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From school to practice: The meaning of nurses' holistic comfort

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FROM SCHOOL TO PRACTICE: THE MEANING OF
NURSE'S HOLISTIC COMFORT

by

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ABSTRACT

From School to Practice: The Meaning of Nurses' Holistic Comfort

by

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Nurses entering the healthcare arena are likely to encounter a gap in preparation from school to practice. Despite well-intentioned transition programs, nurses struggle to keep up with the reality of demanding schedules, stressful work environments and non-nursing tasks, such as their own comfort. Holistic comfort, a well-known concept in patient care, offers an innovative approach to nursing education to sustain new nurses transitioning into practice. This phenomenological study explored how nurses who experienced holistic comfort in their schooling were able to use the same philosophical approach to transcend unavoidable difficulties early in their careers.

Newly practicing nurses from a program which embraced holistic comfort as a learner-centered way of life participated in the study. The nurses recalled what holistic comfort meant to them in school and described the lived experience of assimilating holistic comfort as a philosophy into their attitudes and behaviors in practice. In both settings, holistic comfort was experienced as a positive approach to nursing education and during the transition to practice. In school, holistic comfort facilitated meaningful learning and the acquisition of self-strengthening behaviors. In early practice, participants found holistic comfort eased them into the profession. They used strategies attained in school to overcome anxiety, manage complex skills and tasks, find appropriate resources

and advocate for the best outcomes in various situations. Patient safety, pride in patient care and feeling well prepared for the role, were attributed to using aspects of holistic comfort on a daily basis personally, and when interacting with others.

Implications suggest holistic comfort is experienced on a continuum from nursing education through practice and is an important factor in managing unavoidable difficulties in early practice. The meaning of holistic comfort from this study is defined as: sustenance and the ability for transcendence in the personal, interpersonal and professional dimensions of nursing. A functional conceptual model of this definition was created around which quantitative metrics can be developed in the future. Holistic comfort incorporated into education and transition programs may narrow the preparation gap and strengthen the individual for the enormity of a nursing career.

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CHAPTER I

PHENOMENON OF INTEREST AND AIM OF THE STUDY

This chapter introduces the main concepts relevant to examining holistic comfort in newly practicing nurses (NPNs). The study of holistic comfort is important to nursing since it offers new insights about how nurses internalize a highly demanding career. It may also identify ways for faculty, students and nurses to better understand how certain behaviors that may previously have been overlooked can be sources of strength in unfamiliar or difficult situations.

Nurses who graduate from an accelerated second-degree baccalaureate program (Fast Track Program) have already experienced an intense learning environment, which prepares them to enter a similarly intense working environment. The researcher has found that enculturation of holistic comfort during a rigorous education process helps students accomplish programmatic objectives in a short time frame, while the overall experience is reported to be enjoyable and manageable (Goodwin et al., 2007).

Since Nightingale (1820-1910) first introduced the fundamental concepts of hygiene, air, and light, nursing has evolved to become a profession in its own right. While she kept scientific, statistical data, Nightingale was also proud of the profession as “the finest of the Fine Arts” (Nightingale, 1868). Current literature shows, however, that the balance between the art and science of nursing has been tipped with greater emphasis placed on technical knowledge and skill proficiencies than the finer skills of listening and being. According to Heidegger (1889-1976), an early founder of the phenomenological method, *being* refers to the way humans exist, act, or are involved in the world (Heidegger,

trans.2002). In this study, being refers to NPNs and how they exist with the experience of holistic comfort.

Aim of the Study

The aim of the study was to unveil the meaning of holistic comfort as experienced by NPNs who graduated from a Fast Track Program in Boise, Idaho. The specific program chosen for this study has embraced holistic comfort as a learner-centered philosophy since 2005. Learner-centered education focuses on valuing students' needs and facilitating learning by providing various experiences that promote success. These include application of learning, content reduction and self-assessment (Weimer, 2002).

The research closed a gap in the literature related to the incorporation of holistic comfort as a learner-centered approach to nursing education (Goodwin et al., 2007). Examining experiences of nurses who were involved in the program provided an opportunity to follow up on learner-centered outcomes, and to investigate if holistic comfort in nursing education bears meaning to ensuing nursing practice.

This interpretive phenomenological inquiry was driven by two questions: 1) what is the meaning of holistic comfort to newly practicing nurses, and 2) how did the experience of holistic comfort in the Fast Track Program influence their transition from school to practice?

Phenomenon of Interest

A phenomenon, or observable occurrence, is commonly regarded as an extraordinary event (Webster, 1997). However, according to van Manen (1990) any object or event within human experience can be a phenomenon. Holistic comfort, the phenomenon of interest, is defined by Kolcaba (1994) as “the satisfaction (actively, passively, or co-

operatively) of the basic human needs for relief, ease, or transcendence arising from ... situations that are stressful” (Kolcaba, p. 1178). Vendlinski and Kolcaba (1997, p. 272) refined the definition with the view that when “needs for relief, ease, or transcendence (types of comfort) are met in four contexts of human experience (physical, psychospiritual, environmental, social)”, the person is strengthened, even though the difficulties may not have been eliminated. The researcher further defines holistic comfort as a genuine pervasive feeling of being at ease, which strengthens the ability to transcend an unavoidable difficulty.

Holistic comfort combines the concepts of holism and comfort. Holism, from the Greek word *holos* (Webster, 1997) is the view in which the existence of wholes is a fundamental feature (Society for General Systems Research, 2004). Chinn and Kramer (2004) describe a concept as “a complex mental formulation of experience” explaining that ‘experience’ refers to “the totality of what is perceived” (p. 61). The concept of holism is therefore based upon the principle of looking at the whole, such as an individual or community, which cannot be reduced to the sum of its parts (Dossey, Keegan, & Guzzetta, 2005).

Comfort, according to Webster (1979) is defined as a “strengthening aid: assistance, support...consolation in time of trouble or worry...a feeling of relief or encouragement; contented well-being...to strengthen greatly; to give strength and hope to; to ease the grief or trouble of [another]” (p. 222).

Holistic comfort does not have meaning purely and simply in itself, although an eventual aim of this research includes building a flexible model to give it definition according to variable circumstances. Burch (1990) explains, “...the self of lived

experience only comes to be in essential relation to... situating facts..." (p.15). This implies that holistic comfort is situational and must be understood as a whole. It may be something that is not immediately constituted in the moment, but is realized more in reflection or interpretation of having lived through the experience (Munhall, 2007). This can also be explained as retention of the past and a potential forecast of the future (Burch). Both formal and informal definitions of holism and comfort address the complexities of holistic comfort, especially when its meaning is examined in relation to nursing students and newly practicing nurses.

In the face of persistent demand for more nurses and increased calls for excellence in healthcare, nursing faculty must take responsible action to provide meaningful learning experiences that can be carried by students into their practice (National League for Nursing (NLN), 2003). Meaning, in this sense, is defined by Webster (1997) as "Implication of a hidden or special significance" or "the thing one intends to convey...." Meaningful learning experiences may be of an academic or non-academic nature, but over time, many experiences merge to give meaning to a phenomenon (van Manen, 1990). The researcher proposes that awareness of combined, meaningful learning experiences not only by faculty, but also by students, is more likely to promote the development of a well-rounded, capable and professional nurse.

Focus: Specific Context of the Phenomenon

The broad principles of holistic comfort, previously only considered in the clinical setting, also offer an approach to an educational setting which supports a belief system that nurses attend to issues of mind, body, and spirit in themselves, as well as their patients. NPNs are expected to learn large amounts of information and master intricate

skills in a relatively short time (Benner, 1984). Furthermore, the work setting is commonly fast-paced, unpredictable and demanding. “Patients are sicker and more complex in their needs” (Candela & Bowles, 2008, p. 266), and nurses are required to make critical decisions and perform multifarious tasks throughout the day. The resulting tension experienced by the NPN may not only be palpable, but also visible.

Holistic comfort, embedded into an education program, offers a novel approach to preparing future nurses from the outset of a potentially challenging career. Incorporating holistic comfort strategies into a fast track nursing program may seem, at first, to be contradictory. Such programs require a heavy credit load and intense clinical experiences from individuals who have already completed at least one degree at the baccalaureate or graduate level. The typical fast track nursing student is older, bright, and motivated, with high self-expectations. These students tend to be “sophisticated consumers of higher education who actively pursue learning opportunities” (AACN, 2008, p. 2). However, returning to life as an undergraduate student, having been an adept, worldly adult in another field, can be a difficult transition for many. In addition, the pressure of changing career as well as non-academic factors, such as finances and family responsibilities, may be compounded in this population (AACN).

The American Association of Colleges of Nursing (AACN, 2008) recommends nursing schools introduce self-management concepts in the curriculum, and compels hospitals to ease the transition for new graduates entering practice. This implies that education and healthcare institutions have an obligation to create the context in which the concept of holistic comfort may be incorporated. The AACN suggests, “one key to facilitating transition and encouraging student success is using experienced faculty who

are comfortable teaching adults” (p. 3). Dossey, Keegan and Guzzetta, (2005), and Kolcaba (2003) encourage faculty and staff to foster and strengthen nursing students’ healthful reactions and actions to physical, psychospiritual, sociocultural and environmental experiences. Yet the leap from education to practice remains a hollow place from which the NPN is expected to emerge rapidly and largely unaided (Benner, 1984).

This study advances the researcher’s efforts as a nurse educator in a fast track program, to hold together seemingly impossible propositions that appear to be true and necessary at the same time. Goodwin, Sener and Steiner (2007) noted:

Nurses have learned to memorize vast amounts of information, to perform complex skills, to operate elaborate equipment, to conduct intricate research studies and to educate students to continue to learn and master such information and skills at an ever-increasing escalation. What has been sacrificed to this highly complex and specialized profession of nursing is its holism and its comfort, not only with patients and colleagues, but within its own educational settings (p. 278).

Assumptions aligned with learner-centered education relate to the idea that nursing students can feel authentically comfortable while going through a rigorous education program, to help them prepare for an even more rigorous work setting. The underlying assumptions to support this goal are: A nursing student who experiences holistic comfort is likely to have a more meaningful learning experience; A nursing student who experiences holistic comfort is more likely to become a comfortable NPN; A NPN who experiences holistic comfort is more likely to be comforting to their patients and, in order

for a nurse to provide authentic, holistic comfort, he or she must know what meaning it has for a particular individual, group, or culture (Malinowski & Stamler, 2002).

Graduates from one university's 16-month Fast Track Program, who are functioning as NPNs, are the focus of the study. Principles of holistic comfort have been embedded throughout the program's curriculum and setting since 2005. As early as orientation, students are introduced to a learning partnership of mutual respect and trust. They hear that memorization is out, meaningful learning is in, and that faculty and students are all in this endeavor together. At the same time, they are told that it is a highly demanding program: they will receive a baccalaureate in nursing in 16 months, and will most likely pass the NCLEX-RN licensing examination on their first attempt (this Fast Track Program has attained a 99% first time pass rate). However, it is explained at the outset that while nothing is easy, the faculty try to set a sense of *ease* whereby the learning environment provides a safe place to transcend learning barriers in order to enhance and enrich their experience as nursing students and prepare them for their new careers.

Since 2005, the researcher has used aspects of holistic comfort as a learner-centered teaching strategy and has encouraged students in the Fast Track Program to explore the meaning of being comfortable as nursing students. Vibrant discussions follow when students are asked if they think it is necessary to be comfortable in order to be a genuinely comforting nurse. Rarely, though, has consensus been reached among students on this question.

Using words, emerging themes, and reported anecdotes the researcher elicits discussion about holistic comfort, beginning with a dedicated class to the topic in the first semester, and ending with a project in the final semester. In the final semester, the

students are asked to answer one question: What does holistic comfort in nursing education mean to you? In 2006, students chose to answer this question by completing a quilt, designing one square each to depict holistic comfort in their nursing education. In addition, they submitted a brief written explanation of their interpretations to place in an accompanying Holistic Comfort Album. In subsequent years students have contributed to the project by producing Comfort Albums, using one or two pages each to elucidate their interpretation of holistic comfort in nursing education. Contributions include poems, essays, art, and quotations as well as narrative explanations. The quilt and albums are on display in the nursing education department.

Holistic Comfort in the Context of Newly Practicing Nurses' Practice.

The notion that a state of holistic comfort can be experienced from the first day of nursing school and carried through the developing nursing practice is novel. It may appear to be difficult to adopt a philosophy of holistic comfort as a way of life in nursing from education through practice. This may be, in part, because it is unknown or poorly understood among nurse educators and their contemporaries in clinical settings.

