and turns attention to other interests. She said, "I can turn off hospice when I leave. That's very important." Linda perceived the ebb and flow of the cyclical renewal process: "Sometimes I feel so low I need to work very consciously to renew myself." Realization and acceptance of personal limitation was cited by four nurses who all mentioned the importance of not taking responsibility for what they cannot control in their work. Margaret's comment summarizes this: "I do what I can and let the rest go."

Attention to One's Own Needs

To address the issue of renewal holistically the investigator asked the respondents how they care for themselves physically, emotionally, intellectually, spiritually, and socially; these are the areas considered under the second major theme, Attention to One's Own Needs. One goal of this type of questioning was to discover interactions in areas of human functioning, for as Selye (1956) and Holmes and Rahe (1967) indicate, positive
adaptation depends on positive interaction of these several areas.

Attention to physical well being. Healthful diet and exercise stand out in the respondents' descriptions of the ways in which they attend to their physical well being. Some ideas about the importance of regular exercise are illustrated:

I wasn't always a physical type of person but the past couple of years I've gotten into it and I go to the Y and swim. I do a lot more physical activity and I think that helps to develop a sense of well being. I do that on a regular basis. We ski in winter. (Trisha, p. 5)

Every day when I leave here I go to the Y. That is imperative to me; if it is nice I'll run. That is a buffer. Even when I lived alone, I needed that before I went home. There have been times when maybe I've had an injury and I haven't been able to run, and I can really tell it. I have been cross and introverted and bitchy. The physical exercise is a time that is totally for yourself. The workout and the whirlpool, that is your time. You feel like you give, give, give all the day and that [exercise] is giving yourself an hour. I think the physical exercise is so important to emotional health. (Belinda, p. 2)

I neglect my physical care. I am a student, going for a BSN and I really feel pressure. The person I neglect is myself. But I feel that I am strong and I can put myself through an awful lot and I like to stay active so I miss [it when] I can't. I love to run. I did join a health spa. My sister and a friend joined with me because it is something nice to do together. That is a way for me to relieve my stress. I try to go but there are times when I cannot do that for about three weeks, and I can tell the difference. I had my last final on Tuesday and [afterwards] I ran five miles. I run usually two or three. After three miles I still wanted to keep going. So, for me,
it's healthy. It keeps me in shape and I feel so much relaxed. I may be tired but it's not a tense kind of tired where you can't go to sleep. I try to run on a regular basis about three times a week. That is ideal but if I can manage twice a week that is pretty good. (Martha, p. 6)

I go to Nautilus three times a week. My fiance and I walk 30 minutes probably three or four times a week and we ride motorcycles. My Nautilus... workout is perfect because it really does a good job and it takes only 30-45 minutes, three times a week. (Chris, pp. 3 & 4)

I crave physical exercise of some kind. I walk. Just recently I got a bicycle. I have to be a little careful right now just how much I do.... Last week I was having a really bummed out day and I took a walk through the snow; it really felt good....I have tried to keep my weight down. My self-image is real important. If I start letting that go then that seems to just increase whatever depression I might be having. I see myself as sloppy and old and falling apart. (Catherine, pp. 7-8)

I know that I need that physical release, to go and exercise. I've always been sort of athletic. I always thought that everybody should exercise at least twice a week. (Kelly, p. 5)

I'm in an exercise class two times a week. I have an exercise bike that I ride if I'm not in exercise class or I'm feeling that I need to burn off some energy or some feelings. I usually just listen to music and no one bothers me. I also think when I'm riding. If I have to ride outside then I'm worried about the traffic. It is not as relaxing. (Sharon, p. 2)

For physical well-being I do an aerobic exercise program and team sports. We are remodeling the basement; we intend to put some exercise equipment down there when we're done and then start on some programs ourselves. (Terry, p. 3)

Some nurses describe less regular, less specific exercise programs:
Lately I haven't done much for myself physically. I do pay attention to diet and exercise. I've been into a running program. I got to where I could run 30 minutes without stopping. I was doing it on a regular basis. I'm not doing it now. I'm pregnant now. (Millie, p. 4)

I have a pass to the [university] physical activities center and usually in the winter I go down there. I have a bike and I ride that. I like to walk. The last three or four months I haven't done much of anything because I have been busy with my mom and school. I have a pass to a recreation park so I have a lot of opportunities to do things physically and I like to do those. At work...I have the opportunity...to sit a lot but I don't. I tend to keep moving....A lot of times I don't eat lunch; I'll just eat before I come home because I like to keep busy and keep moving. (Pat, p. 8)

I like to get out and walk when I can. Lately I've put it off but then I've been indulging in more physical activity in my house. I have an old house that I'm renovating. That takes a lot of my energies. I do a lot of sawing and paint scraping, things like that. (Beth, p. 3)

I find that there are times when I really will need to exercise at my spa. I cannot say that is an every week deal. Physically I will go out and pick a couple of weeds in the garden. But that is when I'm extremely agitated. Usually I can really sit down and just read and then become relaxed. My body needs at least 8 1/2 - 9 hours of sleep and my husband is the same way. We go to bed at 9:30 or 10:00 and we never get to see the 11 o'clock news. So we take care of ourselves that way. We get plenty of sleep. (Margaret, p. 4)

I take walks sometimes and that is another way of relaxing, just to get out and walk and talk to myself. I don't do a lot in the way of physical exercise or go to the spa or that kind of stuff. I used to like to dance but I've gotten away from it. I have a bicycle but I don't ride it as much as I used to....I just don't seem to have the time. In my work, I work all shifts. That is hard on your body so I try to get a lot of rest. If I find that I'm getting to the point where I just don't have the time, then I don't work. I require a lot of sleep and I make sure that I get
it because if I don't, I don't function. (Georgia, p. 4)

It's very difficult to have a good outlook when you've gotten four hours of sleep...I am not the most physical fit person; there I am lacking. I need to do something with my body instead of stuffing ice cream in it. But I think when I'm rested it's easier for me to renew myself. I take my dog to and from pre-school with my kids twice a day. I wish I did more. About a year ago I was taking aerobics but that fell by the wayside very rapidly. Take walks, clean house, that is hard. The cleaning house is the hardest job of them all and I don't always do it.

When I'm really upset, those bushes get trimmed. If it gets bad, they get trimmed. I find some way of expending energy physically when I'm upset. Sometimes I go for a walk and it has to be a walk alone. I couldn't have my husband and my kids. I have to do it alone. That helps. It relieves the tension and helps me think while I walk. I find that one of my best thinking times is when I'm alone for an hour and I'm walking. The woods behind our house is beautiful to walk in. (Paula, p. 2)

Discussion of diet followed similar patterns; some nurses were very conscious of careful diet planning, while others were not:

I eat well. Probably 90% of the time I eat breakfast. That is real important for me because it starts my day. I feel good about myself when I do that. Physically it makes a difference in how I feel by 10. I know if I haven't eaten breakfast. If I eat breakfast I don't notice anything about food until late--1:00 or 2:00. There are a lot of hospice nurses who don't stop for lunch but again probably 90% of the time I do. That's important for me. And the break is too. I find that it is really helpful to stop for lunch and get away, even if it makes my day run late. Some people won't make that bargain with themselves. They don't want to make the day late. It is more important to get home on time. To me it is more important to have lunch.

I haven't eaten any red meat for 2 1/2 years. That's for a whole bunch of reasons. I
don't smoke and I don't eat red meat and I hardly eat any white bread. I eat a pretty healthy diet. I like fruits and vegetables. It is important to me to eat healthy foods, and not to eat a lot of junk and a lot of sugar. I eat chicken and fish.

I wish I didn't enjoy food so much, but I do enjoy food and I enjoy the socialization around eating....Sometimes I'll eat lunch alone and do some paperwork; that is more the exception now. I usually seek somebody out and eat lunch. That is a supportive time for me. (Dorothy, pp. 3-4)

I'm conscious of my weight. I have cut down on meats. We eat more fish and chicken and roughage type foods. And since being in nursing I've picked up that I have certain allergies I didn't know I had before. I never thought about it. I've made dietary adjustments that way too. Our whole family started taking vitamins for the first time over the past year. Part of it is reading some of the nutrition books that list vitamin deficiencies and some of the behaviors that may change and that sort of thing. We've identified that maybe B vitamins would be especially helpful for me at this time and possibly for our daughter who is coming into adolescence. (Terry, p. 3)

I pay attention to diet off and on, and I feel better when I do. I feel more energized. When I go to Diet Workshop or follow Diet Workshop guides I really do feel better about myself, about my weight and just about my whole being. It really does change. Why I don't do that all the time I'm not sure. Just get tired of it, I guess. I have found that sometimes when I'm feeling down it's easy to stop at Stop and Go and get something junky to eat; it really doesn't make me feel any better. So, what I believe in and what I do are sometimes two different things, but I do feel better when I'm eating fresh fruits and vegetables and take time to plan meals....

I try to stop and sit down for half an hour in a place that's cool or comfortable and just try to forget everything for a little while. Sometimes I purposely will eat by myself. I really enjoy that. Some people don't. They'll go to the office to seek somebody out. But a lot of times I would just as soon eat by myself. (Janet, p. 4)
One nurse specifically speaks of the importance of sexual contact for physical release.

Sexual contact is really a renewal for me but I don't have it on a regular basis. I think it gives you good feedback about yourself, that you are desirable, and that you are attractive. Something that I am becoming more and more aware of; the physical stroking that you receive is important. I'm trying to accept that in myself because I thought that I could live more isolated and independent. It almost seemed like a threat on my independence that I needed something. But I definitely am in better shape emotionally and physically if I have some stroking, some sexual contact because I am a person who can enjoy the whole of it. I can also get a great deal of pleasure being stroked. The touching part of it. (Catherine, p. 9)

To summarize, 20 of the 25 nurses queried described their attention to diet, and while 19 respondents value exercise programs for keeping fit, 14 exercise regularly. Six of the respondents stated that they do not take adequate care of themselves physically. Four persons discussed the importance of their mental or psychological outlook for their physical health. Five mentioned the importance of adequate rest for their well being, and one cited the value of regular medical attention.

Physical activity was cited as renewing by 19 of the 25 nurses. Janet and Terry value aerobic exercise; Kelly enjoys jazzercise; Linda, Martha, and Janet run regularly, Trisha skis and Chris rides bikes and walks. Terry also plays team sports. Fourteen of the 25 respondents mentioned that they exercise regularly, and six persons believe that they do not exercise enough. Walking, house
and yard work, house repair, bicycling, running, and participation in regular exercise routines or programs were each mentioned by two or more respondents as preferred and utilized exercise practices. Exercise programs include aerobics, Tai Chi, jazzercise, Jane Fonda workouts, exercise classes, and workouts using Nautilus, health spa or gymnasium equipment.

Particular patterns of attention to diet vary among the respondents. Eight persons stress the importance of including fresh fruits and vegetables in their diets, and five persons mention the specific limitation of refined sugar and all sweets in their diets. Five persons watch their diets in general; they are careful to include foods from the four groups each day. Four people limit the consumption of red meat, and three stress the inclusion of fish and poultry to satisfy protein requirements. Three persons discuss their participation in organized diet plans such as Diet Workshop and Weight Watchers. Other emphases mentioned by one or two persons each: the limitation of "junk" food, fat, salt, flour, caffeine and alcohol intake; and the inclusion of vitamins, fiber, roughage, and grains in the diet. Food allergies influence one nurse's diet, and one individual mentions the importance of eating regularly.

One nurse who says she does not care very well for her physical self says that she does watch her diet and limits
sweets, but she also smokes and she does not exercise. Several nurses mention that they know the importance of diet and exercise but they only put their beliefs into practice sporadically.

Of the four nurses who specifically discuss the mind-body connection, one states that she believes the body heals itself and two stress the importance of attending to the body's messages to the mind to discover what the body needs in terms of nutrition, rest, and other care. One nurse cites her practice of meditation as helpful in facilitating her physical health.

**Attention to emotional well-being.** How do the hospice nurses attend to their own emotional health and well-being in their effort to become self-actualizing and/or renewing? Jane learned about the importance of emotional support:

> I think one of the most important things is a lot of love and support from God, friends. One of the great things I learned in therapy [is] it is O.K. to say I need [support]. That was very difficult for me to learn. (p. 20)

Millie mentions some issues in learning to take care of herself emotionally:

> I think we were raised to take care of other people's emotions rather than our own....When I'm angry I cry. Sometimes if the situation is not right to cry and [I] feel like crying I find myself going to sad movies so I can sit and cry. Nobody has to ask me what is wrong. Our group of friends, seven of us, share on the surface and we come to each other's rescue. I think we all support each other and pull together. (p. 16)
Bonnie speaks of the emotional support she receives from co-workers plus other techniques she uses:

I don't get upset that often. I'm not a good one for expressing anger. I fuss. Some people can just explode into anger, get it off their chest and they are done. I'm not that type....I get support from my family [and] friends, but they don't understand my work. It's like, if you are not in the combat zone you don't quite understand what is really going on....I get more support from the people that I work with....One of them in particular, Anita, has been here almost three years....We really support each other. We help each other with the job, not so much talking all the time about the patients; we ask each other's opinions. Not that you are really asking for an answer, just [asking for affirmation]. It's nice to have somebody say, "That sounds good." That is all you need. Although you know what you are doing, there are times when you are so involved in something you can't step back and see the forest for the trees.

My mother has always been especially supportive ever since I thought of going to college. We talk on the phone...maybe every other day. I see her at least once a week....

[Relief of tension] has to do with exercise. I don't feel the tension building [but when] I exercise there is a release of so much tension.

(p. 12)

Belinda says:

Emotionally? I think...physical exercise is so important to emotional health. [Tension releasers are] the physical things. I can be an acting-out person. I have no trouble at all venting out my anger. I don't do it with my patients but the people I work with. I don't have any trouble releasing my tensions. I find in my personal life if anything is the least bit unpleasant, I get out immediately. It seems to have started as I started working here. If I don't like something I get out because life is too short. (p. 13)

Margaret describes her emotional status:

It hasn't been easy the last couple of months. I [recently] suffered a miscarriage. One thing
about this job, you have to give 100, 110, 125% every day and when you are not feeling up to it...Not that everything goes wrong, but I feel guilty; maybe I am not fulfilling all of [the patients'] needs. Emotionally I'm still struggling right now. Every once in a while we have children in this program and I've been staying away from [them]. We have AIDS patients and I have been staying away from [them]. It is getting better, but I can't say it has been easy. I used to cry a lot, but I like projects so we have landscaped and then we painted the rooms [in our apartment]. It has been kind of manic. I think I'm coming out of the tailspin; it has been about five months. (p. 16)

Asked whether she shares feelings with friends,

Margaret replies:

That is, I think, the hard part because I have different social groups. I have some nursing friends. In most every aspect I've been able to talk to them but one of the things that has been kind of bothering me and maybe has kind of held me back is that I've got two or three friends that have infertility problems so [I] want to distance [myself] from that. But with nursing friends, I can talk about hospice; I can talk to my husband about that [too]. (p. 17)

Trisha describes her patterns of emotional care:

I have a lot of really good, close friends. I have two, three really close people in my life that I can talk with and share, especially about my work. I don't need to do that all the time....When I do, I know that they are there and that helps, that relationship. And they understand. They respect me for what I do and their interest is...genuine. It just gives you a sense that maybe you haven't solved the dilemma but you have been able to tell somebody else about it. Sometimes when I talk about things enough I come to a decision. I do [the same for them] and I think that is why I feel that I can do that with them. It's like physical activity; when you do it you feel better, and when you unload verbally about your emotions you feel better.

We have support group meetings [at hospice].
That is important. Not just to talk to other people who are in the profession but to talk among yourselves. We all sit down and we are at a particular point where maybe our stress is all up. I think it is helpful to talk in that kind of situation. (p. 12)

Linda offers:

To keep myself sane I run. That is very important to me. Other ways to relieve stress— I kind of ventilate with the man that I'm seeing. He is quite supportive. That is helpful to me.

I do see a therapist once to twice a month. That initially started to help me to deal with my father's illness. And that naturally spilled over into other aspects of my life. I'm cutting down the frequency now but it has been ongoing. I try to be introspective and to do processing within myself. I take time to do that. I try to become more self-aware. I just try to say what I'm feeling to people because I know when you keep things in, the problems [grow]. Being in therapy helped me to do that and when I was in graduate school it helped me to do that. Graduate school was a real growing experience for me emotionally. It was a program that incorporated Carl Roger's Self-Directed Learning. We used his philosophy and we had a class that eventually turned into a support and encounter type group.

As asked about the effectiveness of the support group for emotional support, Linda replies:

A lot of the time I don't think we utilize the time effectively. Sometimes it ends up being chit-chat. I would say probably only a few of those sessions has been helpful to my becoming more aware of the problems or concerns that the staff has, or becoming more aware of a certain staff member....I have a couple of friends who are a source of support to me. (p. 15)

One nurse describes her ability to share feelings with her team partner and adds, "I'm one of the criers on the team. I feel more free to do that and I'm not as embarrassed
about it as I was at first." She says she cries about patients, families and situations:

Anything that just sort of gets to me. I've seen people go through a grief and come out of it and survive. So I can see how the loss of somebody can be a growth experience for some people. It's an initial loss but [good] things can come out of it.