As mentioned above, NPNs frequently experience the limitations of stress and overload (Gorostidi et al., 2006) which is incongruous with experiencing holistic comfort. Bowles and Candela (2005) found a high rate of turnover in recent nursing graduates due to stress, frustration and a lack of support. In a study of recently graduated nurses the same authors learned that NPNs "indicated that there were gaps in their preparation with regard to comfort levels with patient assignments and involvement in errors." (Candela & Bowles, 2008, p. 267).

There is no one-size-fits-all solution to managing stress, although there are a plethora of studies on specific strategies that may work for certain situations, (Beddoe & Murphy, 2004; Sharif & Armitage, 2004, and Montes-Berges & Augusto, 2007). Despite historical evidence of holistic comfort existing as a concept in nursing care (Dossey, Keegan & Guzzetta, 2005), the term is relatively new and has only been superficially considered from the nurse's perspective (Kolcaba, 2003). Similarly, while NPNs are expected to make numerous observations in order to consider and attend to the needs of the whole person, they are not typically expected to do this for themselves. This study seeks out what is implicit in nursing and makes it explicit and relevant to the NPN.

The researcher believes the overall practice of holistic comfort from school to practice is a natural complement to providing a non-judgmental, learner-centered atmosphere in nursing education. Over time, anecdotal remarks have alluded to this approach being unique, and making an impression on the NPN. One remark even suggested a NPN provided a safer environment for the patient because of being familiar with the concept of holistic comfort. He stated he did not think he would have made the [better] decision for his patient had he not been involved in many conversations about holistic comfort during his nursing education. This was impetus enough to study the concept further.

Study Purpose

The purpose of this study is twofold: to unveil the meaning of holistic comfort in NPNs, and to determine if experience with holistic comfort in these nurses' education influenced their early practice. While a theory of holistic comfort exists (Kolcaba, 2003), it does not explain how the concept applies to this population of interest. This research

describes the importance of, and highlights what is unique about, embedding holistic comfort in nursing education so that NPNs can take it with them into practice. A recent conversation with a colleague resulted in the following statement:

If student nurses experience holistic comfort throughout their education, it can be anticipated they may be more authentically comfortable as they transition into practice. By being more comfortable with managing the realities of nursing practice and seeking the support and mentoring necessary to the NPN, they may also be more comforting to patients, peers and future nurses in the profession (Sener, personal communication, October, 2008).

According to the National League for Nursing (2003), priorities for research in nursing education include innovation in creating student/teacher learning partnerships, as well as evaluation of innovations through student experiences. It is difficult to quantify the experience of holistic comfort in nursing education without first qualifying its interpretations from those who have lived experience of the phenomenon. An interpretive phenomenological study (Munhall, 2007) is, therefore, appropriate to elucidate meaning of the concept of holistic comfort in NPNs. Van Manen (1990) suggests selecting phenomenological materials to provide reflective perspectives.

The insights and contributions of current nursing students and recent graduates of the Fast Track Program provide powerful sources of everyday experiences with the meaning of the phenomenon. Elicitations from reflection and semi-structured interviews serve to give dimensions of meaning to the concept that the researcher may not yet have formulated or suspected (van Manen, 1990).

By looking closely at contextual patterns, which will emerge from phenomenological methods to examine words and recollections, this study presents a detailed view of the topic. The researcher was positioned as an active learner who discovered the meaning of holistic comfort from the participants' perspective. Previous experiences of the researcher led to assumptions that these learners benefit from experiencing holistic comfort in their educational program. It was important to determine whether holistic comfort had been a meaningful experience for students in a potentially highly stressful nursing program. Even more so, it was important to ask graduates who experienced holistic comfort in the program, what it meant to them as they transitioned from school to practice.

From the viewpoint of nursing students and NPNs, it was anticipated that the lived experience of holistic comfort would reveal meaning when unified as a transcendent experience (Munhall, 2008). It was expected to show that the meaning of holistic comfort is a shared phenomenon among this population, having a uniqueness that only they can know and relate to themselves. The experiences were investigated as a whole to disclose their significance for student nurses as they become embedded in a new career.

To be aware not just of the meaning of holistic comfort, but of experiencing it so it may be relived in others, is part of the self-becoming of a nurse (Benner, 1984). Sharing and articulating the benefits of students and NPNs experiencing holistic comfort within the field of nursing education was part of this research.

Operational Definitions

Fast Track Program

An accelerated second-degree baccalaureate nursing program, herein called the Program. This is a year-round, sixteen-month program for people with a previous

bachelors degree in any field other than nursing. There are as many practicum hours in the program as a traditional baccalaureate of nursing program, and students are required to participate in all classes and clinical settings.

Fast Track Students

These students are typically mature, with at least one degree and a previous career. A small, representative sample of students includes: a 44 year old male chemist; a 32 year old mother of four with an English degree, a 40 year old female social worker; a 30 year old female secondary school teacher, a 29 year old female respiratory therapist, a 24 year old male who just completed a degree in health sciences; a 38 year old female lawyer; and a female doctor from Egypt who is unable to practice in that capacity in the U.S. These students are generally highly motivated and have high academic self-expectations. They tend to excel in class, while challenging body, mind, and spirit and balancing myriad responsibilities. In addition, they are commonly self-directed although stressed, and known to possess a certain sense of entitlement (AACN, 2008). Finally, they almost always pass the licensing board examination (NCLEX-RN) at first attempt.

Newly Practicing Nurse (NPN)

The NPN, in this study, graduated from the Fast Track Program in 2006 or later, and passed board exams in the state of Idaho. He or she practices in a local facility as a registered nurse with at least six months of experience at the facility to truly differentiate the experience of holistic comfort in learning and practice.

Holistic Comfort

For the purposes of this study, holistic comfort is defined as a genuine pervasive feeling of being at ease, which strengthens the ability to transcend an unavoidable

difficulty. The philosophy of holistic comfort as described for the Fast Track Program is based on this definition.

Learner-centered Environment

A learning environment where the focus is on what students need to learn, not what teachers want to teach; an educational approach to “shift the focus from teaching to learning “ (Candela, Dalley & Benzel-Lindley, 2006, p. 59). A learner-centered environment is one where the teacher is willing to cut content in order to facilitate a learning community where faculty and students learn together to address problems in a mutually respectful, non-judgmental and collaborative fashion. Fast Track students are particularly amenable to this style of learning as they are motivated, self-directed and have previous experience of their individual learning needs.

Holistic Comfort Project

A project instigated by Goodwin and Sener in 2005 has been completed by senior Fast Track students ever since. In 2006 the students chose to depict their experiences of holistic comfort by designing a quilt. Since then the groups have produced an album. Students have taken the holistic comfort project to their pinning ceremonies and openly shared their experiences with their guests and other members of the learning community.

Phenomenology

This is based on a major philosophy established in the late 19th century. The aim of a phenomenological approach is to seek and gain a fuller understanding of how a phenomenon is experienced, and what that experience means to the individual (van Manen, 1990). Participants in this study were regarded as human beings actively partaking in expressing meaning of personal experiences with holistic comfort, and the

researcher endeavored to listen and learn without obstructing forthcoming information with preconceived notions.

Research Questions

What does holistic comfort mean to newly practicing nurses (NPNs) who graduated from the Fast Track Program?

Rationale

This question positioned the researcher as an active learner who could discover the meaning of holistic comfort by becoming immersed with the phenomenon, as suggested by Munhall (2007). This reflects the essences of lived experiences with the phenomenon over time. Van Manen (1990) describes essences as the “true being of a thing” or the “whatness” of the phenomenon (p. 177) in relation to temporality. The responses draw from essences to illuminate what makes holistic comfort what it is, and different from anything else.

How does the lived experience of holistic comfort in the academic setting become assimilated into the attitudes and behaviors of the newly practicing nurse?

Rationale

This question corresponds to NLN’s (2003) research commitment to evaluate student experiences of innovative educational methods. It relates to the aforementioned issue of preparing students for the realities of the workplace to evaluate not only if they survive, but also if they thrive (Candela & Bowles, 2008). The long-term implications for new nurses thriving may have an impact on retention and turnover rates in the workplace.

Summary

This chapter has highlighted the phenomenon of interest, and has introduced the main concepts of holistic comfort as it relates to NPNs. The phenomenon will be examined in the context of how it transfers with nursing students who experienced holistic comfort in their educational program to their early practice. Operational definitions have been provided to clarify terms that will be used in the study, and the research questions have been posed.

Findings from this study are important to nursing and will enable new conclusions to be drawn to close a gap in the literature related to the incorporation of holistic comfort as a learner-centered strategy in nursing education (Goodwin et al., 2007).

Examining experiences of nurses who were involved in the Fast Track Program provided an opportunity to follow up on learner-centered outcomes, and to investigate if holistic comfort in their nursing education bears meaning in their ensuing nursing practice.

CHAPTER II

EVOLUTION OF THE STUDY

This chapter will summarize and build upon an article published by Goodwin, Sener and Steiner in 2007. Since Florence Nightingale (1820-1910) depicted nursing as both a science and an art, there have been various schools of thought on how best to educate nurses. On one hand, nurses need to be calm, intuitive and comforting while on the other hand they are required to manage complicated situations and have a strong grasp of technical concepts. In the growing need for health care, “nurses are indispensable...[and] quality patient care hinges on having a well-educated nursing workforce” (Raines, as cited in AACN, 2008).

Whether through on-the-job training or university-based instruction, nursing education naturally emphasizes care of the patient, the reason for the profession. For the student, however, nursing school tends not to mirror these ideals. On the contrary, nursing school is generally rigorous, all encompassing, and potentially exhausting (Billingsley, Collins, & Miller, 2007). Once in the workforce, the NPN experiences additional pressures related to patient safety, learning to handle complex equipment, and running grueling schedules, frequently compounded by absenteeism, understaffing or discourtesy of senior nurses (Rowe & Sherlock, 2005).

The concept of NPNs feeling genuinely comfortable in early practice is unusual. Rather, one is more likely to hear that there can be nothing comfortable about becoming a nurse, either in school or as a new graduate. Moreover, seasoned nurses are commonly portrayed as those who eat their young (Rowe & Sherlock, 2005), where the progression from novice to expert (Benner, 1984) is not particularly pleasant, and is expected to be as

attained as quickly as possible. Holistic comfort, an overarching focus for nursing practice, is not often considered for those undergoing the transformation from schooling to practice (Benner, 1984). Similar incongruence and complexities arise when trying to match learner-centered principles with nursing education because in a situation of fear and trembling in the novice there can be no possibilities of comfort, and where there is no comfort there is no real learning (Weimer, 2002).

One of the core competencies of nurse educators, defined in 2005 by The National League for Nursing (NLN), is to be “responsible for creating an environment in classroom, laboratory, and clinical settings that facilitates student learning and the achievement of desired cognitive, affective, and psychomotor outcomes” (p.1). Another is to “...create a preferred future for nursing education and practice” (p. 5). These directives are intended to close gaps and discontinuities between nursing education and practice, and support the need to apply principles that will be reflected in both fields. Holistic comfort as a learning principle for nursing education provides a way to enact these competencies and promotes the likelihood of professional nurses sustaining overall personal and societal health.

Historical Context: Literature Review

Nightingale, the founder of modern nursing education (Dossey, Selanders, Beck & Attewell, 2005), conceptualized holism as caring for body, mind and spirit enacting within an environment. Kolcaba, the founder of holistic comfort theory (2003), describes holistic comfort as “ the immediate experience of being strengthened by having [one’s] needs for relief, ease, and transcendence met in four contexts (physical, psychospiritual, sociocultural and environmental)” (pp. 251 – 252).

While it is clear that learner-centered education is based on a learning partnership between student and educator, it should be stressed that what results from this approach is a true learning community in which the individual student learns in the context of the student-teacher collective (Goodwin et al, 2007). In this sense, the comfort of the learning community as a whole contributes to the comfort of the individual student (Weimer, 2002).

Assets derived from a learning community include a commitment to learning, support, positive values, experiential competencies, resiliency, empowerment, empathy, and positive relationships. The comfort of the individual student is thereby strengthened by the comfort of the learning community; and the student who experiences comfort in the context of learning contributes to the strength of the community as a whole (Magyary, 2002) (p.280).

Clarity about the relationship between holistic comfort and nursing education is lacking. Gaydos (2004) describes “the creative mediation and expression of all patterns of knowing in nursing in transformative, aesthetic and caring holistic actions” (p.154). Nursing students should be socialized with these important characteristics from the inception of the education process (Weimer, 2002). Gaydos identifies such characteristics as a “transcendent togetherness” in the connectedness of caring and suggests that knowing expresses the integration of many patterns (2004, p. 155). Chinn and Kramer (2004) offer theoretical development strategies to provide structure to these patterns of knowing, and Gaydos begins to examine how they can be applied to holistic perspectives in nursing practice.

Gaydos (2004) discusses ways to experience knowing and learning in a manner similar to Kolcaba's (2003) vision of relief, ease and transcendence, the three attributes of her holistic comfort theory. In terms of the NPN, these concepts can be interpreted as ease and relief resulting from freedom from fear and coercion, which often manifest as anger, frustration, depression or anxiety (Dossey et al, 2005). Such freedom ultimately fosters transcendence, which manifests as rising above the difficulties of a rigorous work setting.

In Jean Watson's book, *Caring Science as Sacred Science* (2005), Watson describes how some basic concepts in nursing, such as caring and healing, have been marginalized while nursing has embraced empirical science. She states that there is a new turn "...and nursing knowledge development is (being) transformed from fragmented bits of information into a unified framework for deep wisdom..." (p. 227). This means "...we can more fully experience and accommodate the empirical with the invisible..." (p.227). Watson describes a caring science which relates to holistic comfort because it is grounded in a theory of unity which informs "epistemology, methodology, pedagogy and a praxis of caring." (p.29). According to Dossey (personal communication, March 7, 2005), Watson's book (2005) depicts science with a heart and revisits Nightingale's sacred and spiritual side of nursing education and practice. Holistic comfort embraces both the science and the art of nursing.

Dossey (1997) also refers frequently to Nightingale and integrates her language and concepts into modern nursing education and practice, including issues of multiculturalism and diversity among nurses. According to Dossey et al., (2005), Nightingale was an excellent educator because she was a powerful trans-disciplinarian who shared the

knowledge she acquired from various disciplines to inform individual learning, practice, education and research. Wholeness of education was her goal, and she believed that each nurse must understand and develop the inner self, which leads to the process of becoming whole.

Through available research and evidence from different theoretical models, a comfortable, holistic educational environment can be created to nurture this concept and put into practical terms the modeling of nursing as a profession (Dossey et al.). In an email message from Dossey (B. M. Dossey, personal communication, March 7, 2005), she suggested that holistic philosophy, healing environments and the idea of the nurse as an instrument of healing should be incorporated throughout the curriculum, promoting integration of holistic practice in the educational setting.

Nightingale called nurturing a “vital force” (Dossey et al., 2005, p. 181) and described how the nurse can affect people’s lives when they are sick and feeling fragile, vulnerable and doubtful whether recovery is possible. Similarly, when students also feel fragile, vulnerable and doubtful about their academic capabilities, nursing educators can be the “vital force” that strengthens them in their endeavors and inspires them to carry the principles of holistic nursing into the communities they serve.

Kolcaba has been developing her holistic comfort theory for nearly twenty years (Kolcaba, 2003). She, too, refers to Nightingale as an early proponent of holistic comfort in the context of patient care, noting that Nightingale states “...observation...is not for the sake of piling up miscellaneous information or curious facts, but for the sake of saving life and increasing health and comfort” (Nightingale, 1859, p. 125).

Kolcaba's theory arose out of her perception that holism is based on the wholeness of a person: body, mind, and spirit interacting in complex ways with multiple ecologies (Kolcaba, 2003). She developed her definition of holistic comfort following an extensive analysis of the concept, which included consideration of the semantics of comfort as used in nursing practice, theory and research (Kolcaba & Kolcaba, 1991). While it is not apparent that such an analysis was considered specific to nursing education, it can be implied in her definition of holistic comfort for research as "...the immediate experience of being strengthened through having the needs for relief, ease, and transcendence met in four contexts of experience (physical, psychospiritual, sociocultural and environmental)" (Kolcaba, 2003, p.14). There are three basic assumptions of the theory of comfort: "(a) human beings have holistic responses to complex stimuli; (b) comfort is a desirable holistic outcome that is germane to the discipline of nursing; and (c) human beings strive to meet, or have met, their basic comfort needs" (Kolcaba, 1994, p. 1178).

Kolcaba (2003) identified the three attributes of comfort as relief (having a specific need met); ease (being in a state of calm contentedness); and transcendence (rising above one's problems or circumstances). These three attributes might occur in any or all of the contexts of physical (the body); psychospiritual, or emotional (relating to the self, a Higher Being, and meaning); environmental (external circumstances); and sociocultural (relational, social and cultural circumstances) (p. 15).

According to Kolcaba, (1992) it has been difficult to operationalize the concept of holistic comfort because of its abstract nature. This is in line with difficulty in measuring holistic comfort in nursing education. In either case, there is a need to develop

measurement tools that will assist in assessment, planning and evaluation of the effectiveness of holistic comfort.

One such tool is a taxonomic structure, which has been developed by Kolcaba (1991). This structure takes the form of a grid in which the three attributes of comfort are arrayed along the horizontal line, and the four contexts in which comfort may occur form the vertical line, producing 12 elements of possibility, which represent the “total domain of...comfort” (Kolcaba, 1991, p. 237). The structure can be used as a framework for research to identify comfort needs and the desired outcomes of the interventions necessary to meet those needs (Kolcaba). The taxonomic structure has been used in a number of patient care settings as a pretest/posttest method of determining the efficacy of nursing interventions. This grid can readily be adapted to the learner or NPN setting. Table 1 shows how faculty can use the grid to help students discover holistic comfort (Goodwin et al., 2007).

This adapted grid can be used by NPNs to identify problems they may encounter or perceive within the contexts of holistic comfort. The grid can also be used by a learning group, as well as an individual, to identify and resolve issues of discomfort in a specific encounter. Finally, the grid can be used to identify areas of concern related to holistic comfort in an institution as a whole.

Regarding the measurement of holistic comfort, initially, there was a lack of instruments to assess the presence or absence of comfort in patients and the efficacy of nursing interventions (Novak, Kolcaba, Steiner, & Dowd, 2001). However, in recent years, a number of instruments have been developed including the General Comfort Questionnaire (Kolcaba, 2003), which can be adapted to any setting in order to ascertain

the comfort needs of a population. The researcher contacted Kolcaba to inquire about holistic comfort in the student setting. The response was, “creating a comfortable place for students ... [is] ...the next logical step...it would strengthen students for THEIR tasks ahead” (Kolcaba, personal communication, March 14, 2005).

Table 1. Adaptation of Kolcaba and DiMarco’s (2005) taxonomic structure to learner experiences (Goodwin et al, 2007)

Category of Comfort	Problem	Factor	Issue	Intervention
Physical	Headaches, stomach, poor sleep	Identify supporting factors and remove if possible (like loud clocks). Treat mechanisms that cause physical pain.	Good ergonomics, keep problems at bay such as the use regular bowel function, fluids, avoid dehydration pain.	Gained insight to their own sleep and recognize the stresses on student role, received and follow up if needed course (care of the student)
Psychosocial	Don't feel relaxed mentally or spiritually	Stress and remind yourself that your feelings are made up of mental, emotional and spiritual components. Identify why you may feel this way.	Use your resources, take the activities and make an appointment with faculty. Spend religious services, other suggestions explore your self regularly.	Gain insight, use self-awareness, add to the self. Use other spiritual mechanisms that bring meaning and peace to your life.
Environmental	Poor study surroundings, messiness or clutter is messy, too hot, too cold	Look out of the window, view outside, get immediate access to water and natural elements.	Can any of the conditions be adjusted? Who do you need to ask?	Gain insight, make small adjustments that create comfortable environment over time.
Socio-cultural	Too many demands on my life, financial burden, lack of support	Take a moment for an athletic adjustment, approach a coach, join an activity, or share care for someone else immediately.	Look to your friends and family for support or mentors, get financial. Performance and start planning and hold on to your identity culture and resources. Be open to help.	Take up resources, take control of many issues, design and live by a plan of action for the entire body while you are a student, maintain this plan as often as necessary.

There is some empirical evidence for the nature of holistic comfort in practice, as demonstrated in a research study conducted by Kolcaba and Steiner (2000). The study sampled 53 women who were receiving radiation for breast cancer. Part of the study was to test the validity of two types of comfort measurement tools, but the primary purpose of the study was to test propositions about the nature of comfort. One proposition included “the whole (holistic comfort) is greater than the sum of its parts (relief plus ease plus transcendence)” (p. 46). While this supports the need to study the concept further, the study itself bears little relevance because of the small and specific population of interest.

As comfort theory has continued to develop, other analyses have been conducted to contribute to its evolution. Tutton and Seers (2003) explored the concept by looking at conceptual frameworks that include comfort as a major component. They found that comfort is not always explicit, but is, rather, implicit in the “fabric of the framework” being considered (p. 690). Specifically, Tutton and Seers looked at frameworks developed by a number of nurse theorists. For instance, they cite Orlando (1961) as emphasizing the role of the nurse as focusing attention on anything that affects the mental and physical comfort of the patient. In the case of Hall (1969), they state that she advocates that the nurse should ‘nurture’ the patient so that he or she could “learn [and] grow...as part of their experience” (p. 691). In the case of Paterson and Zderad (1988), Tutton and Seers indicate that they (Paterson & Zderad) saw comfort as an integral component of their approach to “humanistic...nursing...that encompasses health, growth, openness and freedom” (p. 691). The work of Paterson and Zderad is perceived to incorporate phenomenology, observation, and reflection as important parts of their work with patients (Tutton & Seers, 2003).

Meanwhile, Malinowski and Stamler (2002) examined the theories of Watson and Leininger in an effort to link them with the concept of comfort. Their conclusion was that “comfort is an indispensable element of holistic, culturally congruent human care” (p. 2). They linked Watson’s (1988) metaphysical approach to human caring with Kolcaba’s attribute of “transcendence” (2003); and in the case of Leininger (1991), Malinowski and Stamler indicate that in order for a nurse to provide authentic comfort, he or she must know what meaning comfort has for a particular individual, group, or culture. Malinowski and Stamler state that the work of these theorists has implications for nursing education. “In order to be able to apply the concept of comfort to practice, one first needs to learn about it...it is imperative to include the study of comfort in nursing curricula...and [it] could be covered within the context of a nursing theory” (p. 7). Kolcaba (2003) states that education is among the “future directions for comfort care.” She advocates that students at all levels should be taught “the art of comfort” and that they should “participate in [these] experiences” (p.199).

Chinn and Watson define the art of nursing as “...the capacity of a human being to receive another human being’s expression of feelings and to experience those feelings for oneself...it is lived, expressed, and co-created in the caring moment” (1994, p. xvi). According to Kolcaba (1995b), patients describe the art of nursing as something they experience and about which they are able to provide comment. Holistic comfort care is an art form, which is “satisfying for nurses, students of nursing, and patients,” (p. 288). Kolcaba gives an example of the art of comfort care as taught in a baccalaureate nursing course in the Midwest, in which sophomore students are introduced to the assessment of comfort care, and at the junior level they are introduced to comfort theory in a specific

nursing context. According to Kolcaba, after completion of these courses, students continue to use the concept of comfort care intuitively, although no data has been provided to support this statement.

While there is a great emphasis on the acquisition and proficiency of technical nursing knowledge and skills, there are few role models for nursing art, which is abstract and ambiguous (Kolcaba, 1995a). Consequently, it is imperative to develop a framework of the art of holistic comfort which nursing students can emulate in practice. According to Kolcaba, this art can be perceived intuitively from the holistic comfort students themselves have experienced. While “the practice of nursing art remains unspecified and elusive, especially to learners” (p. 117), nursing art can be thought of as “esthetic” and “humanistic” applied “creatively”. Renewed attention to the art of nursing results from the fear that its “humanitarian nature is in danger” (Michalis, 2002) because of the heavy emphasis on its scientific nature in the past several decades.

Part of the difficulty in attempting to write what is meant by the “art of nursing” is because it is elusive to words; rather it is more about what is done, in terms of expression, body language, touch, tone of voice, silence, listening, authenticity, presence, and timing. According to Johnson (1994), there are five ways of thinking about nursing art. These include: (1) the ability to understand meaning in encounters with the patient; (2) the ability to establish a meaningful relationship with the patient; (3) the ability to perform nursing activities in a proficient way; (4) the ability to critically determine an appropriate course of action; and (5) the ability to conduct nursing practice from a moral perspective. It can be concluded from these comments that nursing students must learn the art as well

as the science of nursing, and comfort is essential for both learning and practice (Kolcaba, 2003).

As in the case of holistic comfort theory in nursing education, there is a paucity of literature to suggest that holistic comfort, as a concept, is considered integral to education in general. However, it can be implied in the current trend away from teacher-centered to learner-centered education. Weimer (2002), for instance, describes her students as anxious and tentative, expecting classes to be difficult. They are afraid of the math, science or humanities classes they may be required to take in order to fulfill the requirements of their majors. Students do not willingly participate in class discussions and they need to be told what to do...what to learn. Their education is not something in which they are actively engaged; rather, it is something they receive passively; and it is filled with “stress, anxiety, and other forms of discomfort” (Weimer, p. 23). According to Weimer, students are affected in a negative way when teachers are in control of the learning process. In this setting, students are uncomfortable expressing thoughts, ideas and feelings. This is precisely what Hooks (1994) writes about when she describes progressive teaching as a way to eradicate fear in the learning environment.