She also describes the value of the support group to her:

A psychologist comes for an hour in the morning. We have some sharing time...and then talk about specific patients. We can deal with that in our Wednesday morning sessions. We are allowed to say what we think and keep it healthy but not let it become a green monster that prohibits us from doing our work. That puts things in perspective. There are some problems among the nurses now. It is not helpful for [me] to listen to that type of anger. I'm not comfortable in that situation. [The psychologist] is of the opinion if you have a problem you have to bring it up. She is not going to drag it out of anybody. We functioned so well for so long, when we hit a rough spot [it seems] that it will never end.

Terry describes a way to deal with emotions:

I internalize. [My] spouse can read me pretty well and knows how to draw me out....[I can] deal with emotional issues after that. Other than that, emotional issues are dealt with by turning them over to a spiritual life. Unloading it in that way.

When questioned about primary emotional safety valves, Terry responds:

In order, I would say it would be spiritual, contact with my mate, and the physical [exercise]. There was a point back a few months ago when we [nurses] were meeting more as a group [than as]...teams and I felt that the interchange and my ability to come forth and get something off my mind [was easier]. I was a lot more comfortable doing it then when we were a group [than] now when we are separated into teams. If
you don't particularly jive with the nurse you are working with, you are not going to share that much. [In the] group of all the nurses it was easier because they would take the initiative and draw me out.

Terry adds:

Prayer is definitely an emotional release. It is definitely a basis for gaining strength entering stressful situations. It provides answers for me for difficult questions, whether marital questions or hospice-related questions.

Esther offers:

[I get] wonderful support [here]. My partner is an absolute dear. I love her dearly. We are two totally different people. She is one of the most caring, giving people I've ever met. We have a lot of fun together. We always come in in the morning and have a cup of coffee and shoot the bull. We know when each other is under stress and what to do. The woman that does support [group] is another close friend of mine. We all kind of team up and go out sometimes. I have a good friend who [sic] I don't talk to a whole lot. Emotionally, she is a...good person for me....I get a lot of support from having her as a friend. Occasionally I do get stressed out, especially with the paper work. I get frustrated with that. The social worker here is good for me. [We] are good friends and [we] talk a lot about those frustrations. I also talk with my husband if I do have a real frustration. Once I've talked about it, it usually dissipates.

I do cry. I cry easily. That is no problem for me. Dumb things choke me up. Good things make me cry, I cried at the Olympics. I was angry with one of my care givers. She is one of the most crude persons I have ever known. And I cried over that situation which was something that I had not done. I was sitting in my chair there just crying, and that really helped. And I really do talk with other people about it.

How do the nurses take care of their emotional needs?

In summary, the primary themes include ventilating
feelings, sharing feelings and thoughts with selected other people, and seeking affirmation from others. Ventilating feelings allows for release of tension; sharing feelings and thoughts with important others fosters connectedness and reduces alienation. Such sharing also can foster validation of oneself as a whole, feeling person. The opportunities for deep sharing occur with spouses, lovers, intimate friends, and with fellow hospice staff. Linda ventilates with a close friend. Kelly ventilates with team partners, but also mentioned that the whole nursing team is open to sharing. Esther shares frustrations about disease with patients' families; this shows permission for expression of feelings and shows that the nurse shares some of the families' frustrations. Dorothy values the opportunity to express feelings in the support group. Affirmation from others in this situation, enhances one's self esteem by acceptance, praise, attention and love. Catherine offers, "I have a choice of how I feel. I try to let feelings flow through me, not hold them in and do me in."

The fully functioning person, according to Maslow, is one who experiences the whole range of positive and negative emotions. To be fully functioning, to be self-actualizing implies, then, that the person can experience joy in a love relationship, ecstasy in a loving sexual experience, wonder at the sight of a new baby,
pleasure in the successes of others, and so on. As well, this fully functioning person appropriately experiences anger, hurt, discouragement, frustration, jealousy, and other negative emotions, but has avenues to deal constructively with these feelings so that the personality is not stifled and other people are not hurt. Maslow discusses general metapathologies (Maslow, 1971, pp. 316-340) which illustrate the opposite of optimal psychological health and functioning. For example, Maslow lists alienation, anomie, loss of zest in life, inability to enjoy, indifference, apathy, axiological depression, despair, cynicism, and "aimless" destructiveness. Metadepressions illustrate the opposite of self-actualization. Metapathologies result from deprivation of satisfaction of basic needs. The self-actualizing person is free from these pathologies and instead embraces what Maslow terms B-values, or Being Values which include truth, goodness, beauty, joy, aliveness, playfulness, and justice.

Attention to intellectual well-being. The overriding impression from analysis of the interviewees' responses is that virtually every nurse maintains intellectual interests, in vocation related activity and in activity more general in nature. Traditional academic programs provide stimulation and renewal for some. For example, Martha says, "I am a student...going for my BSN...I have a
diploma degree." (p.5), and Margaret explains:

I matriculated for a BS and I have completed a lot of electives. It is getting close to the time where you finally make that commitment to start some of the core courses. I have [talked to] advisors about different psychology and sociology courses and the BSN. Eventually I think I will go back to school. I don't think I would get my Master's in nursing. Every two years I feel the need to renew myself by some formal education. (pp. 7-8)

Janet explains:

When I'm in a learning situation I just feel so renewed....Reading, or especially being part of a class where you can participate and get feedback...are very renewing....I'm not able to read as much as I would like. That used to be my escape...but now with the kids I don't get as much of a chance to read.

Some seminars [I attend] are pretty good. But especially I like classes....I took a course at the seminary with [my husband]; we took the same Death and Dying course. That was really fun....It helped to have something specific that we had both been exposed to. (p. 5)

Continuing education, conference attendance and in-service training help most of the respondents. For example, Trisha speaks of the value of conferences to her:

Periodically I like to go to different workshops and conferences. I like to keep up on things that are going on. We get a lot of information on [conferences] in town and outside of town. [The organization is] flexible enough that we can go to whatever makes us feel better. When you go away you learn new things and when you come back it gives you a sense of being renewed. I have attended one of the really big conferences and I had a sense that we were more advanced than some of those other [hospices]. I guess because we have been established for a longer period of time. (p. 10)
Margaret appreciates learning from conferences but adds, "We do go to workshops every once in a while around here, but I think staffing is a problem and I don't always feel so comfortable taking a day for that. (p. 8)

Others say:

I try to get to seminars. I read a lot. I have at least three shelves of textbooks in nursing. I would dearly love to go to a three day seminar [next month] and I don't have the money. Neither does hospice. So anything that I go to I pay for myself. I go through continuing education at the university, anything I can pick up, American Cancer Society, whatever. (Paula, p. 8)

One of the things that I find helps me the most is going to seminars...For me seminars are...so rejuvenating. I pick them carefully. [After] I go to a seminar...all the things that I try to do, I do...better for a while. (Dorothy, p. 2) Inservice presentations and staff conferences or meetings can be helpful. Chris mentions:

One of the best things about hospice are [presentations in]...staff meetings. I think the other good thing is...team conferences. The physicians are pretty good at teaching; I also rely on a couple other nurses that have been there for a while. (p. 10)

Amy speaks of the value of inservice training:

The all day staff meetings...are supportive. I was really aware of that the last time when Dorothy and Janet presented a seminar on leukemia....Dorothy presented facts and then Janet talked about [a case, a young boy] who she is working with. I listened to Janet talk about taking this child and his mother and sister to the zoo. [It] was...inspirational for me to [hear] her relate that story. So we share things like that. Not just scientific facts, but human emotional benefits plus support. One day a month that occurs. (p. 15)
Evelyn comments:

Our team conferences are good. I think hearing other people's approach to problems is very good. Maybe I wouldn't do it that way but then I see that it would be a good way. I have learned a lot from younger staff and I think I've been able to teach them a lot. (p. 14)

Several of the nurses speak of the intellectual stimulation of teaching. Catherine says: "I enjoy teaching. Tomorrow I'm going to be presenting some information about hospice to some teachers at [the university]. Some people don't like to do those things. I see it as necessary. I like it. I like sharing." (p. 5)

Esther explains her pleasure in teaching and in other intellectually stimulating activities:

I do a lot of instruction to just about all the students that come through [here]. I instruct about hospice and the work that we do in hospice. We had a TV program, and Linda and I helped with that. That is professionally very renewing and very rewarding. I do work with our speakers bureau and talk to other groups. I talk with the home health aides. I do speaking to larger groups about hospice. Not a whole lot, but some. That I really like.

I was in charge of the whole ballgame for a couple of weeks while the directors were in England for the big hospice convention; that was real rewarding. I really enjoyed holding the reins for a while, making some decisions...I do like being effective. I like seeing a problem and fixing it. I like working with people but I like seeing problems and making changes. (p. 11)

A few nurses mention enjoying educational television.

Terry says:

Whenever I watch TV it has got to be an intellectual program. Therefore I don't watch TV much. I focus on things like documentaries, 60
Minutes, 20/20. When I read something it's usually scientific based or Christian based. Things like National Geographic. Hospice articles. I read anything I can find about hospice. (p. 6)

Others say:

I read. This is what is difficult for me because I don't have enough hours in the day. I have to read from about 11:30 at night until 1 or 2 in the morning. I will not give up my reading. I have read every one of Agatha Christies. I read autobiographies. I like to be reading three or four different things at the same time. I will pick up nursing articles and read if I feel like my mind will absorb. But when I am burdened, then I will pick up something like an Agatha Christie which takes no brains to read but you can put yourself in the English countryside and get absorbed in it. You can predict the whole way through it. It is mind-emptying. That's why I like those. (Evelyn, p. 14)

Occasionally I read something else different for intellectual stimulation. Going to museums where they have displays things to learn about. Reading [professional] articles and sharing some experiences with co-workers is very helpful. That's one of the benefits of hospice; everybody is really open....It's just a nice free exchange. (Beth, p. 6)

I read a lot. I'm into Thoreau, lately, and a lot of science fiction books. A lot of factual books. Right now vitamins and minerals are the thing. So I'm reading a little bit about that and other times I'll be reading something else that just catches my fancy. (Bonnie, p. 5)

"I like to read professional magazines and I get magazines about outdoor activity, hiking and that kind of thing. I read novels when I'm on a plane. I don't have that much time to read." (Trisha, p. 10)

"As it is now, I read articles in nursing magazines. We have them around here. Cancer research and things like
that. I like to read a lot. Like right now I'm reading the *Aquarian Conspiracy.*" (Margaret, p. 8)

I like to read metaphysical stuff and novels and magazines. I don't read as much as I should professionally. When I started hospice I purposely did not jump in and read everything on death and dying that I could get my hands on. I read one basic book on hospice and hospice philosophy which was very good. I had another big book on death and dying. I had a pretty basic knowledge of some of the theories but I felt like there was a good chance you could just get overwhelmed by all of this and become obsessed by it which I did not want to do. The only things that I really did study were pain control and nutrition, but even those areas become...clear after about three to four patients. They were all very much the same. (Chris, p. 10)

To summarize, almost all of the respondents talk of their intellectual pursuits which add to their professional knowledge and confidence. For some, this takes the form of reading and studying on their own, and for some conference attendance is helpful. For some, formal education, working on advanced degrees is useful. Other professionally related activities cited as intellectually stimulating and professionally helpful are team conferences, staff meetings, consults with physicians and other professionals and meetings of professional organizations, i.e. the Oncology Nursing Association, where specific cases or specific issues are dealt with in depth. One nurse who substitutes for the nursing director on occasion comments on the professional stimulation and expansion of perspective from the experience.
Intellectual stimulation apart from career interests seems to be related to depth and balance of personality. Human beings are naturally curious; self actualizing persons experience wonder and pleasure in their world. For the hospice nurses this curiosity and fascination with their world is reflected in their interests in travel, in visiting museums, in playing with a computer, in attending church related programs, in viewing educational television programs, in personal reflection, in writing poetry, and in reading many types of literature in addition to professional literature. For each person the pattern of intellectual stimulation is different and yet all the respondents address their intellectual needs and development. Twenty-one of the 25 respondents read and study, 18 cite professional seminars and conference attendance as intellectually stimulating, 10 mention the pleasure of non-profession related intellectual activity, 9 participate in formal education, while 1 to 4 persons mention staff meetings, the hospice work itself, professional organizations and patient contact as intellectually stimulating.

As Maslow said, to be self-actualizing can include study to be able to do well what one wants to do. Maslow (1971) describes self actualization as a process, perhaps for some an end product, and he adds:
It is not a matter of one great moment...It is a matter of degree, of little accessions accumulated one by one. Self-actualization is not only an end state but also the process of actualizing one's potentialities at any time, in any amount. It is for example a matter of becoming smarter by studying if one is an intelligent person. Self actualization means using one's intelligence....It may mean going through an arduous and demanding period of preparation in order to realize one's possibilities. (p.47)

Self actualizing people work to do well the things that they want to do.

Attention to spiritual well-being. Non-traditional attention to spiritual needs typifies 16 of the 25 respondents. For some this represents disenchantment with organized religion and breaks with traditional churches. Several nurses describe their non-traditional spiritual lives and also discuss their ease in accepting patients' religious perspectives. Some of the patients religious experiences have strongly affected the nurses.

Esther reflects on what renews her spiritually:

I think it is science that I really like. I get a couple of science publications--I get Science 85, Discovery magazine and another science magazine. I'm real interested in space and I'm interested in areas like the black hole. I just enjoy that stuff. Quantum mechanics. I can't truly understand it but I feel like if I'm reading about it long enough I'm going to understand something that is going on here. And I like astronomy; we watch the space shuttle. I like continuing to learn things. (p. 12)

The interviewer asked if this learning is part of her spiritual growth. Esther's answer is:
Oh definitely. I have no religious belief. Back in the hippie days I always felt that there is a force that we all kind of return to and then life is just kind of sucked out of that. As far as any religious belief, that is probably as close as I get. That is fine for me. I'm comfortable with that. I like cultural anthropology. I like to see how religion has affected different cultures. To see what religion has done for people. My feeling is that religion is man's way of explaining what he doesn't know and it is a whole sort of gray situation. If you can't explain it any other way, well, that is God's territory. And the more knowledge that we have the smaller territory is left for God to be responsible for. I just kind of feel like eventually religion will probably...I don't know; maybe I shouldn't say that. I don't know what religion will do eventually. I see how religion can be very, very good for so many people. There was a point in my life when I wanted so desperately to believe that...if you believe in Jesus Christ you will be sent to heaven. I'm not totally uncomfortable with the fact that life sort of surfaces and then goes back down and you are just back in the void again. I certainly didn't have problems with it before I was born and I'm certainly not going to have problems with it when I die. So that's O.K. by me. When asked, I'll say no, I don't believe in God.

To me, if you believe it you are so much better off. You are truly so much better off. Patients say that they truly believe that when they die that they will be cared for and they will be taken up and all will be well. They will be getting their reward in heaven and that the suffering truly doesn't matter because what is important is that next life. It is wonderful for those people. Anyone that has good religious support I feel has an advantage over people that don't. A lot of times those people also have physical support from their church. People coming over bringing food. Emotional support systems. So I think it is real rewarding for those people. (pp. 12-14)

Gretchen talks a bit about her spiritual life and spiritual renewal:
Hospice was a big learning experience for me. So many patients often did talk about visions or seeing a loved one who had died. For me, it was reassuring. It was what my grandmother told me when I was a young kid. They were reaffirming what my grandmother said. I did have that belief already but these [patients] reaffirmed it. So as for myself that was kind of nice to know. "Hey, I really do believe. There has to be something out there."

For a little while there was a group of us from hospice that used to meet to get together once a month at each other's house and discuss. None of us really fit into institutionalized religion or whatever you want to call it. And so it was kind of nice to find out that there were other people who had had this strong spiritual belief that didn't fit the mold either. When we were [planning my father's funeral], I said to the minister, "I really don't want a whole lot of meaningless phrases. Can you please talk about something that I'll understand and it will be meaningful. I want to leave that funeral and I want people to leave that funeral remembering what you have said, giving hope about what we are going into." And he did. He was really good. He quoted a few scriptures that were appropriate but mostly he talked in down-to-earth language that I felt was meaningful. I had quite a glorious day. A lot of people came up to me afterwards and I got feedback later that that was the best funeral service they had ever attended. I felt really good about it. I really appreciated this minister.

I can accept anybody's religion. I think given my beliefs, what the patients have given to me, their sharing of their experiences, that I can give back towards the end. When I first went into hospice I would have never thought of saying some of these things to the dying, "Can you see the light?" But I [later] began to feel very comfortable saying that to some people, after I had got to know them and we had a relationship. Oh yes [it helped them]. They were relaxed. (pp. 16-20)

Bonnie says:

I don't practice any religion of any kind. It's
not a big issue with me. But at the same time I have trouble differentiating it from my life experience and what I do. I'm not into organized religion, I'll tell you that right now. In fact, no religion really. I feel that what I do is, in essence, me. I can't really separate it from myself. I was raised in a Protestant church. I was really active in the church. Usually most people leave the church when they go to college. I didn't leave the church until after I was in college. I never did formally belong to a church at any time but I was real active.

We've got a patient [in the in-patient unit] right now who has been with us for two months, which is unusual. The [family is] fundamentalist type. I feel comfortable calling the minister and I feel comfortable if they want to pray. I can hold off on my work. It is not that important to me. It is a very integral part of the patient's life and I feel very strongly if that is her support, fine, go for it. But at the same time if a patient asks me to pray with them, I don't. I have never actually prayed with a patient and I don't feel comfortable doing that. But I have on occasion had someone go in and pray with a patient because I knew it would be comfortable for her.