On the other hand, learner-centered teaching requires a distribution of power away from the educator and toward the learner, but meeting somewhere in the middle so that students are more motivated and empowered to be actively engaged in their own education (Weimer, 2002). This requires a shift away from the teacher as the center of focus to the student as the focal center. Weimer states it is imperative for students to feel safe and to have a say in the matter as to what and when they will learn in relation to the curriculum requirements. Similarly, Hooks (1994) suggests that there needs to be some

deconstruction of the traditional perception that the teacher is solely responsible for the education of the student. Hooks advocates a holistic framework for a democratic and dynamic learning experience in which both student and teacher are engaged in a reciprocal learning partnership. This concept could be applied to preparing new nurses so that students are not simply engaged in gathering a plethora of information and acquiring a repertoire of technical skills, but are truly learning, in an environment of holistic comfort, what it is to provide comfort.

Further review of the literature yields little new information related to comfort theory in the context of nursing education. However, Kolcaba and DiMarco (2005) have described “comforting strategies” that result in “strengthening and satisfying (outcomes)... and (which) benefit... institutions where a culture of comfort is valued” (p. 187). Moreover they state that “...comfort is a transcultural and interdisciplinary concern” (p. 187). While the focus of their study was the application of comfort theory to pediatric nursing, this expansion and clarification of aspects of Kolcaba’s original work (2003) continues to support and confirm its adaptation to nursing education.

In addition, Magyary (2002) discussed the “collective sense of well being” in the interrelatedness of community, which encompasses a sociocultural context as discussed by Kolcaba (2003). While focusing on the issue of mental health, Magyary spoke of the health of a community as “comprised of the collective behaviors, attitudes, and beliefs of everyone...in the community” (p.341). In the sense that a cohort of students and educators is a community, then the individual student (or educator) contributes behaviors, attitudes, and beliefs to the learning community; and the community, in turn, becomes the context in which learning and teaching occur (or not, as the case may be). This seems to

support the idea of the learning partnership advocated by the learner-centered teaching paradigm (Weimer, 2002). In her recent work (2006), Weimer suggests that partners at all levels of the learner-centered environment are vital to the overall experience.

The holistic comfort project. Building upon the original works mentioned above, holistic comfort in nursing education was conceived by Goodwin and Sener in 2005 as a project for partial completion of the Master of Nursing Degree. While pre-measurements of students' stressors were not available for the study group, the researchers were aware of the general literature regarding stress in accelerated nursing programs. The incoming Fast Track class of 2006 provided a convenience sample of 20 students. The three other faculty members in the Program were aware and supportive of the project but not involved in any way. The concept of holistic comfort becoming an overarching theme for the Program was never discussed, nor intended, but it evolved over time through discussion and as something that had peaked interest in both students and faculty.

Holistic comfort was addressed in the context of educating nursing students while maintaining high learning standards, the value of excellence, and the diminishment of fear (Hooks, 1994). The goal was to ensure that future nurses acquire personal holistic comfort to fully explore, inquire, and practice nursing for the benefit of society as a whole (Goodwin & Sener, 2006). In order to examine the concept of holistic comfort theory in nursing education, the Holistic Comfort Project was based upon regard for all people and the belief that nurses should be educated in a safe, open and non-threatening environment (Weimer, 2002) so that they may emulate these values in their work settings. To embark on the project, Goodwin and Sener (2006) asked: "how can nursing education be delivered holistically in order to fuse its defining science and art, while

maintaining the comfort and intellectual inquiry of the process?” (Goodwin & Sener, 2006).

As a member of a curriculum committee in a graduate curriculum course, the author co-designed a model to illustrate a philosophical nursing education framework developed by the committee. The framework was subsequently titled The Papillon Effect by the project authors (Goodwin, Sener, Steiner, Altizer, Brook & DenHartog, 2005).

The Papillon Effect is loosely based on chaos theory and the butterfly effect, defined as “...the propensity of a system to be sensitive to initial conditions” (“Butterfly Effect”, 2005). While nursing education can be perceived as a system in and of itself, a cohort of new nursing students is also a system of its own. Students entering a nursing education program may perceive they are entering a system of potential chaos. They may therefore be receptive to a holistically comfortable learning environment, which transforms this initial perception into one of order. The Papillon Effect was created as a visual representation of a learning environment predicated on the philosophy arising from holistic comfort theory. The learning environment encompasses all internal and external conditions, circumstances and influences that interact with and affect the student throughout his/her learning experience. Like the butterfly, the learner (in whatever form) endures and adapts to changing conditions and emerges not only strengthened but transformed (Goodwin & Sener, 2006).

Dossey and Kolcaba concur with the need to incorporate holistic comfort into nursing education, and expressed considerable support and “excitement” in regard to the holistic comfort project (B. M. Dossey, personal communication, March 7, 2005). As Kolcaba said in email communications (K. Y. Kolcaba, personal communications, February 22,

2005, March 14, 2005, and January, 2008), this is “something new” with its “innovative idea”, and she remarked on the irony of the notion that nursing education lacks this fundamental concept.

The holistic comfort project was intended to empower not only learners, but educators as well, to create a highly comfortable and meaningful education environment. It was anticipated that this approach would promote a commitment to lifelong learning, enabling both educator and learner to transcend their beliefs about teaching and learning, and enhance and enrich their experience of nursing education.

Learning pursuits for the holistic comfort project began in the sixth week of the program. An ice-breaker was used to invite the students to talk about their own perceptions of what holistic comfort meant to them personally. This was followed by an activity in which they wrote down their ideas about what holistic comfort might mean in nursing education and how it might be relevant to them professionally. Following some paired and open class discussion, the instructors gave a PowerPoint presentation of the main concepts of holistic comfort theory, explaining how it might be incorporated into nursing education and its related implications for nursing practice. After a short break, the students were introduced to the construction of a comfort catcher (an adaptation of the so-called “cootie catcher”) to capture the attributes and contexts of holistic comfort in personal meaning. Interaction, laughter and playing with the comfort catchers in class helped create a comfort culture in class.

Variations of holistic comfort activities included the students being given a pre-class assignment to view a movie, selected from a list compiled by the instructors, about teacher-student interactions or relationships in a learning environment. Students were to

be prepared to discuss in class how the movie depicted ideas about comfort and how it may affect learning. The after-class assignment for this group was to submit the title of one movie and one book, related to the concept of comfort, to be added to the titles being collected for the Comfort Library.

In the final semester for the 2006 cohort group, the students were asked: What does holistic comfort in nursing education mean to you? The students chose to answer this question by completing a quilt, designing one square each to depict holistic comfort in their nursing education. In addition, they submitted a brief written explanation of their interpretations to place in an accompanying Holistic Comfort Album. In subsequent years students have contributed to this final semester project by producing Comfort Albums, using one or two pages each to elucidate their interpretation of holistic comfort in nursing education. Contributions include poems, essays, art, and quotations, as well as narrative explanations.

The significance of the Holistic Comfort Project was to explore whether this innovative approach would have a positive impact on the Fast Track Program. At the outset of the project, some students expressed surprise that there might be something about holistic comfort they did not already know or did not perform intuitively. During an informal pre-assessment there was resentment voiced about learning about yet another theory to discuss an obvious concept. However, very soon into the classes the students became increasingly engaged in the topic and began to interact positively with the instructors. By the time the students completed the comfort catchers, for example, and had the opportunity to interact with them, they were fully engaged in the topic. Ensuing discussions related to their changed attitudes about holistic comfort theory and its

application to education and practice were animated and thoughtful. There were many allusions to the activities being “fun” and making one think about comfort in a whole new way. Students shared that they never thought there was so much to be learned about holistic comfort and that it made perfect sense to discuss it in this manner by applying it to their education and discovering how they might share this in patient care. Students also explored the possibility that their interpretations of holistic comfort might change over time, necessitating the need to create new comfort catchers in the future.

Students worked on the quilt throughout the semester and voiced their excitement that it would be their legacy to the nursing department as it will forever hang in the nursing lab for future students to learn from and enjoy. The written pieces indicated that a difference in learning level is directly related to a difference in interpretation and application of the theory, not only to nursing education but nursing practice as a whole. For instance, the responses of some students confirmed the suggestion by Weimer (2006) that “...experienced – based knowledge (is) a legitimate way of knowing...(and) ...that valuable knowledge can be extrapolated from practice” (p. 161).

In addition, the authors’ evaluations revealed that while at the onset some learners and educators were skeptical of the value of holistic comfort theory in nursing education, they found it to be not only desirable, but also essential to the concept of learner-centered education. Further, an unsolicited observation of another nursing faculty member indicated that the first-year students were considerably less stressed and more relaxed in their affect now than their counterparts were at the same period in the semester the prior year.

Since the inception of the project, both first year and senior students have been exposed to holistic comfort in classes, as well as by the example of some faculty members who value the benefits of the project. Students have demonstrated their appreciation of the theory through its reflection in their written assignments and behaviors.

Relevance of Holistic Comfort Project to the Proposed Study

The holistic comfort project provides substantial background and a first step toward understanding the phenomenon of holistic comfort. The application of holistic comfort theory to nursing education demonstrates how the individual learner, as well as educators, a learning group, or an institution may be encouraged to rise above perceived problems even if they cannot be completely “eradicated or avoided” (Kolcaba & DiMarco, 2005, p. 188).

In many ways, physical and environmental comfort go hand-in-hand in the nursing setting, encompassing such issues as attention to the surroundings and work configuration, as well as making provision for adequate breaks for meals and attention to NPNs personal needs. In order to provide holistic comfort to NPNs there is a need for educators to strive to instill confidence, motivation and trust in order to assist them to “rise above” the fears and anxieties experienced in practice.

The focus on balance between the art and science of nursing may promote equal emphasis on constructivist and humanistic learning components with the goal of fostering professional nurses who are empowered and committed to life-long learning (Weimer, 2002). Goodwin et al., (2007) refer to Billings and Halstead’s (2004) recommendation that learning experiences should be emotionally satisfying, yet challenging, and geared to

promote cognitive and affective development as students progress from school to practice.

The introduction of holistic comfort into the Fast Track Program was significant because it was a first step in expanding Kolcaba's theory, as it applies to nursing practice and research, into education. In her "visions of comfort for the future" Kolcaba (2003, p.185), states that students at all levels need to be taught the art of comfort. One of the underlying premises of this project was that nurses may not authentically offer comfort to their patients if they have not experienced and assimilated it as an integral part of their education as students. As with nursing science, this nursing art must be taught and modeled by educators who are committed to its value as it affects not only students, but the learning community and institution, patients and healthcare agencies. As previously stated, Malinowski and Stamler (2002) suggest that learning precedes application, and that nursing curricula should include the study of comfort so that nurses can apply what they have learned through experience.

Having introduced the concept of holistic comfort in the context of educating new nurses, questions have arisen about how to identify the variables and how to measure them for this population. In designing qualitative and quantitative proposals to measure holistic comfort in nursing education, it became clear to the researcher that the topic first needed more exploration about what it actually means to experience holistic comfort as a nursing student preparing for active practice. Conducting this phenomenological study answered questions upon which a framework was built and a research base was established for further studies.

Research Method

This interpretive phenomenological inquiry was driven by the quest to explore the meaning of the lived experience of holistic comfort to NPNs as they progress from school to practice. The researcher engaged with graduates of the program since 2006 who are now practicing in an acute-care hospital setting. Engaging with these NPNs served two purposes: 1) interviewee responses related the importance of experiencing holistic comfort as part of their nursing education, and 2) interviewee responses generated thoughts and identified preliminary themes which the researcher used as probes in subsequent interviews, and in final analysis of the data.

Text was gathered through individual, in-depth, semi-structured interviews, which were recorded and transcribed. Data analysis using van Manen's (1990) steps to elicit themes and provide exhaustive descriptions was used. Approvals from UNLV and ISU Institutional Review Boards (IRB) were acquired and ethical standards maintained throughout.

The qualitative methods chosen focused on personal recollections and language as close to the lived experience as possible (van Manen, 1990). Preconceived theoretical constructs of holistic comfort theory were set aside so that essences of the phenomenon could present from subjective experiences of the respondents. The method of conducting face-to-face interviews with nurses who experienced the Holistic Comfort Project as students and are now in practice was structured to best reveal these experiences. The NPNs were asked to state what comes to mind when recalling what holistic comfort in nursing education meant to them and to discuss what it means to them now. Free association of ideas was encouraged and prompts to trigger thoughts were only used as

necessary. In order to provide as rich data as possible the number of interviews (nine) was determined by obtaining interviews until saturation was reached. The object of using this method was to reflect collective experiences to derive a general structure of the meaning of holistic comfort in nursing education, and show how it may be reflected in practice.

The exploration into the phenomenon of holistic comfort is philosophically grounded in the work of Martin Heidegger and Husserl (in Munhall, 2007). Qualitative frameworks identified by Max van Manen (1990) and Patricia Munhall (2007) guided interview activities. Deep interpretation was sought through a lingering of the inquiry with NPNs who participated in holistic comfort strategies as part of their learning and ‘becoming’ a nurse.

As mentioned above, and based on a theory pioneered by Kolcaba (2003) the research exposed learners and faculty to principles of holistic comfort. From that time, it has evolved as a learning culture for the Program where faculty, students and staff are regarded as the learning community, and holistic comfort is seen as the basis upon which students are transformed into professional nurses. The success of the project and subsequent adoption of holistic comfort by the Program has triggered more questions into the meaning of holistic comfort and how nurse learners experience it. Understanding the meaning of holistic comfort will elucidate the significance of ‘doing’ holistic comfort, which cannot be measured in any other fashion.

Relevance of this Study to Nursing

There is a paucity of literature to suggest that the theory of holistic comfort has been incorporated for nursing learners. The information gleaned from this review indicate that

a considerable number of theories, models and frameworks have been developed for nursing practice and research; however there is little evidence that this concept has been extended into the learning experience. This represents a significant gap in nursing education in that students cannot authentically provide what they have not learned through actual experience. This gap in nursing education is addressed in the 2007 Institute of Medicine (IOM) report on the relevance of quality education and health care. Some of the IOM's suggestions for improving nursing education include "...remove barriers to quality education ... [incorporate] spirituality, mind and body, or integrative approaches to care in ... nursing education...creative use of older nurses...and nurses [should be] more involved in wellness [and] stress management" (p. 64). Qualitative research techniques offer powerful alternatives for nurse educators to develop effective and meaningful strategies for learner-centered teaching. Goodwin et al. (2007) note:

True learning implies an assimilation of information and experience into one's being; in the absence of real learning, information is gathered only for the sake of reproduction, and experience is something which needs to be acquired as quickly as possible. When a learner is comfortable, he or she is more likely to linger in the learning experience. In such an encounter, the novice is transformed into a learner, and the nurse authority is transformed into an educator - a relationship which can best be described as a learning partnership - an active and conscious awareness and intention on the part of student and teacher (Applebaum, 2000) (p. 278).

In a true setting of holistic comfort, learning becomes a living thing, where teaching and learning are reciprocal. Traditional roles become a learning partnership, and the old relationship between student and teacher is transcended. Implications for this research are

based on an imperative that students encounter holistic comfort in order to value and derive meaning for lifelong learning, inquiry and professional activity. It can be predicted that holistic comfort may overturn findings by Bowles and Candela (2005) that a large proportion of new graduate nurses express dissatisfaction, stress and frustration and lack of support in the working environment. What is needed now is deep interpretative research to further explain and thoroughly elucidate the meaning of holistic comfort in nursing education, and how it can be sustained, and sustaining, for nurses transitioning from school to practice.

Experiential Context: Background of the Researcher

This study brought together four years of concentrated research and thirty years of practice waiting for the right words to describe a phenomenon that has seemed so obvious yet so elusive in nursing education. A diploma graduate from a strict training university in London, the researcher experienced much of the fear and trembling of student nurses described above. While students provided the actual workforce during their training, the nature of the position was to be “terrified” of the senior nurses who could make life sheer misery, if they chose to. Uniforms were rigidly adhered to, one for indoors and one for outdoors, and personal effects such as makeup or jewelry were confiscated. Yet, despite the seemingly Victorian approach, students felt like ‘real’ nurses from the first day. Providing they behaved professionally and carried out orders, they were gradually promoted to senior status and gained respect in an overtly hierarchical system. Students worked in pairs, often led by higher-level peers, which was far less threatening than working with the staff nurse.

As a recipient of a rigid, patronizing, yet protective educational system, the researcher was astounded by the apparent lackadaisical approach of nursing students encountered in the hospital settings in the United States. Scrubs, clogs and elaborate make-up replaced the blue-striped dress and white apron, black stockings and white cap. Students called their instructors by their first names and told the researcher, who acted as a preceptor, their exact needs for their practicum experience. What became clear, over time, however, was that these students were not experiencing any more comfort in their role than the researcher had in London. On the contrary, their fears often consumed their actions and surfaced with comments such as, “Sorry, I couldn’t concentrate when I was doing that procedure because my instructor was watching,” and “I wish I’d stop shaking when I’m with my professor”. The researcher determined then, in the 1980’s, that there must be a better way to teach those entering the caring profession, and it should begin with comforting our students.

Years of practice later, and as the director of a college health facility, the researcher returned to school to complete the baccalaureate degree. This became a story of humility and humiliation. Few university credits from London transferred as American college credits, including English language, and music certification from the Royal Academy of Music. These and many other classes were required to complete the liberal arts degree, whereas almost the entire nursing curriculum was successfully challenged. Four years later, the experience of going back to school as a mother with a full-time job was well planted, and another determination was made to reduce the threatening nature of going back to school as an adult.

When the prospect of graduate school arose a few years later, so did the fear. Self-doubts and confidence about the ability to pass the Graduate Record Examination were almost forbidding. The urge to teach, thankfully, surpassed the intimidation phase, and a masters degree in nursing education became the most meaningful and transformative experience in the researcher's career. Finally, the concept of adult education was made real; the concept of fear in learning, and how it can be reduced was discussed in detail, and teaching for meaning, and caring for learning became the researcher's focus.

As a member of the learning community established through the master's program, the researcher felt freedom to express the determinations she had made during the journey to that point. Why should nursing students not experience some of the comfort they are expected to impart to their patients? Why must fear be equated with rigor in a program, and a sense of ease be equated with complacency? The right words, then, emerged when a peer and the researcher stumbled across the theory of holistic comfort (Kolcaba, 2003). They studied the concept of holistic comfort together and were granted permission to devise a project for the Fast Track Program where both were teaching at the time.

The holistic comfort project, described above, evolved. Since then the researcher established holistic comfort as her teaching philosophy and research platform upon which the Fast Track Program, now under her direction, is guided. Her colleague, since retired, is a vicarious supporter.

Following success of the project the researcher piloted a quantitative study to try and elucidate meaning, to the fullest extent possible, of the experience of holistic comfort by the students involved in the project. What became very clear is that more information is

needed, and that qualitative work was necessary before quantitative studies could be relevant. The resulting qualitative study was an important step toward understanding how the impact of incorporating holistic comfort for nursing students may have far-reaching implications for their development as professional nurses and for outreach to individual patients, healthcare institutions and the community as a whole. This is in keeping with the IOM's 2007 directive to prepare the "workforce to better serve patients and their families in a world of expanding knowledge and rapid change" (p.114).

Summary

This chapter has reviewed some of the major concepts that have influenced holistic comfort in nursing since Florence Nightingale first described the profession in the mid 1800's. The holistic comfort project and the researcher's personal experiences were introduced as a background for the study. A brief introduction into phenomenology was provided, and holistic comfort was examined through educational, nursing and social perspectives in the literature to determine what is known. While there are enduring themes, such as relief, ease and transcendence, the difficulties of defining holistic comfort arises from an apparent lack of suitable words to describe how it is experienced.

The phenomenological approach chosen for this study focused on the lived experiences of NPNs relating to physical, emotional, social and environmental comfort. In keeping with the transition from school to practice, these experiences explored the research questions for this study: "What is the meaning of holistic comfort to newly practicing nurses?" and "How does the lived experience of holistic comfort in the academic setting become assimilated into the attitudes and behaviors of the newly practicing nurse?"

CHAPTER III

METHOD OF INQUIRY: GENERAL

This chapter will describe the qualitative approach of interpretive phenomenology and why it was chosen to conduct the study. The use of interpretive phenomenology in nursing research will be examined to highlight the benefits this method can offer to broaden the understanding of holistic comfort in newly practicing nurses. van Manen's (1990) approach to interpretive phenomenology as an exploration of a lived experience will be discussed using Munhall's outline for conducting phenomenological research.

Description of Research Method

A phenomenological study is designed to make explicit what hitherto may have been implicit, that which is unique, and has meaning in a certain context (van Manen, 1990 and 2002). This method is used "when the research question asks for meanings of a phenomenon with the purpose of understanding the human experience" (Crist & Tanner, 2003). Holistic comfort in nursing education, the phenomenon of interest for this study, can only be speculated to be a beneficial learner-centered experience.

While the tendency to explain how holistic comfort fits within a taxonomic structure (Kolcaba, 2003) is tempting, it is difficult to quantify related behaviors without understanding the true lived meaning of holistic comfort from those who have personally experienced it. The interpretive process of this methodology accesses respondents' experiences through 'narratives' in the form of interviews.

Two sources have been used to inform the researcher of conducting interpretive phenomenology: van Manen's (1990) expertise as a phenomenological scholar of education, and Munhall's (2007) criteria for qualitative research. Both discuss critical

aims of phenomenology, which concern the meaning of being human (Heidegger, 1962) or becoming more human (van Manen). Munhall supports van Manen's scholarly view of "phenomenology as a philosophy of being as well as a practice" (p 160). This may be why van Manen explains the notion of becoming more human as the ability to "transform or remake ourselves in the true sense of *Bildung* (education)" (p. 7). In both cases, the nature of existential investigation is implicated, and personal experiences with the phenomenon are examined in relation to time and place (Munhall).

While the inquiry process of phenomenological study is non-linear, fluid and circular, the history of phenomenology has developed steadily over time to introduce various approaches to conducting phenomenological research (van Manen, 2002). According to Munhall (2007), phenomenological philosophers, Husserl (1859 – 1938), Heidegger (1889 – 1976), and Gadamer (1900 – 2002), focused primarily on lived experiences and their interpretation. Husserl, also a mathematician, introduced the concept of bracketing, assuming that humans can separate their experiences from their knowledge. His junior colleague, Heidegger, did not believe it was as easy to bracket, and instead recommended being aware of, and stating one's assumptions. Later, Gadamer expanded on Heidegger's work claiming the necessity to understand the historical context of a phenomenon, and contended that past experience actually facilitates understanding of others' perspectives.

Van Manen (1990) also clarifies previous master philosophers' views: Husserl's (1859 – 1938) transcendental phenomenology, and Heidegger's (1889-1976) hermeneutic phenomenology. Husserl's view represents a non-thematic consciousness, which requires a re-looking at the experience itself; whereas Heidegger's hermeneutic approach "requires textual practice... [and]... lived experience [or embodiment of] a linguistic

structure” (van Manen, p. 38-39). In this sense, Diekelmann’s (2001) work on narrative pedagogy, “the collective interpretation of common experiences that holds the commitments of language...open and problematic” (p.53) is based on Heideggerian methods. Similarly, Diekelmann (2001) proposes, through her interviews with teachers, students, and clinicians about their day-to-day lived experience in baccalaureate nursing education, that narrative inquiry and interpretive phenomenology are related to the holistic nature of experience in nursing education research. This research-based innovation used the reconstruction of experiences from past and present (narrative) as an inquiry into the continuum of past, present and future (interpretative).

Language was used as the primary means to make interpretive sense of the meaning of experiencing holistic comfort, but nonverbal gestures and expressions were also of great importance to the totality of understanding the phenomenon (Munhall, 2007). During interviews, a variable range of responses was disclosed, not only in terms of the language spoken but also as symbolism or signs, which indicated more to the researcher than the simple disclosure of events through words. These were incorporated as field notes during interviews and included in the final analysis.

Although Kolcaba (2003) describes the thematic discovery of holistic comfort, there are still distinct gaps in clarification of what it means. Of interest, though, the word *transcendence* is as prominent in Kolcaba’s theoretical pinning of holistic comfort as it is to the world of phenomenology. Phenomenology depicts transcendence as distinguishing the essential conditions of possibility in a given situation. This approach is pertinent to holistic comfort, which is a living process in itself, constantly changing and experienced by humans in various situations. Transcendence, simply put, makes the unbearable

bearable (Gaydos, 2004) and inspires re-creation of the circumstances in as many situations as possible.