Glenda says:

I don't know how to separate spiritual, mental and emotional. I'll address it generally. I think they are all intertwined for me. I don't know what you mean by that word 'spiritual'. I don't see that word as necessarily meaning hooked up with religion. I think I've learned that at hospice, when I think of many people that I see functioning with great strength receiving a lot of comfort from religious sorts of things, but they are not hooked up with churches and ministers and that kind of thing. They have a philosophy of their own. So when I talk to people I try not to say the word "religious". I may talk more about "spiritual" and they can identify with that better. I usually have to be alone when I do this, lying down, not going to sleep, but doing something in the framework of imagery. Sometimes it is taking a bath, relaxing in warm water.
That feels good, physically. It's almost like a comfortable form of transportation to take care of that physical part of you to get into emotional, spiritual and mental [places]. It's the vehicle for me. Makes you stop your hustle and bustle. You can't take a bath and do much hustle and bustle. I became aware of imagery when I did psychiatric nursing. I knew that it was a relaxation technique. One thing that I do for myself and have done with families which has been very helpful, I came up with when my mom died. I've had more luck with this with families than other things. I imagine that God is a father with a human form--big, real big. He holds me in his hand and I feel very safe. (pp. 7-9)

I seldom go to church now. I am bored with formal tradition and I am bored with my stereotype of church people. I'm not talking about the hypocritical things, or the superficial, like who has got what hat on, but I get tired of the do-gooder people and I thank God we've got them. I wish I didn't feel that way, but I do. I don't understand why I feel that way. There is nothing wrong with cooking or visiting folks and I think that's important. That just isn't for me and I don't want to participate. I don't want to be asked to participate. I don't want to give any more. I sound like a real old weary person but that's the way it feels inside when I think about that.

I think I'm very spiritual person. I do think that there is a God. I think I'm a Christian person in the way I behave, the way I live my life. I think my life shows that. I certainly believe in the golden rule and a few things like that. When my mother was dying I was holding her, and I told her I would catch up with her. I meant that. I've said to families whom I know have a basic Christian philosophy, "Say what's in your heart. I love you. I always will," or whatever it is, and if you want "I'll catch up with you." It's real down to earth, and people can relate to real down to earth. My beliefs are real down to earth. Generally, when I'm concerned with a problem, I rely on myself to review it. (pp. 10-11)

I say to families I do not believe that God causes things to happen. Awful things. But I think that is part of the fabric of life and I just accept that without question. What I do believe is that God gives us the resources within
us to cope with whatever those things are and you can get in touch with those resources. People can relate to that. (pp. 19-20)

Dorothy talks about her spiritual quest:

Maybe 10 years ago was when I started investigating yoga and meditation, and started realizing that I wanted to get more in touch with who I was and who God was and all of that. Meditation is something that really helped me to get in touch with my connectedness, with God. People who do that call it oneness. You feel that there is a oneness, that everybody is connected and that there is a life force. All of that to me is life, an experiential demonstration that there is more than here in our body and what we see. And so in doing that and reading more, and exploring more, and talking with people who are dying, through the hospice experience, it is real evident that there is rarely a person that doesn't have glimpses of something to come. A doubt comes to me once in a while and I kind of look at it, but there is an underlying feeling and a sense that there is more. When I get in touch with that, with meditation and being in nature, and being in groups of people who are trying to get in tune with that, and spread love, then to me that's just more powerful than anything else. It's an overwhelming type of experience that makes me go forth knowing even more that that is what is really true, not what we are doing here every day. (pp. 22)

Several nurses express disappointment with traditional religion, but still maintain spiritual interests.

Linda, who was brought up Catholic, says:

To me nature is a reflection of spiritualism and goodness. When I'm out appreciating nature, that is spiritual to me. How I see myself spiritually, too, is trying to help other people with their Christian way, or do good acts or whatever. To me it is more important to live a Christian life than to sit in a church for an hour. I can be of more benefit [by] helping other people. That, to me, is spiritual.

I attended my uncle's very traditional funeral last week. When they gave the eulogy I was so totally disgusted I almost walked out
because it was all this Heaven, Hell, Purgatory. He is going to burn; let's pray for him to get his soul out of Purgatory. It reminded me of my upbringing going to the Catholic schools and how I felt so brainwashed. To think that people still approach Catholic teachings that way! It was very depressing to me.

My personal growth benefits me spiritually because I get to know myself better as a person and get to know my soul and my spirit. I would say that it does help me spiritually.

Other nurses reflect:

I was raised a Catholic. I can't really say that I've been an active member of the church for some time. I think I reached a certain point in my life where I just wanted to be Christian. I have a faith. It is something I believe that you practice every day, but you don't need to go into a building once a week. It doesn't need structure, in that sense. I guess that is how I am, spiritually. I think about God and that kind of thing, but it is more like a broader Christian faith.

When you have [a patient's] death and religion is a big part of their life, we pray with them. Then the prayer becomes part of you. At certain times of your life you find yourself praying. Not on a daily basis. I find that with a lot of patients, their religion is private. That part is very spiritual. Everything else is an open book and that part tends to be pretty private. If they want to talk about the spiritual, most of them will tell you. (Trisha, p. 1)

A woman I am seeing is getting pretty close to death, probably within the week. She's in a semi-coma, right before she can't really communicate to people around them. [Patients in that state] will call for somebody that is not there, or will tell me that they had a dream about a dead family member. One woman [said] one of her [dead] family members touched her in her sleep. She related how the person felt cold, and it was almost like they were calling her or something. [That] gives me a sense that they are getting closer [to death] because I feel like everything around them sort of narrows down. They get to a point where their inner self becomes more important to them. All the chaos and family and
whatever that was happening before sort of gets in the background and that [spirituality] comes to the surface. Whatever is going on inside, the struggle. I think I have a pretty healthy understanding of what people go through when they are near death. It is almost like they are experiencing something that you can't interfere with. On a different plane it is something going on that is not under your control.

I have gotten in arguments with preachers who come here. What really gets me is [people] who ask, "If you died tonight, are you going to heaven or hell?" That's a real bad one. That just touches me off. I get mad fast. A preacher who did that was visiting one of his parishioners, which is fine. He left this religious tract, which is O.K. But he was leaving them in the elevators and he left them in the doors. I called him up and said "You don't do that here. You can visit your parishioner, and that's it." I had a Jewish patient get really upset. (Bonnie, p. 12)

Sharon reflects about her spiritual life, and what renews her spiritually:

It is not organized. I was raised a Catholic and for some reason, I do not understand the Catholic religion. I'm not sure what I do spiritually. I know I believe in a God and lot of times I just talk to Him I guess. Talking to Him [after] I get through something difficult, I really know that something helped me. I think it is what you believe in that works. I still haven't quite figured out what it is.

I casually started mentioning to my parents that I was going to start doing some church hopping. I guess sometimes I think they are more open than what they are. You were born Catholic and you remained a Catholic. I have to work that out. [I do reflect on] the value of life. I really try to get from life what I can. And you don't take things for granted. I think that I enjoy life more than I used to. When you are young you don't understand stresses. I've started to realize what is important to worry about and what is not. (pp. 11-12)

Evelyn describes her disenchantment with organized religion and her spiritual focus:
I don't go to church any more. I did. Then I became disenchanted with organized religion. To me they were very narrow minded. I have gone to churches where their parishioners were in trouble and needed help and did not get help; I grew angry. I thought that a church's responsibility would be to its own. I'm all for helping starving children in Africa. But I think that when you belong to a group of Christians together then you help each other. I found that was not happening. I had not been exposed to that part of Christianity before. One time [Hospice] had a family in an extremely bad situation. It was horrible. I went to my own church and asked the ladies of the church to help me with this. I was asked what religion the family was. I think that was the last time I was in my own church. I believe in God, but God knows why I'm angry and I'm sure He cannot accept my anger. I'm sure He would like me to be able to handle that. But He knows how I feel in my heart. The money I was giving to support my church I now give in other ways doing God's work, helping out families or buying something that someone needs. To me this being as good a Christian as going to church and praying that, "Yes I love God, and I love my fellow man, but I will only do for them if..." I would be a hypocrite if I went [to church] and continued to practice the way I used to practice. I could not admire myself, so I don't do that.

I think if you didn't have any religion, if you were an absolute atheist, if you got into hospice work you would get religion. Maybe not join a church, but you would believe in a higher plane of something, whether it be a spirit or force or whatever. You would believe in something. To see the faith of our patients is very rejuvenating. To see what they have to endure. You wonder where they get the strength to do what they do, day in and day out. You have to know that they are drawing on a source of strength far beyond what they themselves as mere mortals would have.

I feel my spirit is with me all the time in my heart. If I'm angry with God I tell Him, but He already knows it. I believe God knows what is in my heart. A child has cancer and the child's parents are suffering so badly, and I will argue, "Why are you doing this to them? You have it in your power to end this. Why don't you do this?" He hasn't answered me back. I haven't gone that
far yet. But I think He or my own mind poses questions about it and so I come to some kind of satisfaction with this argument that I have. It doesn't resolve it. It is very hard for me to watch children die. I can watch an older person die with dignity and help them through it but a young person is hard because in your mind you think they have never done anything yet, seen any of God's wonders and enjoyed themselves. And on the other hand, what is enjoyment? So you have to come to some kind of peace within your mind about it.

I feel I have a close relationship with my higher being. I feel that I can talk to him one-to-one. I can talk to him direct. I don't have to go through anybody. If I'm driving in my car I can talk to Him. Or in the quiet of the night, whenever. And I can get strength too. It's definitely like we are communicating here. Only He doesn't answer me back, but it is a communication. I will say prayers if I'm in [a tough] situation. The Lord's Prayer or whatever. I do not sit down and fold my hands and pray. (p. 13)

Traditional religious perspectives are reflected by about half of the nurse respondents. Illustrations of their views follow:

I'll go to mass on Saturday evening and I don't usually take the kids with me. That is good for me. I love the music and the tradition. I like the Catholic tradition; I feel more comfortable there, more at peace. I also like [my husband's] church and don't mind going there but for me, my own faith, the tradition and the music [are renewing]. St. Louis Jesuits--I just love their music. They've got some beautiful songs. When I [worked] in the in-patient [unit] we had all of their albums; sometimes that will do more for me than anything because it is so relaxing. They have songs about "Be Not Afraid" that talk specifically about death.

[My Catholic faith] was important as a child. I went through a period of turmoil; it just got to be so routine. Now I feel like I can really think about things and it means a lot to me again....The job has to make it more important
because you think about death a lot more than most people, and you think about how tenuous life is. You think about your relationships with God and with other people. You have to be all together most of the time, and be ready. (Janet, pp. 6-7)

Janet speaks of the role of prayer in her dealings with patients:

I pray if I'm trying to make a difficult decision. Sometimes if somebody is in pain, and I'm trying to give them a back rub, or just be there with them right when they are dying, I do find myself saying a prayer. Hoping that this can be over for them. Just calling upon God to help me be helpful in a situation. Help me be soothing or help me comfort this person. (p. 7)

Catherine speaks of the importance of her spiritual life for her personal life, but also for her role as a hospice nurse:

I try to have time every day for meditative prayer....I talk to God when I'm in bed but I often start the day with a meditative prayer. I read a little book that talked about being able to pray continuously, to call God into the present with you. At the time that I was going through a crisis I found my way to a [different] church. I could sit in that church quietly and meditate. There are so many of the elements of [my chosen faith] that I find significant. The symbolism. The worship service is a worship service. Worshiping God, recognizing the Almighty and our relationship with Him. The phrase is said over and over again--Lord have mercy, Lord have mercy. [I have] the feeling that He really is merciful. He may be the source of all energy and yet He looks on you as His child. And He is there for you. I believe that there is significance in praying for others. We light candles with our prayers; I feel there is evidence of that really working for me.

The worship service has a lot of use of the five senses. I'm finding out again that I am a person who is and needs to express themselves
through the body. So we have ears; we listen to the music, and to the words and the prayers said. We have touch. We are crossing ourselves. We are kneeling and basically getting ourselves involved. We kiss the cross. With our eyes we see the church, the lights. We sing. Put aside earthly things, all cares aside. We taste the Eucharist. We come to the communion table and we taste the presence of God. As the sacrifice is offered, I feel something that starts at the top of my head and flows all over my body. God is there....

[In my faith] they say it is not enough to worship. What are you doing in your life? I say hospice is such a natural thing to be doing. I met a priest who said he called it a mission or something stronger; a commitment, like this was my designated work. And so that makes hospice not a job any more. It is something that I need to do, something I am being enabled to do. And I'm ministering; He said as much as you do it unto the least of these my brethren, you have done it unto me. So how can I give less and how can I receive anything but beauty if Christ is helping that patient? (p. 31, 33)

Religious faith is the most basic building block of Terry's life:

Prayer is definitely an emotional release. It is definitely a basis for gaining strength, entering stressful situations. It provides answers for me for difficult questions, be it marital questions or hospice-related questions. Not always answers that I expecting or necessarily listening to when I'm getting them, but eventually, it comes around to the point where I reach an understanding on how my prayer must have been answered. This is the way it is. It seems to have worked out. So I always feel there is an answer given to the prayer. It is not always the one I'm wanting. I reach that point with every prayer that I say, that I think it has been answered. Bible reading helps. There are key passages. And one very helpful program that we make a point of listening to is Focus on the Family. Dr. James Dobson. He is a psychologist at UCLA. He speaks of issues related to the family. I find that very interesting. (p. 7-8)
Asked whether the church pastor was helpful,

Terry replies:

Except for a few rare occasions, that hasn't helped with my coping with things, although it did help tremendously back when I was applying for this job. I did not understand why my prayers weren't being answered the way I wanted them to be. Why I was being put off. One of the pastors did help me through that. Finally, I was hired and later on I found out why I had not been hired earlier.

My strength is pretty much internal. This is something I had to do in order to make it through my early family life. It was very stressful. Looking back, I see internalization and devotion to spiritual things are what got me through it. I figure it got me through when things were really bad; things aren't so bad in my life now so I have always clung onto that as my strength. I can pick that up [a spiritual strength] in my co-workers now versus the co-workers I had in the past. A different kind of person does this kind of work. I have to say, too, those families that have that spiritual thread are the ones that do the very best in going through the grief process. It is not a religious creed; it is more a generalized Christian perspective on life and living. (p. 9)

Margaret reflects on the role of religion in her life:

I have church activities that I'm very involved with. I'm on council at church and I'm vice superintendent of Sunday School at church. (pp. 1-2)

I can't say I'm a real good Bible reader. There are some passages sometimes that really hit me. There are some sermons that I get a lot out of. And then I teach Sunday school. When I pray I don't really make a certain posture with praying. I guess I feel it a lot mentally. And it's not a real big thing. It can be just an idea that floats in my head. It's pretty informal. There have been times though, especially in the in-patient unit when you are actually likely to have that moment of death there. I think a lot of patients and families pray. (p. 9)

In summary, the nurses' perspectives vary from atheist to deistic to theistic, and from no practice to non-
traditional practice to traditional practice of religion. A number comment on the strong relationship of spiritual life to other aspects of life. For example, one perspective is provided by Esther who says "Science is spiritual to me. I have no religious beliefs, but I am interested in how religion affects the culture. I am comfortable working with patients' belief systems"; and by Bonnie who adds "I am not a practicing anything, no religion. It's not a big issue to me. I am what I do, in essence; I can't separate my spirituality from myself. I believe that who and what I am expresses my spirituality."

Glenda comments "Spiritual care [for myself] intertwines with emotional and intellectual care. I am not hooked up with organized religion. I am bored with organized religion...I feel like a spiritual person, and I do believe in God." Evelyn adds "I became angry and disenchanted with church. I believe in God, but I think church people don't live their Christianity."

Eleven of the respondents including three whose beliefs are non-traditional mentioned the importance of their religious faith for spiritual sustenance, four of these eight nourished by their strong Roman Catholic faith. Janet, whose husband is a Protestant minister, goes to Mass by herself. "I love the tradition of it. Some of the music and the singing are especially renewing." To Martha,
her Catholic faith is a strong support: "It is important to have my spiritual needs met." Paula converted to Catholicism and finds the faith and parish work in which she engages fulfilling and comfortable. Terry's strong Protestant faith is vital to all aspects of life. "I have a rich spiritual life. I find Bible reading helpful....I often listen to tapes made by a Christian psychologist.... The internalization and devotion to spiritual things got me through very stressful times."

For others, who are not affiliated with traditional churches, a personal faith is nourishing. Evelyn says, "I feel a strong relationship with my higher being. I can talk to God one-to-one." Glenda comments, "I believe in God. I have faith that God gives us resources to cope." Two of the nurses, Linda and Bonnie, talk of the spiritual value to them from helping their fellow human beings. Linda comments, "Helping others is spiritual to me."

Spiritual nourishment from personal philosophy was mentioned by ten nurses. Alice says, "I see death as part of life. That reality helps me." Paula's awareness of terminality encourages her "to live now." And Sharon comments that she "really enjoys life more now than before hospice. I have come to terms with what is really important."

Time to oneself and meditation are important for seven nurses' spiritual renewal. Beth mentions, "I meditate and
contemplate, and think about spiritual matters when I am driving (from patient to patient). "Dorothy mentions the renewal she receives from meditating, singing and prayer; I pray that I will be able to be totally with them (the patient and family) while I am there." Glenda also mentions the importance of meditation and imagery to her in her private times; "I imagine I am very small in God's large hand. I am very safe and protected."

Reading and church attendance are valuable contributions to spiritual growth for four and seven nurses respectively. One nurse comments that psychotherapy was beneficial for her spiritually, two respondents value clergy assistance for their spiritual growth and three more are renewed from being in nature.

In summary, all the nurses value spirituality and consider themselves to be spiritual beings but the paths for their spiritual renewal are individual and often non-traditional.

Attention to social well-being. The nurses' approaches to friendships, group activities, family life, and organization membership vary. The following responses to the question, "How do you take care of yourself socially?" show their individuality and similarity:

I have the three really close friends and then I have a lot of friends that are work-related. I keep in touch pretty much with the people that I went to school with and ones that I had worked with previously. I like music and I like to go to
concerts. I like to go camping with groups of people. No organizations. I belong to the college alumni association. (Trisha, pp. 8-9)

I have a couple of friends who are a source of support to me. I can go to them in time of need. As far as my mother, I'm afraid that is probably a source of stress for me because in my family we were not taught to express ourselves with affection and things like that. That is an area that I have to do work on. I see my friends and [my fiance] as being a social support system. I consider myself a people person and willing to have new experiences and meet new people. I can't say that I always end up striking up a meaningful friendship.

I think right now I am a little less social and need less support from people because of [my relationship with my fiance]; [but] looking back at my life I would probably say my friends are most important to me. That may not be real healthy.

I belong to [a running group]. I don't belong but I attend the meetings of an outdoor club. I belong to a couple of nursing organizations. I don't belong to a church. I happen to be president of one of [the organizations]. [One] club I'm not active. I just attend. I've gone to some of their group outings. (Linda, pp. 4-5)

We have a group of friends, three couples and one single man that do a lot of things together. We do spur of the moment things; this summer we went to the State Fair on the spur of the moment. We used to go out to dinner every other week; we are going to get back into it this fall. We all support each other and have fun. (Millie, p. 6)

I find that [it is] extremely important to have friends that are not my associates. I like people that don't even know what I do. They know what I do but they are not real interested in it. Those are my best friends. I used to associate with nurses only because of going to school with them and having lived with them in college. I think social [activity] is a form of release for me. I've found the people that work here that are the least happy and the most introspective usually have a very poor social life, bad marriages or they are closed off or they are living alone. You
have got to have a lot more than this. (Belinda, p. 5)

I need to have a support group that has to be outside of my work. I found out that as the organization increased in size we couldn't provide intimacy in the organization. My church has really worked out well for me. We have done things together, especially on the holidays. (Catherine, p. 10)

Sharon says, "I was a community organization's vice chairman. Then there is an oncology nursing group that I just joined. That is good because it is very educational. It is also to get to know the other oncology nurses."

(p. 8) Georgia says simply, "Nursing doesn't play that big a part in my social life. [Our church] takes up a big chunk of our social life." (p. 9) Evelyn talks of many relationships in her full life, and her perspective of friendship:

We entertain sometimes. We have friends over and we play cards. The latest thing we do now is play Trivial Pursuit. We never go out nightclubbing. My husband doesn't drink. We will go out to dinner sometimes. We visit the kids or the kids visit us. We will take a weekend trip somewhere. I go with him on his bowling tournaments out of town. I sort of enjoy it because the wives of the men that are there are either non-career people or from different careers. It is different kind of talk that you hear for a couple of days and that is interesting. Some of it is boring. People can say all they want about women working but a woman that works and has a home and family is more interesting to talk to than a woman who has decided to make her life the children.

We have a small circle of friends that we are very close with. Then we have the larger [circle] more like acquaintances and my peers; and we get together for picnics or we get together for Christmas parties. There are all ages in that. I think you more or less socialize with people your
age group for your more formal socialization. I resent any invasion of my time. I don't like things to cut into that family time. We did not have the cottage when the kids were growing up. It is nice, our kids bring their friends and then their spouses. It is almost like you are reliving your childhood through them, having advantages that you didn't have. My husband and I sit on the front porch and watch them waterskiing. It is nice that they want to do that. My sons bring their business people up for a day. I get to watch their children, watch them play; I enjoy them....Most of our socialization is with family and extremely close friends.

I think it takes an awful lot of energy to be a good friend to someone. You cannot be a good friend to too many people because you are divided too many ways. I would say I have four very good friends that I would do anything for. And they would do anything for me. Beyond that level I have people that I know I would help if I could, if it was convenient, and then it filters on out. My close inner circle is very limited.

My closest friend in the whole world died of cancer. We were friends for 20 years and I would have done anything for her. I went to Houston with her to get cancer treatments. They put that woman through hell, and because I went with her I had to be taught her procedure to do to her back home. Every time I did that to her I hurt. She said it didn't hurt her, but it killed me. I was with her the night she died and it was like I lost somebody so close. I would tell her anything. I am close to four friends now, but I have not ever felt the bond that I felt with her. I think I'm almost afraid to feel it for fear I will lose one of them too. It is a different kind of grief when you lose a family member. There were things you never told your mother, or your brothers and sisters. But your friend--you told her everything in the world. And you have lost her. That was hard for me. (pp. 10-12)

The support of social relationships with individuals or groups are important to all the nurses interviewed. In summary, most of the 25 nurses especially value a few close friends. "It takes work to maintain good friendships," say
both Evelyn and Margaret. The values in friendships are "that I can be myself" (Glenda), "that I have someone close to share with, and to have fun with" (Cheryl).

Families are cited as social support systems for 12 of the nurses. Family events, sharing with various family members, the pleasures of friendships with adult offspring are all mentioned as nourishing and pleasurable.

Membership and involvement in various organizations provide social contacts and support; nine nurses mention their importance. Professional organizations for four nurses, and recreational and volunteer organizations for five nurses provide connections with the larger community, the professional community and with friends.

The hospice organizations also provide some social support for the nurses; five persons mention that they value these relationships. Other valued social relationships are neighborhood (for four nurses), church groups (for three), and friends made through hospice. Two nurses mention that their social lives are less active now than before joining hospice.

**Personal and Professional Relationships**

In response to the question, "What is it about your friendships or work relationships that is important to you?" the nurses outlined meaningful qualities. The overlap with social care of self is apparent, but
distinctions do exist. Kelly remarks:

That we are communicating our needs and feelings, so that we can help each other. I think without that you don't have a relationship for very long. Helping people. Being a good friend. Being supportive of people when they need it. Offering a hand or cooking a meal. There doesn't have to be anything major but...I think [relationships] are very important and I think they have to be worked on, nurtured to keep going and to grow. You have to allow them to happen. I think you can survive inside yourself pretty easily, and people probably do, but life is more interesting and better if you can let more people in. (p. 17)

Chris explains the important qualities of personal relationships, "I think having a feeling of honesty and trust and mutual interests and caring" (p. 17). Jane adds, "I think one of the most important things is a lot of love and support from friends, lovers, family, whoever. And don't be afraid to seek it out" (p. 16). Sharon speaks of valued qualities:

When I'm able to talk to them openly and honestly and they still stay my friends. The closeness. To know that I'm able to have those [relationships] must mean that I'm healthy and that there is something they like about me. [That affirms] that I am a healthy person and that they want to be with me. (p. 19)

Others add:

Probably trust, being open and realistic [are most important]. I think there are cycles to life. You ought to respect those periods when you experience different emotions and acknowledge them. For instance, if I want to be left alone, I don't want someone calling me up on the phone and expect for me to talk. If I'm angry, I don't want somebody to ask me questions [about] why I'm angry. I want to be able to feel that anger and let me deal with it in a way that I want. If
someone is sick I don't believe in calling them up and asking them how they feel....[It's important to] acknowledge things that are important to people. (Alice, p. 11)

To Margaret, the most important aspect of personal relationships is, "Sharing with someone, sharing insights. I have different friends who will meet different needs. [I feel] less isolated....You have to have acceptance and trust" (pp. 17-18). Belinda explains:

The most important quality has to be a basic goodness built into someone. That I am treated very well. The consistency of love is what I want. That goes with my female friends as well [as male]. I've found that my concerns for people I love are a lot different than what they were four years ago. (p. 19)

Asked what makes the difference, Belinda replies,

"I would really have to say that what I see here makes a big difference. You realize what is really important."

(p. 9)

Gretchen talks about a valued friendship:

With Ruth (a colleague) I can really share feelings and frustrations and joys and pleasures totally. She is the one person that I can talk to about anything. She has been my biggest support. We have a lot of things in common in our personal lives too. She is just so non-judgmental....I think you have to be willing to share yourself. That has to be trust....I think then when you are willing to open up to somebody that is how that relationship grows. I think you have to be willing to give. I am pretty open once I trust the person. I'm not afraid to reach out. (pp. 23-25)
Terry says simply, "The bottom line of a [good relationship] is good communication skills. If you don't have that...(p. 14)"

Belinda values:

A willingness for the other person to listen and, to be open. I know that we are all judgmental but it's important to me that somebody not be really biased in their thinking but be open and see the other side of the story. It is important in relationships that I can share the true me, the real me with the person, and for them to be able to at least listen if they can't accept it. It is important for me to be able to say what I feel and to be able to work through any conflict, and hope that the relationship will grow from that conflict. It is also important to me in relationships that the person not have the identical likes that I have. I like to be physically active so it's important that the person or people I'm with also like that to some extent....I see my nursing friends for lunch and we talk about professional things. (pp. 12-13)

Sharon reflects about the importance of sharing and fun in relationships:

"We have a close circle of friends; we seem to do a lot of things that make us laugh. We are able to have a lot of fun together and that helps. I think my coworkers listen; if they think of a different way of doing something they will share that with me. (pp. 6-7)

Chris reflects about what is important in relationships:

"A social support system is important. If you find that you have a problem, there is somebody you can call. Gives you somebody to talk to if you have to." (p. 10)
Esther reflects:

The feeling of camaraderie is probably the [most important] thing, especially with the people here at work. That sharing of experiences that are very similar is very rewarding. I enjoy people who are fun. My good friend is a lot of fun. She is a ball of fire and someone that I respect very much. I don't feel close to her emotionally. We are not very similar people but that is really what I like about her. She pulls me away from my nature programs and says, "Let's go have a good time." I like that challenge. Her life set is so different than mine. She is a free spirit; I really like her a lot....

I can talk about anything that really bothers me with my husband. You know how you feel when everything is sort of understood? It's like you don't really need to bare you soul because there is not that much to bare....The support is there. If you can have a good time together, you can get through anything. You really can. When I see relationships where every time people get together they are miserable, I think, "What is the point?" If you can start creating good times and have good memories to build on, the bad times sort of go by the wayside. (pp. 20-22)

Amy describes valued relationships:

I have a really close relationship with my sister. I have a friend named Tony with whom I've shared a lot of things for the past six months. Through the ten plus years of limited existence when I was still married [I had] no friends, so that makes me especially appreciative of life now. I share selectively and intimately with just a few people....Living through a difficult situation enabled me to discover that I can always count on my family for help and I repeatedly have learned that my family extends beyond the blood lines. If I reach out there are people able and willing to give. I have an appreciation of the family of man. (pp. 14-15, 20)

Beth describes her values:

I look for somebody who will listen. There is so much superficiality out there. For a close relationship you need someone to talk to. If they can't listen to you they are not really sharing
with you. I like listening to people. I think if you find somebody who is willing to listen, is open and willing to do different things together, you can satisfy your needs with each other. Maintaining an interest in life and doing things is important for renewal....I have a small circle of friends right now. Having moved back to [this city] after having moved around, it's just a small circle with a lot of acquaintances who are shrinking away. I have not really been out making a lot of new friends. I have been committed to school....The hospice staff are warm. When you need somebody there is somebody there. I can't say anyone in particular because it varies on who is in the office. When you have a need you have a need and you share with them. (pp. 18, 5)

Others say:

I am really busy at work and go to school. Socially, I have people that I go camping with and give some parties. And then I belong to the organizations. They are not all business; I have friends there. You get new ideas and it keeps your mode of thought going differently. I do things with my fiance.

I don't have very many friends. [Another hospice nurse] and I have been close but as far as wanting to be with a lot of people that are in health care, I really don't. Not on a social basis. There are engineers and accountants who belong to my social club; it is good to have all those different conversations about topics I don't know anything about. (Pat, p. 7)

If you can accept me when I am angry and mad then you are truly a good friend to me. If you can only stand me when I'm real nice and funny and then when I get angry you don't want to be around me, you are not a good friend to me. It is very important that you take me the way I am. My very close friends can do that. I can just let my hair down and swear if I want. Usually most of the close friends that I have have a very good sense of humor. They have to be spontaneous. I don't like to be around people that everything has to be planned. I like spontaneous action. (Evelyn, p. 18)

I know a lot of people and I have a lot of friends. I think my husband is my best friend and
I have a couple other [close friends]. The person I value is somebody who shows me that they feel free to be themselves and who are consistent with their personality. They are not up and then down. They are not manipulative in relationships. They let you be and expect the same in return. (Glenda, p. 13)

At work I think that the most important thing of all is the availability of my colleagues to talk to. They are my colleagues and my friends. It's not like they are acquaintances. They are friends. (Paula, p. 7)

A former hospice nurse mentions:

My close friends at hospice understood each other because we were in the same boat. It was almost like you had to be there to really understand what it is like; the sharing, the experiences and the frustrations with somebody else that is also going through the same thing.

I felt a big loss when [one nurse] left. We could really relate to each other and we had the same zany sense of humor. We could kid each other and we enjoyed each other's company. We could tease each other but still respect one another. And there was nobody else to take her place, to be that support in the role of a co-worker.

As Maslow establishes, meaningful relationships are essential for self-actualization. Striving to satisfy the need for belongingness and love is reflected in these examples of 17 of the nurses' values about relationships. Nine persons speak of importance of family relationships in providing support, while six persons identify their relationships with their spouses as especially helpful. Relationships with parents, siblings, offspring and lovers are also important. Evelyn comments, "My family helps me through a sad or bad situation. My husband really listens,
and seems to understand my emotions. He is objective and helps me develop confidence in my perspective."

Three of the nine persons who stress the importance of family relationships specifically mention the pleasure and joy from engaging in activities with family members. Esther says, "My husband and I have a wonderful time. We go sailing every week-end. We are starting a business together. I couldn't be happier." Esther speaks several times of the joy of her marriage, and the importance of that relationship for her revitalization. One nurse speaks often of the many family activities with spouse and children, and the importance of these activities for renewal.

Relationships with other staff members, to be discussed in the section about the nature of hospice work, contribute importantly to renewal for eight of the interviewees. Seven persons mention specific relationships with friends; sharing honestly and deeply fosters revitalization. The true confidante is sometimes a friend rather than a spouse or other relative. Six interviewees stress the cathartic value of being able to ventilate and share feelings.

Relationships with patients and the patients' caregivers were spontaneously mentioned by eight of the nurses. Margaret says, "When I can cut barriers between nurse and patient and talk person to person, and share,
that renews me." Friends totally separated from hospice provide diversion and variety of stimulators for five nurses.

**Affirmation**

Affirmation from other people and from internal satisfaction is strongly cited by 17 of the 25 hospice nurses as important for renewal. The affirmation comes from family members, lovers, friends, staff, patients, caretakers, from the satisfaction of knowing their hospices are outstanding, and from the satisfaction of helping others by doing hospice work. The overlap between renewing aspects of relationships and renewing aspects of affirmation is evident. The investigator questioned whether or not the two categories should be combined; she decided to distinguish between the two, and at the same time to note the overlap, based on the rationale that valued relationships are not always affirming and that valued affirmation comes from sources in addition to relationships.

Overlap is also evident between the areas of Affirmation and The Nature of Hospice work, to be discussed next. A few brief examples of the nurses' comments verify the importance of affirmation for renewal. Esther feels enormous support from the patients' caregivers:

I get more from caregivers than from patients
because patients tend to withdraw more and more as they become more and more ill. As the patient withdraws, the nurse's relationship with the caregiver builds. The caregiver supports the patient more than I do. With caregivers, I build an emotional bond, and we have fun. The rewards I get from the family members are wonderful. They look to us as concerned friends. (p. 5)

Sharon states, "It is the families that keep you going," and Millie mentions, "The best parts of the hospice experience are the relationships with family, the feeling that you are doing a wonderful service to the dying, and that you can develop a one-to-one relationship with patients" (p. 15).

Others add:

You get affirmation, especially at the funeral or the viewing or the wake. The family says to all the relatives and friends, "She was such a good help. We depended on her so much." So I know that I've been effective. (Martha, p. 17)

"I get satisfaction from knowing that I do make a difference. That I am contributing to their lives, to their well-being. That is really satisfying" (Beth, p. 10).

There are a lot of warm fuzzies. They say, "I could not have done it without you." But I have to say to them--and I know I'm right because I've been there--"You did it." When they begin to see that, I feel good....