Rationale for Choosing the Phenomenological Inquiry Method

The truth of phenomenology, according to van Manen (1990), is the result of the researcher not committing in advance to any particular doctrine, and not reducing the experience to empirical processes. Intentionality, he implies, refers to the nature of wanting to find something out about what constitutes an experience. Van Manen states that “since to *know* the world is profoundly to *be* in the world in a certain way, the act of researching – questioning... is to [intentionally] become more fully part of it” (p.5). In this regard, holistic comfort in nursing education was examined through reflective awareness, whereby the individual’s experience could be acknowledged against a backdrop of the whole, or the communal experience. As nursing education is so often fragmented into parts where the art and the science compete, this reflective view is more likely to present an expression of the whole.

The foundation of phenomenology discussed above supports the researcher’s findings about the concept of holism: that the whole is greater than the sum of its parts, and that holistic comfort is more than a measurable experience. In addition, becoming immersed in phenomenology itself also relates to the researcher being a metaphor for Benner’s (1984) seminal work describing the process of progressing from novice to expert, as well as Dewey’s (1997) philosophy pertaining to the link between experience and education.

“Studying experience matters in nursing education research” (Lindsay, 2006, p.30), and interpretive phenomenology provides a process of inquiry to make transparent the significance of the experience. The practical application of this process informs nurse

educators and clinicians about how the lived experience of holistic comfort in student and newly practicing nurses can be influenced by teaching methods. An outcome of the research includes the development of a framework, which gives definition to concepts of holistic comfort in nursing education according to variable situations.

The method of research used asked questions associated with experiencing the phenomenon of holistic comfort in an educational setting, specifically in one accelerated second-degree baccalaureate program (the Fast Track Program) where holistic comfort has been embedded in the learning environment since 2005. The inquiry was based on the following overarching question: How does the learned experience of holistic comfort in the academic setting become assimilated into the attitudes and behaviors of the newly practicing nurse?

Emergent themes and patterns were constructed through the qualitative process of analysis to provide new knowledge in this field. According to the NLN (2006), original research is required to promote student-centered, innovative curricula to uphold quality-learning experiences in nursing education. The NLN refers to excellence in nursing education as possible only if faculty is well prepared to transform and re-vision nursing education; if students are well qualified and held to high standards, and if resources in the learning environment are appropriate to promote preparation for role expectations. While this is not an exhaustive list, engaging in research of unique student experiences that may promote their success is clearly within the charge from the NLN.

Although there seems to be a general understanding of holistic comfort being a part of a pleasant learning environment, there is no one word to describe it, or recommend it to others. To that end, the learner-centered, interactive and innovative incorporation of

holistic comfort in the Fast Track Program has become a living philosophy. Yet holistic comfort as a definition is not a convenient, self-explanatory concept. On the contrary, it seems to make the simple complex. As often stated between the researcher and faculty, “It is just something we do”. Immersion in a phenomenological study is appropriate as it connects with the basic tenet of nursing philosophy, the intention to care enough about something so as to find out what it really means.

This study helps to better understand what it is that is done, and what it is that is experienced in relation to holistic comfort in the Fast Track Program. Existential investigation explores individual descriptions of what holistic comfort means to those who experienced it. It is important to allow experiences to be expressed in various forms to obtain as rich data as possible (van Manen, 1990). Therefore, drawing out responses using non-structured interviews for depth was expected to embellish the findings.

Method of Data Analysis

Munhall (2008) discusses the importance of the researcher being well-versed in phenomenological research in order to perceive the wholeness of the experience and understand the phenomenon “by studying the essences of life experience with thoughtful attention” (p.517). Essences, in this sense, are pieces of information bound together to explicate the phenomenon in human terms, and to gain a deeper understanding of the meaning of holistic comfort as an everyday experience. Essences unite experiences and consciousness to introduce interpretations and ideas to the ensuing narrative. Van Manen (2002) describes phenomenological writing to be the experiential distinctions of seeking, entering, traversing, gazing, drawing and touching” (para. 5).

Munhall and Chenail (2008) provided the research design for data analysis of this Phenomenological-Existential Investigation:

1. Employ formal ethical considerations (Appendices A and B).
2. Gather as much knowledge as exists in the literature about the phenomenon of interest, holistic comfort. This is often called dwelling with the data, or immersion.
3. Explore one's own beliefs, assumptions and preconceptions. Engage in decentering, and unknowing. While this is rarely fully achieved, (van Manen, 2002) the researcher is reminded to remain open and critically aware with respect to previous assumptions.
4. Create and care about the setting: in nursing school and early practice (the Fast Track Program, and local hospitals where NPNs practice).
5. Assume a participatory role, being present, attentive and open, engendering community.
6. Use appropriate techniques to accumulate materials for existential investigation, including anecdotes, personal reflections, transcripts of interviews, and descriptions of other's experiences with and observations of the phenomenon.
7. Engage in scholarly writing to make the meaning of the phenomenon visible, and the study inviting to further research.
8. Use experts and scholarly interpretive procedures to assemble, categorize, and translate materials. Dr. Putney, qualitative research expert, provided consultation and Dr. Candela provided scholarly guidance.

9. Continue questioning and interpreting until saturation is reached.

Munhall (2007) explains the difficulty most phenomenologists have experienced when trying to articulate formal processes for methodological interpretations. The criticism is that phenomenology cannot adhere to the so-called scientific method by the nature of its purpose, to uncover the way something is experienced. Van Manen (1990) is an exception because he offers an approach that is both rigorous and allows for accurate interpretations. His distinction between method, as a “procedure” and methodology as a “philosophic framework” (p.27) is particularly significant. He summarizes that “scholarship” (p.29) best explains the methodology required for phenomenological analysis and suggests a variety of sources that can bring structure to the lived experience. These include written language, art, descriptions, stories (interviews), observations and anecdotes. Van Manen’s (1990) method for data analysis was used specifically to interpret the material from interviews. Van Manen’s methodological approach recommends the following:

1. Become totally immersed in the phenomenon and use personal experience as a starting point. The personal description of a lived experience is not intended to set the tone or make generalizations, but to “provide material on which to work” (p 55).
2. Trace origins of the phenomenon and provide as many sources to convey its meaning.
3. Obtain participant’s descriptions of what their experience with the phenomenon means to them.

4. Conduct a thematic analysis to uncover themes that may be defined as “structures of experience” (p.79), and explain meaning of the phenomenon.
5. Use reflection to collaborate and corroborate the analysis. This is a form of testing to confirm shared views in relation to one’s own experience, the setting, and time, so that the phenomenon can be investigated “from differentiated aspects” (105). This way, incidental and essential themes can be determined.
6. Address the relationship between phenomenological reflection and the writing process. This unites and objectifies the thinking (p. 125) and makes the object of the research understandable.

Methodological Rigor

Rigor relates to the key phenomenological concepts of intentionality and bracketing, which were central to conducting this study as objectively as possible, and providing adequate critique of the findings. Lincoln and Guba (1986) discuss “rigor in the naturalistic sense: trustworthiness and authenticity” (p.16). They assert that in complex inquiries there may be several realities and suggest respondents and inquirers learn together and establish joint control over the material gathered. Reciprocal learning is a major concept of holistic comfort in learning which makes Lincoln and Guba’s criteria for trustworthiness highly appropriate. Their method involves dwelling with the data and respondents for as long as possible; triangulation to cross check data by different sources and methods, and searching for negatives. In addition, an audit trail and thick descriptive data are required to make the study more dependable. Authenticity, according to Lincoln and Guba, refers to fairness and the presentation of a balanced view.

Two additional sources have been used to inform the researcher of the rigor of conducting interpretive phenomenology: Van Manen's (1990) expertise as a phenomenological scholar, and Munhall's (2007) criteria for qualitative research. Both agree that, at the outset, the participants must know that their stories are their own, that there are no right or wrong answers, and that the researcher is genuinely interested in descriptions and anecdotes of how they, the respondents, experienced the phenomenon.

Inclusion criteria are important to ensure that a homogenous sample is obtained (Crist & Tanner, 2003). In this case, the meaning of holistic comfort can only be revealed in those who are past students of the Fast Track Program under investigation. An informed consent procedure, vital to conducting this research, was begun at the time of recruitment, and ensured that the rights and dignity of all participants were protected according to university and federal requirements. The consent incorporated all observations, interviews and the interpretive processes so participants could elaborate their experiences without concern of misrepresentation.

While bracketing (putting aside personal knowledge, biases and experiences with the phenomenon) is important, it is not absolutely required of interpretive phenomenology (Johnson, and Lowes & Prowse, as cited in Crist & Tanner, 2003). Instead, a *coming clean*, and acknowledgement to involvement with the phenomenon is required. The researcher claims previous and personal experience with the phenomenon, and states the outcome of the research was to ascertain interpretations of *others'* meanings of the same phenomenon, from *their* perspective.

Similarly, Munhall (2007) states it is not always necessary to transcribe verbatim the interviews with participants. Rather, the general gist of the 'stories' participants tell may

be sufficient to grasp meaning. However, the researcher risks missing critical pieces of information and may overlook interpretations that are unclear. Therefore, as the basis of phenomenological inquiry depends on continually questioning assumptions and preconceptions, expounding on emerging themes and addressing pending issues is important. According to (Crist & Tanner, 2003), this can best be achieved through careful transcription of interviews, as well as returning to interviewees for further clarification.

According to Munhall (2007), the significance of the meaning of the phenomenon is the focus of the interpretation. Therefore, the researcher acknowledges as many assumptions as possible that could influence the investigation and gains participants' approval of the interpretations derived from the inquiry.

Concepts and Terms Important to the Study

Interpretive Phenomenology

For the purposes of this study, this term was applied to the investigation of streams of consciousness, written words, and purposeful activities to elicit reflexive awareness of the experience of holistic comfort. These findings provide rich, qualitative data for analysis. According to van Manen (1990), Heidegger believed in the researcher approaching the research as one who has employed significant time in self-interpretation in order to take the process further to analyze the participants' descriptions. While including substantial description, this study involved the use of descriptive and interpretative methods.

Participants and Material

Munhall (2007) explains that phenomenological inquiry involves subjective, objective and intersubjective qualities simultaneously. In keeping with Munhall's

suggestions, the phenomenological language used for individuals who participated in this study was participants, and the data collected called material. In the case of phenomenological study, the researcher is an instrument contemplating the material, but also a participant joining with others to try and understand the meaning of the experience they are describing. This means it is important to “find individuals who are willing to speak...about the experience [and that the researcher is passionately] interested in understanding” (Munhall, p. 181).

Intersubjectivity

Munhall (2007) explains how “intersubjectivity” (p.173) demonstrates an unknowing openness through interactions between researcher and respondent. The subjective representations of each respondent’s experience was heard as if for the first time by the researcher, although the researcher was aware that not all things may be reported by all participants.

Decentering and Unknowing

Munhall (2007) discusses the importance of the researcher “decentering” and “unknowing” (p. 170) as a means to reflect on one’s own beliefs, preconceptions and biases. Adopting a sense of decentering involves being open to hearing about an experience from a different perspective. Unknowing involves clearing prejudice and bias about a situation so that the researcher becomes a good listener. These processes are part of immersion in the field of phenomenology, designed to assist the researcher in hearing clearly when listening to others’ meaning of the experience. This allows the researcher to grasp the essence of what is being said by keeping stereotypes, assumptions, biases and preconceptions in abeyance. In this case, where the researcher previously became

absorbed in holistic comfort theory and practice, it was especially necessary to honor these concepts.

Lived Experience

This is best explained by the question posed by van Manen (1990): “What is this or that experience like?” (p.9). This question is designed to gain an understanding of something without first classifying or abstracting it.

Summary

This chapter discussed the purpose of using an interpretative, phenomenological approach to conduct the study. This type of qualitative method is appropriate to follow up on findings of previous work, which revealed that a deeper understanding of the meaning of holistic comfort was necessary before quantifiable data could be useful. Interpretative phenomenology provides ways to elicit meaning and explicate themes as they present themselves. Methodological rigor has been discussed to ensure the aims of the study are consistent with the method, and concepts and terms have been provided for constancy and clarity when conducting the research.

CHAPTER IV

METHOD OF INQUIRY: APPLIED

This chapter outlines the process for implementation of the study. The method used was interpretive phenomenology based on the expertise of van Manen (1990) and Munhall (2007). The sample was recruited from newly practicing nurses (NPNs) who met predetermined criteria. In-depth, semi-structured interviews uncovered themes upon which the final data analysis was performed. The process undertaken included designing the research question, the recruitment and description of the participants, the interview process and plan for data analysis.

While nurses may feel confident of their ability to recognize holistic comfort, they may not have a clear understanding of what it is, what function it serves, and what it means. If nurses (and nurse educators) have difficulty articulating what holistic comfort is, yet can employ the term quite loosely, and better still, describe rhetorically what it is not (pain, discomfort, dis-ease), it is unreasonable to expect nursing students to find the concept helpful. A phenomenological exploration into the meaning of holistic comfort offers a way to enunciate its essential characteristics, and purport informative advice for future nurses.