[At Hospice] when I see something that needs to be done, I check it out and make suggestions. I don't just go running off on my own. The administration encourages me and supports me. (Glenda, p. 20-21)
We get a lot of satisfaction out of the nursing that we do. We are very independent. The medical director has a lot of faith in our judgment. The families express over and over that they couldn't have done it without us. There aren't very many nursing jobs like that. (Kelly, p. 2)

I've had a lot of positive feedback from my families. In fact I've gotten to the place where when they ask what they can do for me, I'll ask them to write a letter to my boss. That is a great gift to me because it makes me feel like I'm getting some attention and it's more meaningful than an object that I would take home. And the families think that [writing a letter] is a simple thing to do. They are happy to do that. I get a lot of warm fuzzies out of seeing the duplicate of that letter coming across my desk. One thing I have learned to do for myself [is to] ask for that letter. (Catherine, p. 23)

Trisha comments, "When confidence develops between the patient and me, I can sense that I helped them. They may not be able to tell me, but I know it" (p. 16).

To summarize, nine nurses cite the importance of affirmation and support from patients and patients' family members, already illustrated. Related to the overt positive feedback is the internal satisfaction and affirmation gained from helping others, cited by four nurses. Three other nurses cite their spouses' and/or their own families' affirmation as vital to their renewal. For example, Janet comments that the support for her from her husband, a minister, is complemented by the affirmation she receives from being a mother.

Support and affirmation from other staff members is renewing for eight nurses. Organized support group
activities with peers, mentioned by three nurses, are sometimes helpful and affirming; acceptance of shared feelings, respect, support, and encouragement are particularly helpful. Affirmation from supervisors is reassuring and encouraging, but does not occur enough according to two or three respondents. Friends' support and affirmation in the form of fun together, as well as respect, love, and affection is valued by five nurses.

The renewing satisfaction and affirmation from professional development, mentioned by six nurses, takes several forms. Reading professional literature about hospice and related topics deepens professional perspective and confirms the value of their work for three nurses. Conference attendance, renewing for Catherine, provides affirmation of ideas and confirmation of values for many other hospice workers.

Maslow discusses the importance of self esteem as a basic need which must be satisfied if one is to develop into a self-actualizing person. Self esteem develops initially from a reflection of the attitudes and feelings of others, and can eventually be influenced by one's own opinion of oneself; this allows persons to maintain positive self esteem in the face of rejection and despair. However, affirmation from others is valuable and important for the maintenance of positive self regard, a step toward self-actualization.
**The Nature of Hospice Work**

The gratifying nature of the hospice work is reflected in the nurses' answers to many of the interview questions. For example, the nurses' definitions of renewal reveal: "You get renewed...when you step back and look at the many things we do differently and correctly [at hospice]" (Belinda, p. 2); "When we go to a big workshop...with other hospice people we always seem refreshed" (Sharon, p. 1); or "I get renewed when I can cut the barriers between nurse and patient and just talk person to person....And when there has been a good death; the patient is free of pain and the family copes well....That is what renews me" (Margaret, pp. 2-3).

Answers to the question about significant life events reveal: "Becoming a hospice nurse was significant" (Terry, p. 17); and "Hospice [has been] super important to me....[The experience] deepened my life and has made my life more meaningful" (Jane, p. 28). Other questions which tapped the nurses' perceptions of the importance of hospice work for their renewal are those related to feelings of professional effectiveness, feelings about their jobs, and professional development. Some respondents speak of their satisfaction in relating to patients and patients' families:
I think the families are the ones that keep you going. This is one of the hardest things they ever have to do in their lives and they have very little medical background, but yet they always seem to be able to rise to the situation and do it. I think it is mostly them that helps.

(Sharon, p. 1)

It is very interesting work. It is not depressing. It is very rewarding work because by the time you are involved the patient and the family have come to the realization that this is actually going to happen and they want to do it at home. So then you appear on the scene and you are seen as someone that is just great because you are going to help them accomplish a goal. Whenever you are part of someone achieving a goal, whether it be someone dying peacefully at home or whether it is another type of goal, it's a rewarding job. So that part of it is very good. (Evelyn, p. 2)

I consider [that I am] privileged to do my job. That it is an honor for me to be invited into somebody's home at a most critical time in their life and to offer support. I would have to agree hospice nursing is the best of nursing. From my experience in nursing there is no question about it. (Terry, p. 10)

Trisha speaks of renewal from relationships with clients and co-workers, and then of her feelings of effectiveness:

The people I work with on a day-to-day basis--patients, families, co-workers [are renewing]. I know I touch their lives in a positive way and that makes a difference; I can help ease their pain, emotional and physical, at a very difficult time. When everybody else has said they can't do anything for [the patient] who has an incredible sense of need, you know that this person is still living and you can do something for him. That is one of the best things. (p. 14)

Several other nurses speak of the satisfaction of feeling effective in their work:
Feedback you get from the family tells you if you are doing it right. And then you hear from them. We get a lot of thank you notes, and phone calls back from families. (Bonnie, p. 17)

I have enjoyed everything about the work. The actual in-home direct patient care. [Going into] the home and interacting with the family, helping and sometimes being helped. That's the best part. (Georgia, p. 14)

Based on the feedback I've gotten from families and patients I would say that I've been very effective. That is what keeps me going. One of the things. You know that you have made a difference. A big difference in many cases. (Terry, p. 10)

I think being able to do something about somebody's pain [is satisfying]. It seems simple to me now but being able to go into a situation and get somebody's pain under control. Sometimes you will go into a situation where it seems like everything is so bad to the people and you just do a few things get some home health aides, get some volunteers in there. You really can see the anxiety decrease. I think it is real satisfying to see somebody be able to die well. As comfortably as they can. See the family grow. Sometimes when we first pick up people they are in such a state of denial that they don't feel like they can handle it. To see how much they grow is real rewarding. (Janet, p. 14)

An example of renewing aspects of the work is shown by Amy's comment:

I value intimate contact at extremely vulnerable times in the patients' and families' lives, [and I value] the inspiration gained from the patient's and family's courage when both accept the reality of the terminal disease and plan constructively for the future. (p. 7)

Martha comments, "I get more than I ever give. Contact continually expands my perspective," and Sharon says that
"It is the families that keep you going." "There is no greater reward than positive feedback from the patients and their families," offers Terry.

This small sample of quotations illustrates the revitalizing value of the hospice work. To summarize, the nurses value their work because they learn from patients, receive gratitude from patients and their families, have autonomy in their work, feel effective in their work, and receive support and affirmation from colleagues. For example, the freedom and independence of hospice nursing compared with hospital nursing is renewing. The opportunity to plan the work schedule, and to schedule rest time if necessary, allows hospice home-care nurses to pace themselves. Four nurses specifically comment on the value of this independence of hospice nursing for enabling them to feel in control and to be able to give the best possible care to the patients and their families. Sharon comments that she looks back at her hospital nursing experiences and feels that hospice nursing, by comparison, is much more desirable for her. The opportunity to use her own judgment rather than having to rely on a supervisor's judgment contributes to Alice's feelings of effectiveness. The freedom to schedule work time, within some limits, helps Amy become or remain refreshed.

Sharon, Millie and Martha all comment that hospice
nursing allows nursing to "be done the way nursing should be done," considering and attending to the holistic needs of patients, not always possible with hospital nursing when staffing is skimpy, and the many tasks to be accomplished prevent the hospital nurse from giving an optimal amount of time and attention to each patient.

Support from other staff persons, an important aspect of hospice work mentioned by eight respondents, contributes to affirmation and relationships already discussed. Dorothy particularly values the support group, a weekly meeting of clinical staff to process feelings about work. Alice mentions that support from other professional staff had been extremely important to her in the early stages of her hospice work but such support is less important after several years of experience. Support received from simply ventilating frustration or talking about cases with other staff is helpful. Dorothy comments that a particular value of staff support to her is to help her learn to let go when the relationships with patients and their families end. Kelly, Esther and Sharon all say that sharing feelings and problem solving with other staff fosters revitalization.

Janet and Kelly derive satisfaction from helping others. Alice, Dorothy and Esther all feel rejuvenated as a result of teaching about hospice. Dorothy comments that preparing for and presenting talks about hospice to college
classes, service clubs and other health care persons helps her pull her ideas together, realize satisfaction from her work, and crystallize the pride she feels from being a hospice nurse. Esther teaches student nurses on Oncology rotation or clinical experience, and as she does, her pride and pleasure in her work are intensified.

Related to the value of teaching about hospice are the rejuvenating, reviving effects of being part of hospice; Alice comments that she has watched hospice grow in scope and acceptance, and this enhances her feelings of being renewed. Living through the experience of hospice nursing has assisted her in gaining perspective about the work and in feeling comfortable about what hospice nurses can and cannot accomplish. That is, she has developed maturity and realistic expectations based on her hospice experience.

Martha reflects that her whole hospice experience has expanded her perspectives, solidified what is really important to her, and so enhanced her own personal development. Dorothy's learning through the whole hospice experience has enhanced her personal growth. Margaret, Martha, Trisha and Esther cite the refreshing nature of immersing themselves in their hospice work, and then backing away for a time. Martha comments that she pauses when she feels overwhelmed; she needs to take time away from work situations in order to become renewed.
Maslow describes a metamotivation or higher-than-basic motivation of self-actualizing people; he suggests that the work and the needs of the individual are perfectly matched (Maslow, 1971) and that effective individuals realize great satisfaction in their work. Do hospice nurses derive such satisfaction?

Obviously, yes. Feelings of effectiveness in work (10 of 20 respondents), and satisfaction in helping others (10 of 20 nurses) are most often mentioned as the "best" part of the job. Satisfaction is gained from helping patients and families in many ways, particularly from helping them meet their goals to enable patients to die comfortably at home. The nurses feel effective when they assist patients and families meet their goals, and when they are able to treat the symptoms of disease so that pain is controlled and the quality of life is enhanced.

The nurses get satisfaction from providing hospice type care as compared with more traditional hospital care. Two nurses cite as particularly satisfying the opportunity to engage the patient as a partner in care, and to give holistic care, that is to care for the patient as a whole person with physical, emotional, social, intellectual and spiritual needs. To have resources to give such care, and to have enough time to provide such care is valued; several nurses contrast the frustration they felt from the demands
of task oriented, understaffed hospital nursing with the satisfaction they derive from the patient centered, more holistic care they can provide for home-care cases. The flexibility they experience as caregivers, being able to give the care the patients and families need, contributes to their satisfaction or pleasure. The over-all satisfaction and stimulation the nurses derive from using their creativity and their skills to promote the quality of life for patients and families also contributes to the nurses' personal growth.

Responses to this question about the best and worst aspects of hospice work support the themes about renewal from the process question. The many aspects of the hospice job contribute to renewal and foster satisfaction and self esteem. Some aspects of their hospice nursing also detract from or counter satisfaction. Work related stresses are the worst aspects of the work for many of the nurses. The amount of paper work and the deadlines of such work were spontaneously mentioned by eight of the nurses, although several respondents note that "The paperwork goes with the territory." The same flexibility valued as an asset with hospice home-care nursing, which allows the nurse to decide when paper work will be completed, also allows the paper work to be put off. With more rigid in-patient hospital nursing, charting is completed on each shift. The
home-care nurses often find that paper work is completed at home in what is considered off time, and some nurses resent the intrusion on their personal time and regret their inability to manage their time satisfactorily.

Conflict with hospice personnel represents a major stress in the work situation to seven nurses. Conflict with colleagues and problems in relationships with administrative staff are energy draining and discouraging. Conflict is dealt with straightforwardly by some staff, but one nurse says that organizational politics are the worst part of her job.

Other "worst" aspects or stresses of the job include two related issues, a) lack of time to accomplish the desired outcome (cited by five) and b) problems with the system including understaffing, so that prospective patients remain on waiting lists and die before they can be served as hospice patients. Hospice nurses realize that their patients will die, yet the endless ever present death is still difficult to live with; this is cited by one nurse as the worst part of the job, and two nurses express the discouragement they feel when patients fail to accept the reality of their impending deaths and hence do not accomplish some emotional business which might enhance their inner peace.
Experiencing negative emotions, that is the emotions which lead to dissatisfaction and unhappiness detract from renewal. Feeling powerless, helpless, frustrated, overwhelmed, "down," and stressed illustrate the nurses' feelings. Several (four) cite the frustration they feel when they are unable to help patients and their families to either the nurses' or the clients' satisfaction. One nurse talks of the discouragement and frustration she experienced when she felt she "botched" a case; that is she feels she made wrong decisions or neglected care that would have benefited the patient and family. Another nurse speaks of her frustration with trying to meet everyone's needs, an impossibility. Two nurses who had worked as in-patient hospice nurses before becoming home-care nurses believe in-patient hospice nursing to be more stressful than home-care hospice nursing.

When do the negative feelings about the "worst" aspects of the hospice nursing become so strong that the nurse can no longer be renewed and refreshed? There is no one answer to the question; apparently each individual nurse must determine the limit, and the limit seems to change with time, emotional state, work experience, and other life experiences.

So now another piece is added to the puzzle. What insight about renewal can be derived from answers to these
questions, "What are the best aspects of the hospice nurses's job? What are the worst aspects?" It is clear that hospice nurses' work contributes to their renewal. The satisfaction in helping the patients and their families, the satisfaction in helping them achieve their goals, the feelings of self esteem relate strongly to Maslow's concept of metamotivations of self-actualizing persons.

For the first time, the nurses' reflections reveal factors which detract from renewal. The frustrations from organizational functioning and the frustration from inability to help clients are the major detractors, but these are not necessarily debilitating. Only in balance, if they are overpowering, do they discourage the nurse to the point of leaving hospice work or lead to burnout.

**Perceptions of professional effectiveness.** A majority of the nurses feel effective as health professionals and these feelings build from the affirmations the nurses receive, mostly from patients and their families, and some from hospice staff, already discussed. Feelings of effectiveness vary for some. Sharon offers simply, "I feel effective when things go right, and I don't feel effective when things go wrong." Jane mentions:

> It is frustrating when patients and their families don't follow through (with care plans). I don't take it personally, but I do get angry and I don't want to get angry. I am confident and know my stuff. I do a good job.
Margaret adds "I feel very effective. I don't take responsibility when patients and their families don't follow through. It's their choice."

Three nurses mention that they do not feel as effective as they would like to, although they do feel moderately effective. Chris comments, "I don't give as much as other nurses give. I set priorities about the time and energy I can give. But my clients think I am effective." Linda mentions that she would like to feel more effective and Paula has felt upset about cases she feels she did not handle well.

While the interviews limited probing on this question, the responses suggest that the nurses' degree of skill, experience, confidence and affirmation received all affect their feelings of effectiveness.

**Diversion and Fun**

Twenty-one of the 25 nurses spontaneously spoke of diversion and fun as renewing to them. When asked what is particularly pleasurable and fun in their lives, typical replies were:

I'm very social. I just love to party. I do that a lot. Group outings--canoe trips, camping trips....My women friends and I have somewhat of a bridge club. We call it a bridge club and nobody knows how to play bridge. We talk and play cards or go to the race track. Or we go out of the city for a couple of days. I would say it is people pleasure. (Belinda, p. 2, 13)
My sister is a social worker so we share a lot in common. Conversations with her are really renewing for me. Part of the conversations always include a lot of laughter.... We are free to set our own hours [at hospice] so I have come home and just sat in a stupor [because I felt] overwhelmed [about] something that happened. I did not feel guilty about doing that. Or [I have] done something frivolous in the middle of the day just because I could not continue doing that work. I end up being much more energized and capable of doing more as a result of that freedom to take time off when I need it. I just took [a vacation] that was superb and I look forward to a similar one next year. It was a week with about 100 people at a lake in Wisconsin; it included massage, sailing, dancing, and other things. I chose to be part of a morning encounter group led by a Gestalt therapist. That was an intense, emotional, valuable experience. It was the best vacation I've ever been on. (Amy, pp. 1, 3)

Because my personality tends to be intense I have to consciously look for fun once in a while. If I don't do that I end up paying for it. (Catherine, p. 11)

I take trips. I love to travel. I spend every weekend during the summer at our cottage; it is so peaceful. I take the boat out with a fishing pole and I throw a line in. I just sit there and I watch the water and the clouds. Most of the time I'm doing nothing but sitting in the boat with my line in the water. I find that so restful, so peaceful. I love to hear rain on the roof. I like to just watch the lake and the designs when the sun is setting on the water. I can empty my mind. I think that is helpful. When I come back Monday morning I'm very refreshed. (Evelyn, p. 7)

To recharge the batteries I take a day off....Most of the time I've got something going on for the weekend. This summer I went to Columbus for a few days. I go to fun things like festivals. Some weekends I just vegetate out and don't do a thing. I usually plan something ahead, especially when things are getting rotten. You've got to do something else, something exciting, and have something to look forward to. (Bonnie, pp. 2-3)
"To keep myself refreshed I do jazzercise twice a week. And I like to read and play with my little boy."

(Kelly, p. 3)

To get refreshed I totally remove myself. I like to ski and I like the outdoors. Most of the things that I like to do I need to go out of state to do, so I tend to go out of town or to do something physical that is totally different from what my normal every day routine is. I think that gives me the most cleansing; when I come back I feel refreshed, ready to go at it again. On a day-to-day basis you take in so much from the people. You kind of unload that when you go away, and you try and get yourself geared up again. So when you are refreshed it seems like you start with a clean slate. (Trisha, p. 3)

Being out of doors helps a lot. We take the kids to the nature preserve where they have animals and hiking trails and those kinds of things. I think seeing the world through their eyes, feeding the animals and just listening to outside noises [is renewing]. (Janet, p. 1)

I think you have to renew yourself with hospice all the time. When I go to home visits in my car, I play kind of upbeat music. When I come out of a home where people are sick, with problems, [I need to] come back into a world that's not so unhappy. (Chris, p. 16)

In summary, vacations away from hospice work are mentioned as renewing by ten nurses. The vacation might be a day or two, a week or longer.