The purpose of this study was to unveil the meaning of holistic comfort in newly practicing nurses (NPNs) who graduated from the Fast Track Program. The intent of this study was to close a gap in the literature related to the incorporation of holistic comfort as a learner-centered strategy in nursing education (Goodwin et al., 2007) and to see its effect in the attitudes and behaviors of nurses transitioning to practice.

Sample

Participants for phenomenological research are typically selected because of their experience with the phenomenon under investigation and their ability to articulate that experience (van Manen, 1990). The richness of the data collected is more important than the number of participants involved (van Manen) and sampling for meaning rather than frequency was employed. A purposive sample was therefore sought to gather and reflect the broadest range of information possible. This method allowed the researcher to sample until saturation was achieved (Munhall, 2007). Data saturation occurs when the researcher finds no new themes emerging. Saturation was likely reached with 3-5 interviews, but in order to elicit and categorize themes deduced to be meaningful descriptions of holistic comfort, interviews continued as new material came forward.

Recruitment

Purposeful sample. The researcher has maintained contact with several students who graduated from the program since 2006. Many work in local facilities and have long expressed an interest in discussing their experiences as NPNs. Typical graduates of the Fast Track are intelligent, motivated and conscientious men and women, who came to the program with at least one bachelor's degree. Ages range from 25 to 55 years, and their previous professional backgrounds vary greatly. A non-exhaustive list of previous careers of Fast Track students includes: engineer, musician, biologist, teacher, social worker, audiologist, dietician, paramedic, chemist, and veterinary assistant. These NPNs are readily accessible to the researcher and initial contact was made either via private telephone or email.

As holistic comfort was introduced into the Fast Track program in 2005, a purposeful sampling approach was used to recruit NPNs who graduated from the Program since that time (class of 2006 and after). These nurses work at local hospitals in Boise, Idaho. They were selected to meet van Manen's (1990) criteria of being articulate and able to share their experiences so that rich descriptions and themes could emerge. Consent was obtained in writing informing participants that no undue effects of the interview were anticipated, that it was entirely voluntary, and that all information acquired may be used in the study.

Setting for Data Collection

Interviews were conducted in a quiet, non-work environment selected by the participant. A non-nursing office was made available and approved for this purpose should the interviewee request a location be found. The researcher's office was not used in order to reduce extraneous bias related to artifacts of holistic comfort.

According to van Manen's (1990) criteria, the participants were: graduates of the Fast Track Program since 2005; registered nurses; practicing as a registered nurse at a local hospital; able to articulate their experiences (can communicate well via speech); interested in sharing their experiences with the researcher, and willing to allow the researcher to probe for understanding of their experiences.

Human Subjects Consideration

The National Commission developed guidelines for the ethical conduct of research involving human subjects for the Protection of Humans Subjects of Biomedical and Behavioral Research. The Commission identifies basic principles based on the Nuremberg Code, the Helsinki Declaration and the Belmont Report (Collaborative

Institutional Training Initiative, 2008). The research proposal was submitted to the University of Nevada, Las Vegas, Institutional Review Board (IRB) for approval prior to conducting any research. In addition, an IRB application was submitted and approved by Idaho State University, where addresses from past students were acquired.

Traditional concerns of human subject protection were paramount. These included rights of privacy, confidentiality, anonymity, self-determination and safety (Munhall, 2007). Safety of participants includes respect for persons, beneficence and justice (Belmont Principles, 1978, as cited in Burns & Grove, 2005). In phenomenological research, there is notable effort given to generating trust in order to obtain as much data as possible (van Manen, 1990). A certain amount of trust has been established with the sample and the researcher, due to the nature of being in a time-honored, non-threatening learning community, as described in Chapter II. While confidentiality cannot always be guaranteed when quoting directly from a transcript, anonymity was promised. Only the researcher had access to the data, which was secured under lock. In addition, there was no identifying evidence on digital recordings, written communications, or computer outputs.

The researcher explained to all participants that she was acting as an independent doctoral student and that the interview bore no influence on the relationship and would be treated in strictest confidence. Consequences of participating in the study were that all material obtained would be part of the study, and that the researcher would provide the interviewee with a written transcript of the interview to validate accurate portrayal.

While risks are deemed minimal in the non-invasive nature of qualitative work, the researcher remained acutely aware that there may always be the possibility of a negative emotional response. Munhall (2007) states that usually interviewees view the attention as

a positive experience, and feel pride having their words worth studying. However, should a negative response have been elicited, the decision by the participant to request that the audiotape be stopped would have been respected. Similarly, the researcher used her professional nursing experience, intuition, and clinical judgment to provide support.

Self-determination, the freedom whether or not to participate in the study, was achieved with written consent. The consent form ensured self-determination (Appendix A). Equally important, participants understood (as included on the consent form) that they could withdraw from the study at any time and be free of reproach.

Safety of the researcher was also an ethical consideration. The researcher may have faced distress or discomfort when listening to participants' descriptions of experiences, and could adjust for this by maintaining close contact with her advisors and regularly reflecting on challenging thoughts and emotions. Reflective journaling, highly encouraged by Munhall (2007), was implemented (see audit trail, Appendix D). This "phenomenological journal" (p.193) serves to place the researcher in the position of participant, and can be used as a way of emoting and understanding responses as well as reflecting on what happens during the research.

Safety of data was extremely important. To this end, audiotapes were deleted once transcribed, and all identifying data was removed. Consent forms and de-identified transcripts were kept in a locked filing cabinet in the researcher's office. Only the researcher has access to this cabinet and the data will be stored for five years.

Data Collection Procedure

Data collection for phenomenological research is generally a non-linear process (Munhall, 2007). It takes time and iterations to search for essential and non-essential

themes. The phenomenological interpretive approach chosen for this study was designed to evoke, describe and elaborate on the meaning of holistic comfort in NPNs. While a strict method to identify themes cannot be planned in such a study, the following methodological steps were set out to guide the research and to maintain thoroughness.

Semi-structured Interviews

As mentioned above, this sample group comprised NPNs who graduated from the Fast Track Program and are currently in the workplace. Munhall (2007) advises the researcher to conduct interviews face-to-face whenever possible, to be aware of common pitfalls, and to examine all forms of expression as appropriate for the particular study, for example art, everyday conversation, and letters. This research examined experiences of NPNs who were involved in the program via face-to-face interviews and used their recollections and involvement with holistic comfort to obtain their meanings and interpretations. This provided an opportunity to follow up on learner-centered outcomes, and to investigate if holistic comfort in their nursing education bore meaning to their ensuing nursing practice.

An interview guide was developed following further review of qualitative study methods, and discussion with an expert phenomenological researcher. Semi-structured, 90-minute audio taped interviews were conducted in a neutral space, using the guide in order to minimize the teacher-student relationship previously established between researcher and respondent.

The format of the interviews was explained and the participants were encouraged to speak as naturally and truthfully as possible knowing there were no right or wrong answers. As suggested by Munhall (2007), the researcher shared awareness of being

naïve in this role. To counter this, great care was taken to assure the trustworthiness of the researcher. It was explained she was acting as an independent doctoral student and that the interview would be treated in strictest confidence.

During the interviews a non-directive approach was assumed and the researcher attempted to be open to the “respondents’ beliefs, experiences, and views rather than persuade them” (Glesne, 2006, p.95). Gentle probing in a non-threatening atmosphere of mutual trust was sought as the researcher recognized and considered the potential influences of previous interactions with these students. A digital recorder was used and interviews were coded A, B, C, and so on.

Interview Guide

The researcher asked: Please tell me as much as you can about your experience with holistic comfort in your nursing education and what it means to you now in your practice. Prompts were given only as necessary, for example: What did holistic comfort mean to you as a student? You may have to think back a bit! Remember your senior project? How has holistic comfort changed in meaning for you from school to practice? Can you give examples of how you have used holistic comfort? Follow up on some issues brought up by interviewee (describe..., tell me about..., you mentioned “...” can you elaborate on that?)

The purpose of these questions was to obtain as rich data as possible to describe the meaning of experiencing holistic comfort in nursing education once out of school and in practice. The results were of key importance to the implications for providing holistic comfort to nursing students en- route to practice, and have the potential to open and guide

further research into appropriately preparing to launch graduate nurses into the workforce.

Analysis Procedure

The process of phenomenological data analysis comprises various steps designed to reveal what has previously been explored in holistic comfort, and discovering themes to describe meaning in NPNs. As mentioned above, this involves writing and rewriting to constantly reflect the participants' experiences. According to Richards (2005), this entails constant commentary while searching the data to see "what is there and what is not there" (p. 163).

A professional transcriber was employed to transcribe the interviews. The cost for this service was based on \$15 per hour and transcription time was calculated to be approximately three times longer than the duration of the interview. At the same time, the researcher purchased and received on-line, personal training on NVivo 8®, a qualitative data analysis program (cost \$250 for training, \$125 for a time-limited student license).

In order to make sense of the commentary, a plan was constructed for coding the data from the transcripts into themes. An audit trail in the form of narrative journaling was used to describe the process for coding categories and rationales for the decisions made. There was a danger of over-coding or purposeless coding (Richards, 2005) so care was taken to identify a few key concepts. The first step involved multiple readings of the documents, which were marked accordingly as the themes emerged. In NVivo® *nodes* represent categories and *trees* represent subcategories (Richards). As writing was part of the analysis process, the nodes and trees were in a constant state of change until final themes became apparent.

Coding and consultation was available to the researcher via Datasense, LLC. The NVivo® program enabled the researcher to import, sort and analyze the transcribed interviews to manage the data, identify themes and write a thorough description of the findings.

Methodological Rigor

Van Manen (1990) purports that validity in phenomenological research requires constant reflection and questioning of the main research question, writing and rewriting, and constantly engaging with the text. At the same time validity involves searching and re-searching the literature, and attending to all thoughts and reflections that arise (Munhall, 2007). Thorough descriptions of the findings, and verifying them with the participants were the most feasible methods to establish validity for this study. In addition, the recommendations of Lincoln and Guba (1986) referred to in Chapter III were closely adhered to, especially the concepts of trustworthiness and authenticity.

Munhall (1994 as cited in Munhall, 2007) proposes “*Ten R’s*” (p. 562) as evaluation criteria to ensure rigor and merit specific to phenomenological work. With close adherence to these principles the researcher preserved truth, and stayed close to the research questions during collection and analysis phases of the study. These criteria are:

1. *Resonancy*. The interpretation “resonates” with past experiences, and sounds correct. Does this interpretation fit within the context of the whole?
2. *Reasonableness*. The activities, rationale and interpretations within the entire study are reasonable. Does it make sense?

3. *Representativeness*. The findings represent many dimensions of the lived experience when compared with multiple sources examined for the study. Is there a meaning?
4. *Recognizability*. The reader is able to recognize some aspects of the experiences described.
5. *Raised consciousness*. The reader may gain new insights and understanding from the experiences described.
6. *Readability*. The writing is concrete, readable, interesting and understandable.
7. *Relevance*. The research is relevant to phenomenology and unveils interpretations and meaning of the phenomenon examined.
8. *Revelations*. A deeper understanding of the meaning of the phenomenon is revealed.
9. *Responsibility*. Ethical considerations are evident, including process consent, sensitivity to content of conversations, and authentic representation of meanings.
10. *Responsiveness*. The likelihood that people will be moved to rethink preconceptions or respond in some way to the study (p.562-563).

Strengths and Limitations of the Study

Strengths

This is a unique study. Not only is the methodology unusual in nursing research, but also the explicit and irreplaceable experience of holistic comfort has not been discussed in this population. The findings provide insights into an area previously and primarily considered through the patients' perspectives. The charge from Dr. Kolcaba (2003), the founder of holistic comfort theory, was to incorporate concepts of this theory into the

academic setting for nurses so they may better serve their clients. The researcher's objective expands upon this notion to suggest that nurses who find meaning in holistic comfort themselves will be better equipped to authentically offer comfort to others.

Another strength of this study is that it was feasible to conduct and the data collection could be completed in one semester. The convenience and purposeful samples were readily available, as was the equipment, support, software and training for data collection and analysis. Finally, van Manen (1990) suggests immersion with the phenomenon to come to know it and understand it oneself. Having been intimately involved with holistic comfort for the past four years, the researcher had considerable background in the topic and was eager to explore and expound further knowledge in this area.

Limitations

The researcher was keenly aware of being naïve in the role of phenomenological investigator, and of the need to remain neutral to reduce biases as much as possible. It was necessary to come to know the personal experiences of the participants and not assert the researcher's beliefs or lived experiences with the phenomenon. It was unlikely bracketing (putting aside personal knowledge, biases and experiences with the phenomenon) could truly be achieved. However, as mentioned in Chapter III, bracketing is not required of interpretive phenomenology as much as declaring, up front, the biases the researcher may have. While the researcher did have extensive experience with the phenomenon she was now interested in the interpretations of the phenomenon from *others'* perspectives.