Laughter for renewal is mentioned by four nurses. Evelyn says, "I joke and have fun with my family and joke about the work I do," to relieve tension. Catherine comments "It's important not to take yourself too seriously. Laugh at yourself. Have fun."
Music is renewing; five respondents mention this. Chris plays up-beat music to help her return to a healthier world after working all day with dying people. Catherine plays relaxing music or listens to "interesting" ethnic music typical of her religious orientation. Music is simply diversion for Terry.

Seven nurses and promote their own renewal by enjoying nature in various ways. Glenda enjoys gardening and values being "in touch with the earth." Belinda takes canoe and camping trips with friends. Esther enjoys nature programs on television. Bonnie enjoys visiting parks, and Trisha enjoys "doing something outside."

The pleasure and fun of activities with their own families is mentioned by three nurses. Diversion with friends, mentioned by seven nurses is exemplified by Belinda's fun of partying with friends, and of group activities such as canoe and camping trips.

Three nurses mention that reading is diversion for them; professional literature, non-fiction and fiction all have renewing benefits. Three persons also specifically mention the pleasure of viewing selected programs on television.

The variety of diversion is shown by Margaret's enjoyment of passive activities such as going to movies or reading, and more active pursuits such as redecorating her house, by gregarious fun with friends and with peacefully
reading the Sunday paper without interruption.

The nurses have qualities Maslow (1971) describes; the self-actualizing person is one who has a philosophical sense of humor, a sense of fun, and pleasure in many aspects of the everyday world. Wonder at a beautiful sight, pleasure in diversion alone or with others, and appreciation of the arts, characterize the person who opens self up to the world around and seeks pleasure and diversion as a way of experiencing and expressing wholeness and balance.

**Professional Development**

Preparation for and satisfaction with work are established as renewing and revitalizing; eighteen of the 25 hospice nurses describe aspects of their professional development that are renewing to them. The overlap of this theme with two others, Intellectual Care of Self and the Nature of Hospice Work, is obvious; the themes are distinguished by the facts that (a) intellectual stimulation is not necessarily profession related, and (b) professional development can be broader than either the hospice work itself or intellectual stimulation; distinction among the three themes is useful.

A small sample of the nurses' comments illustrate their value of professional development:
Going to the conferences are probably the most helpful. [To know] what is going on out there. A lot of times we are kind of removed from the technical aspects of nursing. I find I am able to keep in touch by going to the seminars and workshops. (Trisha, p. 16)

Your attitude about your job and your renewal comes from the fact that [the organization is] very interested in keeping you current. The team conferences are educational as well as an emotional support. Articles are circulated and we share the workshops we go to. (Evelyn, p. 17)

We started reading journal articles and sharing them amongst one another. We really feel that continuing education is very important....We want to be up to date on what is going on....The Oncology nursing group [is the most helpful] to me. I find this very educational and I need that. To me, continuing education is more beneficial than going for a BSN. (Sharon, pp. 16-18)

I have learned so much through what I do. I attend seminars. I try to keep up -- especially if there is an area that interests me such as workshops on death and dying, and pain control. I try to read any kind of new information that comes up about that. Lately I've been reading about our own body's chemicals that help pain control....

We have monthly meetings with our medical director. In going over our patients and problems, he teaches us what he knows. I admire him for sharing that with us because a lot of physicians wouldn't take that time, and I learn a lot....It's important to me to keep up to date with everything that is going on. Being in the hospital I think it was a little bit easier; we were forced to go to the little two hour inservices they have during work time. We get some of this from our once-a-month staff meetings but a lot of it is our own initiative. (Martha, p. 14)

I attend workshops that are offered. My main focus has been on children and death and grief. I try to keep an open mind about new things. I'm willing to look further if we don't seem to have the answers. We had a little boy that had a very difficult pain problem. I called the director of hospice in another state and he gave us the
encouragement to up the medicine for pain control to levels that we never would have; he just said, "You've got to keep going." Our director pointed out that a lot of places wouldn't want a nurse to do that, to go out of the agency to look for help, but that is the way our medical director sees us. We had talked to him and he wasn't sure what to do next. So with approval we called the out-of-state medical director and things worked out well. He helped us a lot. (Kelly, p. 7)

Going to conferences in a way is a renewal because it puts me in touch with people who are doing work that I believe in. I have to say that I feel some renewal. Some exchange of ideas. I get a great deal of joy from brainstorming. Feeling a part of something bigger than myself. (Catherine, p. 5)

"I read a lot and I keep up to date on things. I'll be a delegate to the Ohio Nurses Convention. I'm finishing my MSN and I'd like to work on a new certification." (Pat, pp. 11-12)

Beth, a nursing specialist, is completing an MSN. She says, "Basically I've paid for my education. I believe in a certain professionalism. You keep up with it; that's why I belong to the American Nurses Association" (p. 14).

Linda offers, "The readings I do [are most helpful. The director] is a role model...I went to the National Hospice conference. [I] just read journals and attend programs offered by [our] organization." (pp. 11, 5)

Bonnie expresses what does and what does not help her professionally:

One workshop was required and that took up all of our budget for inservices although we could still go to inservices and spend our own personal time. I don't go to staff support meetings....I don't feel that I need it personally....[I renew myself
by reading. I get two nursing magazines. I have gone to conferences. I went to the Cleveland Clinic Oncology Symposium. There are not a lot that are hospice oriented....The good ones are always out in Connecticut or England or New York.(p.15)

Margaret adds:

I like to go to school but there is a stress too....I read articles on cancer research and things like that. We do go to workshops every once in a while around here. But I think staffing is a problem and I don't always feel comfortable taking a day....I enjoy a good old fashioned nurse getting up there and telling me what it is in plain language. That is when I get refreshed. (pp. 15-16)

To summarize, the nurses' responses fall into several categories; formal education, continuing education, individual study, staff conferences, support groups, and consults are all important. The nurses' formal education, whether academic preparation for their nursing vocation, graduate study, or continuing education, is cited by 18 respondents as important for professional development. Continuing education takes the form of conferences and in-service education. Case discussions in staff meetings are useful and informative to several. On the other hand, one individual indicates that staff meetings are not helpful for her professional development; wasted time and redundancy of the meetings detract from their potential value. Several persons value individual reading for keeping up-to-date professionally. Memberships and involvement with professional organizations such as general
nursing or oncology groups are helpful to three persons.

Professional support in the forms of organized support groups for staff, general informal support from staff, and specific support from the clinical director, the medical director, or the psychologist is helpful for professional development for six of the respondents. There was not uniformity of opinion; while six nurses express appreciation for formal support groups for professional development, two nurses do not find these support groups helpful.

Experience as a hospice nurse fosters the professional development for three nurses. Glenda comments, "My ability has been recognized and I have been encouraged to use my creativity." Belinda speaks of the expanded awareness she achieved by substituting for her clinical director on several occasions. "I became more aware of some of the reasons for administrative decisions and more aware of the frustrations and problems of administration. Being asked to step into the director's role was a real boost for my ego, too." A third nurse says that patients are outstanding teachers; her professional expertise is continuously expanded by her contact with patients and their families.

Other types of experiences beneficial for professional development are exemplified by one nurse's volunteer work
with a support group for bereaved children, which enhances
her understanding of children's grief and needs, and
another nurse's efforts at personal development which
positively affect her professional capability.

In summary, professional development expands the
nurses' knowledge, self confidence, sensitivity, self
esteem, and the satisfaction and feelings of success they
derive from their work. The favored path of professional
development varies with each nurse, and what may be helpful
for one may be perceived as not helpful by another.
Whatever the selected path, professional development
activities are valued and initiated by most of the nurses.
These findings mesh with the theoretical framework
established earlier. Maslow discusses the esteem and
satisfaction that self-actualizing persons derive from
adequate, thorough preparation to do their work (1971).
Gould (1980) also talks of the transition experienced by
individuals as they move into different phases of their
lives; the satisfaction they derive, the wisdom they
acquire relates in part to their preparation for and
success with vocation.

The Composite of the Revitalizing Hospice Nurse

Maslow generalizes the characteristics of
self-actualizing persons he studied; no one person exhibits
all of these qualities in an optional fashion. The revitalizing hospice nurse can also be described in a general way; individual nurses possess the qualities of renewal in varying degrees. In the composite picture, the revitalizing hospice nurse:

1. is a balanced person with rich private life separate from professional life.
2. has self-esteem and self-assurance to stand up for the value of hospice care and to be an advocate for the patient.
3. exhibits maturity which includes integration of the meaning of life and the meaning of death and loss into a personal philosophy.
4. has adequate professional training and experience to be comfortable and effective in providing hospice care.
5. seeks professional development on a regular basis.
6. has frequent outlets for diversion and fun apart from work, and a sense of humor.
7. is other centered rather than egocentric.
8. has self-awareness of feelings, perceptions, personal needs.
9. has close relationships with at least one other person to facilitate sharing feelings and experiences.
10. is autonomous, independent and self-directed.
11. assertively attends to own physical, emotional, social, intellectual, spiritual needs in a continuous or regular fashion.

**Lack of Renewal**

What specifically prevents or counteracts revitalization? The themes of renewal illustrate the variety of characteristics, experiences and processes which contribute to the nurses' revitalization. Each individual, in varying ways and to varying degrees, becomes revitalized. There is no constant of renewal just as there is no constant perspective on life, life meaning nor self-actualization, except in theoretical terms. When do personal characteristics, experiences, and processes counter renewal or fail to produce renewal, so that the individual is discontent, unhappy, ineffectual, or exhausted? Again, there is no single answer. The nurses' perceptions of the "worst" aspects of their work reveal some clues or indications of lack of renewal. Five former hospice nurses offer their perceptions of what happened to them. While each nurse left for a different combination of reasons, there are some shared reasons. Some felt lack of support:

I really had consuming anger. I needed support and encouragement and certainly didn't get it. The anger lasted a long time. Eventually I realized I had to let go of hospice because I couldn't do anything about it, so why waste my
energy? But it took a while to get to that point. I still get angry, but I don't waste time on it.

Part of the gratitude and feeling needed comes from patients. But I think that feeling of appreciation needs to come from the administration. As the hospice organization grew, there were a number of us all doing the same things with patients but the administration didn't really know all the things we did. In my job now I'm the only one who does what I do. I'm in the limelight and get a lot of recognition. It makes me feel really good to know other people know I'm doing a good job. This job isn't just an eight hour job for me.

At hospice there were several levels of supervisors. How could they all know what we were doing with and for patients? They couldn't. I feel that my supervisor now knows what I am doing and that is reflected in her honest evaluation of me. That wasn't true of my hospice evaluations. I always felt appreciated but didn't think they knew all that I was doing.

I also always feel that they want me to stay forever in this job. At hospice I never got that feeling. My supervisor here knows how to keep me motivated.

The worst parts of the job were the paper work and the personality conflicts with the administrators, primarily. Toward the end I felt there was an almost deliberate effort to isolate me from the other nurses. It is hard to explain, but that was the main reason I felt I didn't want to be there. The support system broke down and I felt isolated. I felt hostile. I felt unwanted. The lack of support was the worst.

I felt good with patients but I didn't have anyone to talk with. I always said when strokes from patients and families aren't enough to keep me going, I'll have to leave. Only one of the nurses I started with was still there but she didn't support me much.

Policy changes and unclear policies frustrated some:

It seemed most decisions were made impromptu. I would go into the office and there would be an administrative meeting going on. I was a supervisor
but I wasn't part of the meeting. It was hard. That's why I left.

When I worked in the in-patient unit [several miles from the hospice office] I felt isolated and non-supported too. I think that the in-patient unit was something the government said we had to have in order to get federal Medicare money and that's the reason it was established. I was supposed to have some authority in my role in the in-patient unit but all the decisions were being made by people in the hospice office. I didn't know where I fit in. Was I administration, was I staff?

I was angry because I was told I would probably be put into a supervisory post and then someone else was put in that spot. I was frustrated and angry with the administrators because I felt I had not been treated fairly. My energy level went way down and I had less interest in patients. I started to separate myself before I turned in my resignation.

Hospice work was valued by all the former hospice nurses though the satisfaction was tempered by negative feelings:

In the beginning I thought that my hospice job was the best job that ever came along. I really enjoyed it. I enjoyed the contacts with the people, just working with the people and their families. I think as time went on, I got more families under my belt, and I felt like I was stretched so thin that I couldn't be what I ought to be for everybody. I didn't have a life for myself. Part of the pressure was self-imposed but I think we were expected to add families at such a rate that we weren't able to have closure and deal with our grief when a patient died.

There were so many families; I felt like a member of each family and you can't be family to that many families. Sometimes I would avoid the family so I wouldn't have to deal with my feelings after a death.

I didn't have much energy to keep going with a new family. Part of the problem was the system and part was me; I just didn't know how to accomplish the closure with the family quickly.

I always got emotionally involved. It's hard to just pull out. I think the administration could have backed off a little on the requirements to
pick-up patients so quickly and to allow us to process our own grief and closure. I'm sure money was an issue.

The first year at hospice was so difficult because sometimes we would be on call every third night and every other week-end. We never got enough sleep. I can't ever remember taking a sick day even when I had gall bladder surgery. I had so many comp days built up, I didn't have to take a sick day. We hated to take sick days because we knew the other nurses would have to sub for us, and they were already tired. We really gave it our all. There was a lot of flexibility. There was a lot of love between us, a kinship, a sisterhood.

Hospice was a good thing for me. I always said I would leave when I knew my patients weren't getting 100%. They never knew they weren't getting 100%, and I didn't think it was good for them for me to stay under those circumstances. I feel angry with the administration because they wanted me to stay when I knew it was time to leave. There is still an anger there. I still think they treated me unjustly and unfairly. But I can live with that now.

It had been harder and harder for me to get that sense of renewal. It could have been just simple burnout but I know it was more than that because my contact with patients was always good...After I left it was painful for me for at least a year. I hated that it ended the way it did. I was really hurt.

I have a lot of pride in hospice. It is a marvelous concept regardless of how it is being run. But I really don't want anything to do with hospice at this point.

The best part of hospice was the opportunity to do totally effective, good nursing. All the things we were taught to do. I enjoyed everything about it, especially the in-home direct patient care, interacting with the patient and the family.

At first I felt a lot of pride, a feeling of being hospice, and knowing all that was going on. There was a real camaraderie with co-workers. We were learning, sharing and pioneering together.

The long hours and tiredness were overshadowed by the excitement of a new concept and good feeling we had about what we were doing. Each nurse had a lot of autonomy. Gradually, as the organization grew there was more red tape, and
less sharing of everything. There were many changes; orders and counter orders, more red tape, less autonomy. I felt a great deal of anger especially when we were pushed to make only billable visits and only a certain number of visits per week. I felt like a peon going through the motions.

Personal grief affected two nurses' decisions to leave hospice. One nurse describes several losses in her life within in a short period; her daughter's marriage and her own marriage ended at the same time she was upset about administrative actions at hospice:

There was double grief. It wiped me out. I was angry about hospice. I got some emotional support from the other nurses but I felt I got none from administration.

I needed to leave. I always said that three years was as long as I would stay, but with the double grief it was too much and I needed to leave. After I left I didn't work for two months and then started back to school. My anger at the administrative staff lasted a long time.

Another response:

I didn't even know that what I was experiencing was grief. I just knew I couldn't do any more. It wasn't until I was away from there that I was able to resolve why I needed to leave and to stop feeling guilty. I felt very guilty; that I had left in a bad way. I gave two weeks notice; guilt was heaped on me and I accepted it. I should not have.

I'm thankful that I made the decision. I know I had no choice. It took me a year after I left to get completely comfortable with it, to the point that I felt revitalized. I think if I had left under happier conditions, without the guilt and without the anger, I would have resolved it much more quickly.

Although one nurse acknowledged some problems with her work, she felt misunderstood and unfairly criticized in the
situations, and felt discredited in the eyes of the other nurses:

Even though I tried to have a group discussion to hash it all out the director came off as feeling, "I don't believe you." I was crushed. A lot of things were twisted and distorted, and in the process a lot of feelings were hurt.

After some change in procedures I felt the problems were getting ironed out. I felt I had gotten my credibility back, and people were trusting me again. Then I was called and was told I was being relieved of my duties. It seemed to me to be partly jealousy.

Support from a number of sources helped the former nurses move on to other work. One nurse says:

The support group really helped. Individual and group therapy helped me grow and helped me develop confidence. I started therapy during my personal troubles; it was the best decision I ever made. It was that support away from hospice that gave me the confidence to leave hospice. The group and the therapist helped me know, "It's O.K. It's time."

I'm glad I had the courage and the support of other people to do what I needed to do. I'm convinced that I needed to leave for the organization as well as for me. So if that is renewal...

Personality clashes with administrators influenced one nurse who says, "In my particular situation I think it boiled down to personality clashes. It was as though I had to be discredited."

One nurse left hospice to accept a position with considerable autonomy and responsibility, and a higher salary than she had made at hospice:

It just seemed it was time to go. I wasn't burned out but I could tell it was getting that way. I felt I had extended myself and I didn't feel there...
were many more opportunities for me at hospice. I'm ambitious and I want to try new challenges. I always need to feel as though I'm doing the best that I can.

To summarize, four of the five former hospice nurses left hospice feeling angry. Some of the anger stemmed from feelings of that the administration did not appreciate nor support them enough in their work to maintain good functioning. Two of the former hospice nurses mention feeling isolated. Two mention that systems changed from their beginning days, resulting in less camaraderie, less autonomy, more red tape, less feeling of ownership of the organization, less trust in administration and more frustration. Three specifically mention that they did not live up to their own standards in care for patients and families. Personality conflicts with administrators are mentioned specifically by two persons.

Do these scenarios typify lack of renewal or can revitalization come from facing change and living through the grief from loss?

**Constructive Suggestions for Renewal from Former Hospice Nurses**

At the same time that the former hospice nurses discuss their pride in having been part of hospice they describe the situations which led to their anger, sadness and eventual separation from hospice. These experiences also
triggered suggestions for policies and practices which could have prevented some of the problems and enhanced renewal. One suggests:

When nurses work on call as well as regular duty I think vacations and days off should be extremely liberal, because otherwise you get too exhausted. Nurses need special support sometimes when they get part way into a case and realize it's too much for them for one reason or another. Maybe a young nurse gets a patient close to the same age, with children the same ages or a particularly difficult patient. The nurses need to feel it's O.K. to ask for help.

One nurse suggests that nurses be given time to process their grief after a patient's death before being required to pick up new patients. Another suggests the value of having a psychologist readily available for confidential consultation:

Where I work now there is a psychologist whom we may consult whenever we want. Many employees are referred to him when there are problems. That's such a constructive way to deal with problems rather than giving people the old heave ho. I think back on the people I worked with at hospice; there were really good people who had problems, who were in a way, damaged beyond repair by the actions their supervisors took. There is a better way. There should be a way to keep them renewed without their immediate supervisors being aware. Have a psychologist available.
Summary of the Study

Context of the Problem

Hospice nursing, a challenging, relatively new area of nursing specialization in the United States, focuses on palliative care of terminally ill persons with the intent to provide holistic care for patients and their families, often in the patients' homes. The work is demanding and fulfilling for many hospice nurses but it may also be draining, both psychologically and physically. What, then, can be done to prevent depletion of personal and
professional effectiveness of these nurses and what can be done to foster proactive revitalization so they can maintain their effectiveness?

A literature search yielded almost no evidence of research on holistic revitalization or renewal of hospice nurses; that is, no research was found on combined physical, emotional, intellectual, social and spiritual renewal, although a considerable body of research has been conducted on various parts of the problem. The value of conducting such a study and developing a holistic description of renewal was to develop a philosophical framework for revitalization and to identify practical ideas for promoting renewal.

The goal of this study was to uncover or discover some of the personal characteristics, experiences and situations which enable the nurses to continue their work feeling revitalized and positive. In order to develop an analytical description of renewal as it is experienced by hospice nurses, nurses were asked to answer in depth these questions: 1) What is renewal for hospice nurses? and 2) What are the components and/or the global nature of renewal and revitalization that enable hospice nurses to maintain personal and professional effectiveness and satisfaction?


**Conceptual Framework**

The conceptual framework for this study was built from psychological and philosophical theories and ideas: the renewing person demonstrates some qualities of the self-actualizing person described by Abraham Maslow; the renewing person is one who searches for and finds meaning in life and perhaps in death, as described by Viktor Frankl; the renewing person has qualities of a mature person as described by Gordon Allport. The contention of the investigator is that self-actualizing persons, individuals with qualities of maturity, and persons whose lives are meaningful are productive and find life satisfying. These concepts provide the basis for interpreting the experiences of hospice nurses to capture a view of their revitalization and renewal. The conceptual framework was not built to provide a hypothesis but to provide a venue from which to form questions related to effective functioning and life satisfaction.

**Research Methodology**

The qualitative, inductive research strategy utilized to study the issue of renewal started with identification of the problem of renewal and the potential effects of lack of renewal in order to build a rationale for the study. Research questions were framed: 1) What is renewal? and 2) What are the processes, conditions, events that facilitate
renewal? The method of data gathering, in-depth interviews, was selected because no holistic and comprehensive theory of renewal has been researched in this area; hence, the research had to be inductive, starting with the experiences and perceptions of hospice nurses about their own renewal. Negative instances were also sought. Former hospice nurses were interviewed to address the issue of renewal but also to address the problems of lack of renewal and the concomitant situations which are associated with lack of renewal.

A modified analytic induction method of analysis of data was utilized to identify emergent themes of renewal as the interviews proceeded. Initially, there was lack of clarity and distinction about the state of being renewed, and there was a lack of specificity about the renewal process. The researcher intended to define as closely as possible the multiple realities of the state of being renewed and the process of renewal. The interview and content analysis strategies allowed for probing, reflection, and inclusion of new perceptions of the interviewees and the interviewer as the interviews proceeded, and later, as data were analyzed.

Data Collection and Analysis

In order to explore the phenomenon of revitalization as experienced by hospice nurses, the investigator conducted
semi-structured interviews with 20 hospice nurses in a total of three different hospices in a Midwestern state. Five former hospice nurses were also interviewed to study both positive and possible negative instances of renewal. The former hospice workers shared insights on their revitalization from perspectives somewhat different from the current hospice nurses; as well, they added some ideas on processes and experiences which prevent or deter renewal.

The criteria for selection of the current hospice nurses as subjects were that they a) represent several different sites to provide a range of situations, b) participate voluntarily, c) and have at least six months experience in their positions. The original plan was to select nurses from those identified by their supervisors as professionals who sought their own renewal, or who seemed to be renewing. However, at the time of the data gathering, the home-care hospices in existence typically employed six to fifteen nurses each; in order to complete the stipulated number of interviews in each locale the decision was made to ask for volunteers, to note the length of their service to hospice, and to identify their renewal efforts. The former hospice nurses also participated voluntarily; each had worked at least two years for hospice at some time within the five years preceding the interviews.
Interpretation

These interviews yielded data which were coded and analyzed to provide a formative view of revitalization. The responses to the interview questions were sorted into clusters of ideas about renewal. The interview transcripts were reviewed numerous times over a period of months, and the patterns or clusters of responses were also analyzed numerous times. The description of revitalization developed here is a reflection of the investigator's thinking thus far. Additional thought and reflection in the future by the researcher and others will add depth and breadth to the perspectives, increasing the understanding and usefulness of this holistic view.

Summary of Findings in Relation to Conceptual Framework

Viktor Frankl: Search for Meaning. Frankl emphasized that humans derive meaning in life from relationships, from finding meaning in suffering and death, from rich inner or spiritual life, and from pleasure in nature, humor, and the small things of life.

One of the most striking connections between Frankl's perspectives and the hospice nurses' experiences relates to the meaning the nurses find in their work; virtually every nurse expressed satisfaction in doing important work which profoundly affects the lives of others. They spoke often
of the significant relationships and the spirituality which provide important meaning to their lives. Each nurse must in very direct ways confront the reality of death with the inescapable deaths of their patients. The nurses' personal losses, coupled with the loss of patients trigger reevaluation of priorities in their lives, and the loss of fear of death. In the face of suffering they reaffirm life.

*Gordon Allport: Development of Maturity.* Allport's conception of development to maturity suggests that maturity promotes psychological well-being. The mature individual possesses a well developed value system, accurate self knowledge, stable emotional behavior, ability to relate warmly with others, intellectual insights, ability to cope realistically and effectively, a unifying philosophy of life and pride in work.

The hospice nurses' perceptions of their own renewal are related to Allport's reflections on the behaviors of mature individuals. For example the hospice nurses routinely, and by choice, extend themselves to their patients and the patients' families. Virtually all of them develop meaningful relationships with their patients and/or the patients' families. All spoke also of the value of friendships, usually a few special and close friends.

Most of the hospice nurses, if one may judge from their descriptions of their work and their pleasure and pride in
meaningful work, exhibit sensitivity to the needs of others and tolerance for others' belief systems and life styles. The constant reminder of death demands clarification of their purpose and the values in their lives. Certainly the very nature of their work requires their realistic acceptance of death, and effective efforts to cope with patients needs. Their comprehension of the challenge of their work, care of their patients, and themselves is vital if they are to continue to be effective.

Abraham Maslow: Motivation to become self-actualizing. Qualities of self actualizing persons include characteristics incorporated in the conceptual perspectives already discussed. However, brief reiteration of Maslow's ideas is appropriate. The satisfaction of the needs in hierarchical fashion assists the individual in developing to the point where self-actualization is possible. The self-actualizing person demonstrates efficient perception of reality, freshness and spontaneity, acceptance of self and others, efficient problem solving, independence of action, autonomy, appreciation of nature, love and tolerance for others. These persons are moral and ethical, exhibit humor and creativity, and develop deeply meaningful relationships. As expressed throughout the report of research, the hospice nurses' experiences and perceptions show strong parallels to the qualities Maslow describes.
Hospice home-care nurses, because of the nature of their work, must function independently, with confidence. They exhibit genuine tolerance for the individuality of their patients and the patients' families. The foundation of hospice practice is acknowledging the reality of death and humanely assisting patients to live until they die, with lives as deeply meaningful as can be arranged. Their pleasure and satisfaction in their work is evident as they describe their feelings that hospice nursing is the epitome of nursing -- "This is nursing as it should be done" -- and their feelings that they make significant contributions to the lives of others.

In summary, then, the hospice nurse respondents in this study exhibit and express many qualities of maturity and self actualization. They find deep meaning in their personal and professional lives.

Data Analysis. Analysis of the data produced seven major themes of renewal as well as some conditions which are associated with lack of renewal and/or prevention of renewal. The seven major themes:

1. The life perspectives of the nurses seem to affect their ability to rejuvenate themselves; significant life events, balance in life, and meaning in life are all important elements of their life perspectives.

2. The attention they give to their own needs seem directly related to their renewal in global ways.
Attention to intellectual, spiritual, physical, emotional and social needs are all interrelated with revitalization, although the patterns are individual and unique.

3. Significant relationships, and both at work and away from work are important to the nurses and are frequently pivotal in their perceptions of their own renewal processes.

4. Affirmation from others contributes to their revitalization, and lack of affirmation, especially at work, contributes to strong feelings of stress and/or lack of renewal.

5. The hospice work itself, by its very nature, contributes to the renewal in many ways. Affirmation, relationships and satisfaction from meaningful work, for example, are all elements or outgrowths of the hospice work.

6. Consciously planned as well as unplanned and spontaneous diversion and fun provide change of perspective, laughter, pleasure, and reminders of the positive balance of a healthy world, so that the nurses can return to the death-filled hospice work with new purpose and vigor.

7. Professional development, the last major theme identified, was extrapolated by the interviewer as valuable for the nurses' professional revitalization
and also important for their personal satisfaction and sense of competence. All of the nurses seek new information and skills, and value feelings of professional and personal effectiveness.

Implications for Policy Formation for Adult Education

The findings of this study stimulate the following general propositions for revitalization which can affect institutional policies for adult education:

1. Revitalization is a process which ebbs and flows, as much as it is a state of being. As a state of being, revitalization is elusive and inconstant and needs continuous attention to remain optimal.

2. Revitalization as a process can be, and is, for some, a discipline for the individual. That is, the renewing person can design and implement many aspects of becoming renewed, and can build a life style that is continuously revitalizing.

3. The organization and the individual have reciprocal responsibility for revitalization: the institution to provide an environment conducive to revitalization and to provide renewal opportunities for the workers; the individual worker to become involved in the process, to invest in revitalization, and to select individually
appropriate renewal experiences.

4. The organization is responsible at philosophical, policy, design, and implementation levels to facilitate renewing opportunities. Governing boards should be involved in the establishment of priorities and allocation of resources for revitalization.

5. The institution should provide a coordinator for renewal to help assist individuals in their planning, to counsel where appropriate, and to plan/coordinate organization sponsored activities. The coordinator's role should be facilitative for their renewal rather than authoritative. This person should be approachable, supportive and able to stimulate the nurses' confidence and trust.

Specific propositions for policies which affect renewal activities are:

1. The organization should require education about the holistic nature of renewal and the symptoms of burnout, to assist nurses in identifying potential problems and in designing their own programs for renewal.

2. The organization should provide support for continuing education, not only for professional expertise but for personal development and for pleasurable activities which promote humor, joy, and balance.

3. Psychological counseling in a safe, protected environment should be available to all nurses who need
and want it. Supervisors who are concerned about problems in nurses' functioning should first make referrals to the psychologist for counseling rather than to administration for discipline. This requires close communication and trust between supervisors and direct care nurses.

4. Adult education for professional nursing development can be offered by hospice organizations, by formal educational institutions such as colleges and universities with nursing programs, hospital nursing programs, and professional organizations such as state-wide nursing groups.

5. Nursing education programs should require curriculum which includes theory and practice of holistic health for the nurse to implement into personal and professional life and into patient care. The goal is to open up, expand, to develop the whole person. Utilization of a variety of resources is important to avoid an insular, parochial environment. This implies the support of the organization for many renewing activities in addition to traditional nursing/education activities.

The different philosophical perspectives which shape adult education spring from differences in community and cultural demands, and from personal and professional interests and preferences. The philosophies are sets of
beliefs which provide rationales for and undergird approaches to design and implementation of instruction. They give meaning and focus to the whole educational enterprise. Darkenwald and Merriam (1982, pp. 45-69) identify five major philosophical camps which show this variety of perspective; each promotes different types of educational endeavor. The five:

1. Adult education for cultivation of the intellect;
2. Adult education for the purpose of the learner's self actualization;
3. Adult education for the improvement of the individual and society together;
4. Adult education for the purpose of improving organizational effectiveness;
5. Adult education to promote social reconstruction.

These implications for renewal of hospice nurses are in line with the undergirding philosophies of adult education. How can renewal be fostered by the efforts of adult educators? Revitalization can be addressed from each of the perspectives, although from a social or human concerns perspective some implications seem more pressing and immediate than others. A match of the various philosophies with reflections on the major themes of renewal suggest a number of opportunities for adult educators and adult education agencies to respond to expressed needs and to initiate programs which may foster
processes, conditions and/or events associated with the nurses' renewal.

**Cultivation of the Intellect**

The philosophical perspective which sees the focus of adult education as the cultivation of the intellect (Lawson [1975] and Paterson [1979] cited in Darkenwald and Merriam, [1982, pp. 43-46]) proposes these precepts:

knowledge is intrinsically valuable; educational activities developed from this base are the traditional liberal arts, including humanities, logic and problem solving. This philosophical stance suggests that education is neutral, and does not teach values; however, by its very nature, the stance does support traditional values. Traditional curricula, traditional teacher-student relationships prevail.

Such a philosophy encourages the cultivation of the intellect, that is, the increase of knowledge base and reasoning capabilities. Problem solving skills are important in any kind of work. Increased knowledge and improved reasoning skills enhance self esteem and satisfaction with work, hence increase the potential of renewal.

The hospice nurses spoke of the value of balance in their lives for their renewal. The expressed interest in literature, music, theater, and philosophy. The balance of
intellectual stimulation apart from work-related endeavors provided stimulation, pleasure and feelings of competence; adult education efforts which spring from this goal of cultivating the intellect can indeed contribute to feelings of pleasure and competence, and so contribute to personal and professional revitalization.

**Learner's Self Actualization**

An existential perspective typifies the second philosophical position. Abraham Maslow, Carl Rogers, and Malcolm Knowles would all agree that the major purpose of adult education is to provide a vehicle for the learner's development toward becoming a self-actualizing person. All humans are assumed to be motivated to live up to their potential. There is enormous respect for the capabilities of the individual (the learner) to make good decisions for self and to be self determining. Experiential learning, intuition and creativity are valued. Hence, the educator's role is to be responsive, sensitive to individual needs, and facilitative in style. Learning activities should be learner determined perhaps with guidance from the educator or learner-helper. Maslow's philosophical and theoretical ideas provide major conceptual undergirding for this entire study; the ideas are equally appropriate as a base for adult education policies. Nurses in the study exemplify the self directed learner who initiates personal interest
study on topics such as nature, photography, nutrition.

If the adult educator's goal is to promote the learner's self-realization or self-actualization, and the learner determines the path of learning, the educator facilitates and supports the learner's self-directed path and activity. Almost any learning activity which the adult learner perceives as contributing to renewal could appropriately be included in the adult education agency's offerings. The organization's responsibility is to be responsive at philosophical, design, and course or activity levels; cooperative planning with the adult learners reflects respect for their ability to determine their own needs.

Progressivism:
Improvement of the Individual and Society

Progressivism, a major thrust in education in the United States, is a third philosophical position from which to view adult education for the purpose of renewal. The ideas developed by John Dewey, and supported by many educators today, suggest that adult education should focus on individual and societal development. The education of the individual and society influence each other in a continuous reciprocal relationship.

Hallenbeck, ([1964] cited in Darkenwald and Merriam, 1982, p. 50) pointed out that the learner and society
cannot be separated. What adults want to learn and need to learn are shaped by the culture; culture is shaped by people. The society determines what the individual should and will learn, and the individual has a responsibility to the society and toward society's changing circumstances. Hallenbeck (1964) states that the goals are to:

- maintain an adult population up to the standard of competence in the knowledge, wisdom, and skill which society requires;
- to develop in adults an understanding of the serious problems which interrupt the operations and progress of their cooperative society and prepare them to participate in the solution of these problems;
- and to provide all adults with opportunities for their highest possible development in attitudes, understanding, knowledge, and quality of human existence toward the goal of the greater self-fulfillment and realization of each individual human being.

Adult education agencies which subscribe to this philosophical position might begin by addressing the acceptance of the hospice philosophy, which promotes the wellbeing of society by reducing health care costs and by improving health care. The components of the hospice philosophy lead inevitably to larger questions of society and individual interaction; such questions form profound bases for adult education renewal program design such as national and community concerns about ethical issues in quality vs. quantity of life, and values in health care.

Social Transformation

Adult education for social transformation, the fourth
philosophical stance, is supported by experienced adult educators Paulo Friere, Ivan Illich, and John Ohliger who suggest that a primary responsibility or mission of adult education should be to assist citizens in becoming sensitized to their own needs and energized to take roles as change agents in society. Conscientization, the process suggested by Friere, enables learners to crystallize their situations and their goals. The assumptions of this position are that the learner is capable of self determination and the educator's role is to be a co-investigator, an equal of the learner, to facilitate and enable the learner to act.

A basic premise of these theoretical views is that even though the learners or potential learners are capable of determining what they want and need to know to change society, their lack of awareness of possibilities and their lack of confidence can interfere with action. The adult educator can facilitate the development of awareness and confidence by initiating learner groups' sensitization and sharing, and encouraging the group to build ideas for transformation of society, or a part of society.

The application of this approach to adult education with the hospice nurses might be less dramatic than Friere's work with oppressed South American Indians. However, there is potential application. The adult educator could be a support group facilitator who
encourages the nurses to explore the options for renewal, for more effective hospices and for more humane health care systems. Some transformation of a social system, i.e. health care, could occur. The nurses who said "This (hospice) is nursing as it should be done" would be prime candidates for such group initiated transformation. Renewal and revitalization can result from feelings of professional effectiveness, that is, from the knowledge that one's action does make a difference.

Organizational Effectiveness

Adult education's mission to improve organizational effectiveness is the last philosophical stance mentioned by Darkenwald and Merriam (1982, pp. 64-69). From this perspective, the educator is a consultant to organizations to plan and implement education and training programs. The adult educator-consultant could assist in the hospice administrator's analysis of organizational functioning and, as needs dictated, utilize services of management consultants, psychologists, social workers, or health care planners to determine plans for improvements. For example, if it were determined that administrators were inconsistent in their management style, and that morale was low, action could be taken to build management skills among administrators, to instigate quality circles among all employees and/or to facilitate psychological support for
nurses. All these activities are in the realm of adult education; all can be used to enhance organizational effectiveness.

**Implications for Practice in Adult Education**

Discussion of the influence of institutional philosophy on adult educational policy indicated that each philosophical stance can support revitalization activities of one type or another. How can renewal be fostered in practice? Examination of each renewal theme reveals potential adult education activity.

The administration and implementation of programs or activities for revitalization would depend on the mission and style of the sponsoring organization. Accepting the mission for renewal, the adult education organization would ideally complete an analysis of the acceptance and task environments, that is, the total environment in which the proposed educational/renewal effort would be presented (Beder, 1978). Analysis of the acceptance environment includes: a) studying the appropriateness of renewal for adult education activity; b) analyzing the population to be served; and c) analyzing the services to be offered.

Analysis of the task environment includes analysis of:

1. Regulatory publics. This includes assessment of
organizations which require continuing education for nurses, or control continuing education, funding, curriculum, and credit;

2. resource publics which support the renewal efforts with funding, personnel, and facilities;

3. actual and potential consumers for the educational or renewal directed programs and activities. Formal and informal needs assessment in professional circles could yield this information;

4. actual and potential competitors who provide programs for renewal.

Based upon the analysis outlined briefly above, the agency can refine the program for renewal and develop a marketing plan, considering actual markets, potential markets and non-markets. Linkages with other organizations or agencies provide information and/or support for the implementation of the marketing. Target markets, for example, hospice organizations, can be identified, and the marketing can be directed at these audiences. Analysis of boundaries of adult education jurisdictions or territories could influence the plans for marketing, linkages, and implementation of programming.

**Activities Directed to Hospice Administration**

To promote continuing effective care by revitalizing nurses, organizations can provide:
1. skilled selection of professional staff.
2. safe psychological support for all staff.
3. continuing education and monitory support for development activities.
4. frequent realistic affirmation to all staff.
5. realistic evaluation and cooperatively derived constructive growth plans.
6. mature, self aware administrators, who are accepting of nurses' feelings, constructive in guidance, healthy and consistent in style, with good communication skills, egalitarian style and willingness to take responsibility.
7. counselors capable of guiding nurses into other positions, other vocational fields or into revitalizing activities, while maintaining a valuing attitude toward the nurses.

Analysis of the nurses' discussion reveals the influence or roles of administrators and the health care system in both renewal and lack of renewal. The nurses' feelings of frustration and anger were sometime related to their perceptions of administrators' inconsistencies, unreasonable demands, and lack of communication and management skills. The administrators conveyed some feelings of frustration also with the direct-care nurses' criticism, and with their own feelings of being very alone in their roles.
The educator, with input from psychologists, nurses, administrators, and other resource persons can be an objective consultant to address these issues. For example, the adult educator could promote value clarification and goal setting exercises with staff as a whole or among various groups of staff. Ideas for improvements plus the ego investment of each participant could result in many plans for renewal: managers' plans for training in management skills, in communication skills and group process are a few. Administrators need to be renewed too! Workshops on revitalization for administrators at regional levels could enhance their understanding of components of renewal, provide a community for support and affirmation, and enhance their confidence.

**Activities Planned with Direct-Care Nurses**

Since revitalization and renewal is unique for each individual, the actual path of renewal activities could also be individual. However, certain types of activities could be designed around each of the major renewal themes. **Life Perspective**

Religiously oriented renewal activities could appropriately be offered by hospices affiliated with religious institutions. For public agencies such activities might be inappropriate, although courses or workshops on topics related to ethical decision making, or
quality vs. quantity of life issues would be appropriate. Programs on holistic health, or on balance in life would address the general needs and could stimulate individual activity to implement balance or holistic health.

Attention to One's Own Needs

Ideas for general programming include workshops on personal awareness, for example, on personality style matched with career choice, on interaction of physical, emotional, social, intellectual and spiritual facets in renewal, on goal setting for personal as well as professional development, or on time management. Attention to physical well being could be addressed through physical education courses such as aerobics or holistic health, or workshops on diet and its relationship to behavior. Attention to emotional well being could be addressed by provision of counseling/psychological support for nurses, by education on the importance of emotional expression, by training in constructive ways to deal with negative emotions, and by workshops on the effects of unresolved stress and strain and on stress management.

Conferences, inservice programs and staff meetings stimulate intellectual well being; new information on diagnosis, physical assessment and new care techniques promote more effective functioning. Courses or workshops on interpersonal communication, or on human relationships could foster the nurses' attention to their social needs.
Personal and Professional Relationships

The hospice organization's support and reward for nurses' attendance at professional conferences, as well as hospice sponsored in-service training with professional presenters addresses this theme of renewal.

Affirmation from Others

Managers and workers can be educated about the importance of affirmation and rewards; workshops on assertiveness and exercises on affirmation can facilitate the satisfaction of mutual needs for affirmation.

Nature of Hospice Work

A variety of aspects of the hospice work which contribute to renewal do not translate to adult education practice. However, the "worst aspects of the job" do lend themselves to amelioration by adult education. Training in stress management can address the issue of job stress. Workshops on time management can contribute to the relief of paper work related stress. Training and practice in conflict resolution can be helpful to both administrators and staff.

Counseling support for nurses who experience discouragement can promote self acceptance and self understanding, certainly an important kind of learning. Individualized and/or prescriptive education can be arranged for nurses who feel unsuccessful professionally. That is, negative experiences can be turned into learning
experiences by focusing on what can prevent the recurrence of such situations.

Continuing education aimed at assisting nurses’ clarification of their own needs can be revitalizing, and can counteract the life draining aspects of work. Goal setting and career exploration can give support and confidence to a nurse who needs to change work situations. **Diversion and Fun**

Pleasure is individually defined. Can there be education for pleasure? Many categories of diversion and fun described by the nurses are addressed by adult education. Any art, music, physical education, travel, crafts, dance, theater, literature or nature education can provide diversion and pleasure. Workshops on the importance of fun, humor and pleasure can affirm the nurses’ perceptions of their own needs. **Professional Development**

Renewal as an outcome of professional development is a fertile field for adult education programming. Workshops, conferences, inservices, courses, classes, or speeches that focus on some aspect of hospice nursing can address this avenue for renewal. Professional hospice organizations, professional societies and academic continuing education departments can all provide these services.
Suggestions for Further Research

This study stimulated many additional questions, oriented to both psychological and educational fields, which could be researched:

1. Is measurement of renewal possible?
2. What is the relationship between nurses' personality types and their "success" as hospice nurses?
3. What is the relationship between nurses' personality types and their degrees of renewal?
4. Are there changes in nurses' perceptions of renewal over time?
5. What is the relationship between nurses' personality types and their choice of career? How does this information compare with career-personality relationships in other fields of nursing, and other fields in general?
6. Is education about renewal related to nurses' perception of their own increased ability to be renewed? That is, does education about renewal make a difference?
7. How may the information gathered in this study be utilized to improve the process of selection of hospice nurses? What selection and hiring processes are related to high degrees of satisfaction and effectiveness for hospice nurses?
8. What are the relationships between and among hospice administrator's personal renewal, personality styles, management styles, and degree of personal renewal to hospice nurses' renewal?

9. Does education about adult renewal increase nurses' action related to their own holistic (physical, intellectual, emotional, social and spiritual) development?

10. What are the personality styles of former hospice nurses? How do they compare with current hospice nurses.

11. Can the dynamics of career change for former hospice nurses be identified?

12. Does institutional support (counseling, money, classes, time) for renewal related activities increase nurses' perceptions of being renewed?

13. How do supervisor and peer evaluations of a nurse's renewal compare with the nurse's perception of being renewed?

14. What are the relationships of age and developmental stage to nurses' revitalization? What life transitions are related to renewal or lack of renewal?

15. Is there an optimal length of time for a nurse to function as a hospice professional?

16. Does an administrator's change of management style
affect changes in nurses' satisfaction with hospice work?

17. How is education directed to administrators reflected in nurses' perception of their own renewal?

18. How do hospice nurses' perceptions of renewal compare with perceptions of other professionals?

A research project of particular interest to this researcher would be to plan an adult education project designed to increase awareness about renewal and to provide options for nurses and nursing supervisors to actively engage in their own development in the areas identified as important for renewal, plus other areas of their choice.

The plan would be organized and implemented by an objective professional outside the hospice organization, but with hospice administration support.

The plan would include:

1. Study of nurses perception of their own renewal

2. Self awareness activities
   a. personality style
   b. career choice
   c. value clarification related to personal and professional lives

3. Goal setting activities related to personal and professional lives
   a. short term
b. long term, including growth in the five areas of development

4. Personal growth activities
   a. communication skills
   b. conflict resolution
   c. empowerment strategies


6. Supervisors' identification of areas of potential development for themselves and/or for individual nurses.

7. Individual and group counseling and psychological support

8. Reassessment of renewal or revitalization after implementation of the program.

This researcher in no way assumes that this program is a simple way to enhance renewal. Rather, the plan is based on the assumption that most humans do strive to develop to their potential, and that given informed, useful support and assistance they will progress on their own paths toward self-actualization. The individual, the organization and society all can benefit from these outcomes.
APPENDIX A

BIOGRAPHIES OF RESPONDENTS
ALICE, late twenties, BSN, worked in a hospice in-patient unit for one year before beginning three years with hospice home-care.

AMY, 32 years old, a licensed practical nurse who returned to school and earned an associate degree in nursing, worked for seven years in hospital nursing before joining hospice. She had served in a hospice in-patient unit for one year and in home-care for three years at the time of the interview.

BELINDA, 29 years old, a nurse for over seven years at the time of the interview, received a diploma from a hospital school of nursing. Her work experience included Visiting Nurses Association service for four years and hospice home-care for one year.

BETH, 42, BSN, MS in health sciences, had worked in hospital nursing, hospital administration, and teaching before her five years with hospice home-care.

BONNIE, late twenties, a BSN, had worked as an orthopedic nurse in a hospital before she joined hospice. She had worked in home-care for three years at the time of the interview.

CATHERINE, mid-fifties, had completed a hospital diploma program in nursing at age 34 and worked for Visiting Nurse Association for a number of years. She had been in hospice home-care work for seven years at the time of the interview.

CHRIS, 30, earned a diploma from a hospital school of nursing, and then completed a BSN while working fulltime in a hospital doing coronary care, pulmonary care and oncology nursing. Other experience included work as a nurse specialist and hospice home-care for three years. Chris was completing an MSN at the time of the interview.

DOROTHY, early thirties, a nurse for four and a half years, did factory work before returning to college to complete a BSN. Dorothy, whose goal upon entering the nursing program was to become a hospice nurse, had been in hospice home-care for eight months at the time of the interview. Previous nursing experience was in oncology and rehabilitation medicine.
ESTHER, 29, had graduated from a hospital diploma nursing program and worked for four years in medical-surgical hospital nursing before she joined hospice. She had worked in an in-patient hospice unit for three years and had completed one year of home-care nursing at the time of the interview.

EVELYN, mid to late 20's, completed an associate degree in nursing and had worked in hospital nursing several years before her three years in the in-patient unit at hospice. She was working on a BA degree in a social service field at the time of the interview.

GEORGIA, 40, had some college background before she completed a hospital diploma program in nursing. She was working on a BSN at the time of the interview. She had worked in pediatric nursing and nursing administration before her one year in hospice home-care.

GLENDA, 27, earned a diploma from a hospital school of nursing and had worked in medical-surgical nursing and oncology nursing before she joined hospice. She was working to complete a BSN and had been a hospice home-care nurse for about one year at the time of the interview.

GRETCHELEN, in her late forties, BSN, had completed some work toward an MSN. She had had varied nursing experience for over twenty-five years including two years in hospice home-care nursing.

JANE, 38, BSN, had experience including medical-surgical hospital nursing for eleven years, private duty nursing and hospice home-care for four and a half years.

JANET, in her early thirties, had earned a diploma from nursing school and worked as a nurse in a variety of settings. She had been a hospice home-care nurse for almost four years at the time of the interview.

KELLY, early forties, BSN, had been a nurse for seventeen years, with one year of experience in home-care at hospice. Kelly was a nurse practitioner and was completing an MSN with a specialty area at the time of the interview.

LINDA, 50, graduated from a hospital diploma nursing program, worked a few years and then was inactive for sixteen years. After returning to her vocation she
worked in hospice home-care for three years and also completed a BA degree.

MARGARET, about 30, BSN, had worked in a variety of medical-surgical settings. She had been a nurse for nine years at the time of the interview. Her three years of hospice experience included one year of inpatient care and two years of home-care.

MARTHA, 40, completed a hospital diploma program in nursing, and worked as a nurse, and then stayed home with her children for several years before returning to hospital nursing. She had been at hospice for two and a half years at the time of the interview. At hospice she was given two special assignments in addition to her primary home-care nursing.

MILLIE, 29, earned an associate degree in nursing and worked in medical-surgical nursing for one year before returning to school to complete requirements for a BSN. Millie had worked in hospital nursing three years and had been with the hospice in-patient unit for two years at the time of the interview.

PAT, 26, BSN, had worked for Visiting Nursing Association for about four years and with hospice home-care about one year.

PAULA, late thirties, began nurses training at age 17, and completed an associate degree in nursing when she was 30. She had worked in a variety of hospital settings, including oncology, and in hospice home-care for three years. She completed a BSN and had started an MSN program while working part-time.

SHARON, 30, BSN and MSN, had worked with hospice home-care for ten months at the time of the interview. She had some supervisory experience as well as experience in direct patient care.

TERRY, 30, BSN, had worked as a nurse in a variety of settings, and had begun hospice home-care one and a half years before the time of the interview. Terry worked as a nurses' aide during training.

TRISHA, 37, BSN, had been employed in a variety of hospital settings and in private agency pool nursing before joining hospice. Trisha had worked in the in-patient unit for one year and in home-care for three years.
The readers of the research report: The revitalization of hospice nurses (Beck, 1986):

I have examined the audit trail and the research report of Ellen Beck's study of the revitalization of hospice nurses (doctoral dissertation, The Ohio State University, 1986) as of April 24, 1986 and April 25, 1986. I reviewed the raw data, transcripts, fieldnotes, analysis notes, and other research documentation which were dated from June, 1984 to April, 1986. My examinations were made in accord with the guidelines recommended by Lincoln and Guba (1982), employed by Steen (in Tinning, 1983) and by Beck (in Steen, 1985), and explained in Beck (1986, pp. 33-37), and accordingly, included such tests of research records and other auditing procedures as I considered necessary in the circumstance.

In my opinion, the aforementioned research report represents a dependable and confirmable account of the research as conducted, in conformity with generally accepted qualitative research principles applied in a reasonable manner.

Thomas B. Steen, Ph.D.
Grand Forks, North Dakota
April 26, 1986
REFERENCES


Brown, M.J. McG. (4/12/83). Qualitative Research in Education. [Speech at Ohio State University].