Van Manen (1990) also warns about the temptation to become side tracked and to settle for preconceived ideas while conducting a phenomenological study. Staying strong

to the fundamental question of the study, the meaning of the lived experience of holistic comfort, was essential to maintain focus and provide true interpretations of the findings. Other factors that deserved consideration as possible limitations included the amount of data to be analyzed, time constraints with interviews, and the number of participants available who met the inclusion criteria.

Summary

This chapter provided details of the applied method of inquiry for the study. Explanation was supplied about the recruitment of the sample group. Attending to rigor in phenomenological investigation was emphasized, as was the need for human subjects' consideration. These fundamentals served as important guides for the researcher during data collection and analysis procedures. Finally, strengths and limitations of conducting the study were discussed, especially in the area of bias, which cannot be avoided in true phenomenological study (Munhall, 2007).

The phenomenological approach was appropriate for the study, which uncovered a previously unexplored experience, discovered its meaning to the specified population, and enabled the participants and researcher to share knowledge and understanding of holistic comfort. Examining experiences of NPNs who were involved in the Fast Track Program provided an opportunity to follow up on learner-centered outcomes, and to investigate if holistic comfort in their nursing education bore meaning to their ensuing nursing practice.

The study of holistic comfort is important to nursing since it offers new insights about how nurses can thrive in a highly demanding career. A qualitative approach provides a method to identify themes that describe the meaning of holistic comfort. As holistic

comfort has not been examined in this context before, this was a necessary first step before more research on the subject can be truly relevant. Based on the outcomes of this study a framework was designed upon which meaningful attributes of holistic comfort can be applied throughout nursing education and practice.

CHAPTER V

RESULTS OF THE STUDY

The purpose of this study was to investigate the meaning of the lived experience of holistic comfort in newly practicing nurses (NPNs) who attended an accelerated, second-degree program where this concept was embedded as a learning philosophy. The primary goal was to gain new understanding of what holistic comfort meant to students who attended the Fast Track Program (herein described as the Program), and to see how the meaning of holistic comfort transitioned with them from school to practice.

The discussion of results will introduce the participants, describe the interviews and examine themes of holistic comfort that emerged during the participants' descriptions of experiences in school and early nursing practice. The data described in the chapter will address the two guiding research questions: "What does holistic comfort mean to newly practicing nurses (NPNs) who graduated from the Fast Track Program?" and "How does the lived experience of holistic comfort in the academic setting become assimilated into the attitudes and behaviors of the newly practicing nurse?" In exploring these questions, consideration was given to areas of personal and professional factors, as well as interpersonal influences from instructors, peers, family and preceptors.

Description of Study Participants

A purposive sample was sought to gather and reflect the broadest range of experiences with holistic comfort, in the specified population. Each of the inclusion criterion were met with emphasis given to determining if the participants possessed sound professional judgment, were interested in the phenomenon, and were able to articulate their experiences (van Manen, 1990). The study involved 9 volunteers: 4 males and 5

females. All were NPNs between the ages of 24 and 50, who graduated from one of the cohorts in the Fast Track Program since January 2006. Everyone in the sample resembled the typical second-degree student depicted in earlier chapters: highly motivated, self-directed, determined to learn as much as possible, and extremely hardworking (AACN, 2008). All participants were employed as graduate nurses immediately upon completion of the Program and passed the NCLEX-RN licensing examination on the first attempt. Participants were interviewed in no particular order and their profiles, condensed from the interviews are provided below.

Participant A

This participant came to the program with a bachelor's degree in health science with gerontology minor, and a certification in dispute resolution. During the interview, Participant A shared how she felt she played a key role in group processes for her cohort, rising to mediate whenever possible. Her children are grown up and she has several grandchildren. She owns and manages a small Co-Op for organic farm produce. In addition, she is involved with the local Foster Grandparent Program (a national initiative) and has organized student nurses to participate in an annual Foster Grandparent Health Fair every year.

Participant A stated she was offered several jobs upon graduation and decided to take a telemetry floor position where she would have experience in nephrology and cardiac nursing, primarily. She has worked there full time ever since and encourages new students at subsequent orientations to get involved in gerontology services in the area, including the Foster Grandparent Program. Looking back she says with a smile, “[the program] it's very fast paced. You hit the ground running.” (Interview, March 10, 2009).

Participant B

An emergency medical technician (EMT) with a previous degree in environmental sciences, this young man had originally been denied a position in the program, re-took some prerequisite classes, and was accepted a year later. On first-day introductions he spoke about feeling humbled to be in the Program and how much he wanted to be a nurse. During his interview (February 13, 2009) he shared how he delved into the books and was eager to learn every nuance of nursing that he could.

This participant was extremely reactive to the type of learning he perceived, and interactions he observed during clinical rotations. He described moments he watched instructors interact with patients and other nurses, "...that's when I knew...there was more to (the Program) than just giving me a book." (Interview, February 13, 2009). Upon graduation he passed his NCLEX-RN examination, took a six-week trip with his girlfriend to Nicaragua, and accepted a position at the coronary care unit (CCU) at a local hospital. One year later he applied and was accepted for graduate school, and is becoming a family nurse practitioner (FNP). To reduce work hours while attending graduate school he took a job at the Emergency Room.

Participant C

This energetic, single mother of three, originally from Panama, came to the program with a degree in finance. She was in her early thirties, athletic and highly involved in her children's activities. She recalled her Spanish was frequently needed during practicum sessions and described how she felt getting involved in the Program; "Even though some people had kids, some didn't. The stress of school was the same on all of us." (Interview, February 13, 2009).

Her entire family flew from Panama for graduation, a particularly big event, as neither parent had flown from Panama in the more than 10 years she has lived in the United States. The month following graduation this participant started a graduate internship on an intensive care unit (ICU). Following a second year on ICU she transferred to a cardiovascular surgical operating room (CVR) position. This was her ultimate goal. More recently, the unit has been affected by a downturn in the economy. She now floats between the regular operating room and the CVR. "It was disappointing because I loved the challenge of cardiothoracic surgery." (Interview, February 13, 2009).

Participant D

This mother of two started the program in January, 2006. She was in her late thirties, recently divorced and living with her parents who helped her with the children as she launched into a new career. She had a degree in Biology and had started training as a physical therapy technician several years ago. She stated her goal was to enter the field of nursing as soon as possible, "I graduated on Saturday and started working on Monday." (Interview, February 18, 2009).

She focused heavily on her family and voiced frustration and fears, as well as joy and fulfillment, going through the program. Upon graduation, with high honors, she was hired on the medical-surgical unit where she had received her final preceptor experience. She continues to work on the same unit and has been a willing preceptor for several students from the program since. On visiting the unit one day, the researcher had a chance meeting with the participant. At once she excitedly exclaimed how she'd never forgotten holistic comfort. She showed the back of her name badge upon which she had pasted a butterfly

and a quote, written by the researcher in an informal email when the participant was a student: “Remember, inhale, exhale, and keep pedaling to stay balanced.”

Participant E

A forty year old mother of four with a bachelor’s degree in English, this participant had started a family young and never worked. Her desire to become a nurse materialized upon her family’s urging and she described “soaking up” the prerequisite classes and being very ready for the career by the time she entered the program.

In her third semester (of four) the participant experienced what was to become her passion, Labor and Delivery nursing. “I was one of the fortunate ones who knew exactly what I wanted to do when I got out.” (Interview, February 20, 2009). At that point she began talking with the manager at the local hospital about entering the obstetrics arena as a graduate nurse, and she has worked there ever since. She is frequently requested by expectant parents, and is already well-known in the community as the OB Fast Tracker!

Participant F

This gentleman from Lagos, Nigeria was in his early 30’s when he was admitted to the program. He had a chemistry degree and was working at a local Veteran’s Administration hospital in the pharmacy, and at a skilled nursing facility as a Certified Nursing Assistant (CNA). He was gracious, eager to learn, and took extra time to cross a language barrier, asking questions others might take for granted such as, “what does pale mean?”

This participant was determined from early in the program to become a cardiac nurse and was accepted as a graduate nurse on a CCU at a local hospital. Currently he maintains that position on an as needed basis while working as a travel ICU nurse in

Sacramento, California. He is now doing what he said he wanted to do at the start of the program: travel and work in the critical care arena. He smiled as he stated, “it’s a lot” (Interview, February 20, 2009)..

Participant G

A single mother of a teenager, this participant’s first degree was in psychology with a minor in gerontology. She received a certification in drug and alcohol counseling, and also worked as a surgical technician. She continued to work as much as possible throughout the program, something that is generally discouraged. She stated the program was strenuous and added “I’ve learned just in talking with students from [] that we learned so much more in less time.” (Interview, March 15, 2009).

This participant sought out work at the local Veteran’s Administration Hospital. She described wanting so badly to work there she had decided to take any job that was offered to her as a new graduate nurse. After beginning in the psychiatric department for six months she was offered a day position in the outpatient department where she is currently working.

Participant H

This participant had a varied background in languages and social work, as well as a bachelor’s degree in psychology and a master’s in public administration. He taught himself Chinese and married a lady from China who came to the U.S. with her two children, and they subsequently had two more. He had worked in Alaska for the courts of law and had been highly involved in social work in Idaho, primarily working with people with substance abuse problems. He described a very matter-of-fact approach to his schooling, “I analyzed the possibility of doing this...and also looked at it as a wise career

move based on the aging of the population and the needs of this particular career field.”
(Interview, March 16, 2009).

He accepted a position in an ICU, stating his goals after leaving the program were “to learn the technical aspects of nursing, effective patient care and time management” and “I chose an area I figured would be really difficult to work in, in order to learn faster.”
(Interview, March 16, 2009). However, the pace and the place were not a good fit, “there was an incident”, and after some time he transferred to the cardiovascular rehabilitation unit where he has worked ever since.

Participant I

This quietly spoken young man with a history degree shared that he was “somewhat introverted”. Upon graduation he moved to Salt Lake City and started work on an ICU. Four months later he switched to a post-surgical floor in the same hospital for seven months. On expecting their third child he stated he moved his family back to Idaho to be closer to family. He did some nursing on a medical floor and is now working as a circulating nurse in the operating room. “I guess you could say that my main focus has been in the acute care setting” (Interview, March 31, 2009).

The Participants and Interviews

Twenty-four individuals responded to the initial email request for participation in the study. Appendix A and B contain the consent form and letter to recruit.. Of the respondents, one was not eligible by age; two could not attend because of distance, and the remaining twenty-one submitted dates and times conducive for interviews. Selection for interviews was determined by availability beginning March 7, 2009. By May 19, 2009, nine interviews were completed, professionally transcribed, mailed to the

participant for validity and returned from the participant with written approval of accurate transcription. This gave the researcher time to learn NVivo8® software and evaluate if saturation was met according to van Manen's (1990) and Munhall's (2007) criteria set out in Chapter IV.

Each interview was conducted in a private setting of the participant's choice and lasted an average of 90 minutes. Munhall (2007) states the need to "be aware of your participant's holistic condition" and to ensure "interviews are conducted in a manner where the participant is most comfortable" (p. 186). This coincided well with the researcher's own interest in holistic comfort and purpose of the study. Participants were well-versed in the consent form, which they had received two weeks prior and signed just before the interview. They were invited to feel at ease, to request the tape recorder be stopped at any time, and to share as much of their experiences of holistic comfort as came to mind. Participant responses to lead-in questions, (tell me about..., do you think that...?) were free-flowing and easy, and follow-up probes were used to substantiate some of the conversation or re-focus the dialogue back to the meaning of the experiences the participant was describing.

According to van Manen (1990), the richness of the data collected is more important than the number of participants involved. It was previously predicted that saturation might be reached with three to five interviews; however, nine interviews were conducted before this point was clear. The data collected from nine interviews was vast, and while no two participants reported exactly the same experiences, data saturation was declared when the researcher found no new common themes emerging. Follow-up contact was made with each participant and approval of the transcribed interviews enabled

clarification and validation. No modifications were suggested by any of the participants other than one participant who commented he had not realized how often he said “um.” The researcher deemed sufficient data had been collected to elicit and categorize themes for exhaustive, meaningful descriptions of the experience of holistic comfort for this study.

Method of Data Analyses and Process

Rigor

The analysis evolved after much iteration upon which the researcher went back and forth with the transcribed interviews to be as true to the phenomenon as possible. The notion of time and significance of everyday experiences in the lives of the participants was recognized and prompted the beginning of the conceptual analysis. While the interactive nature of the researcher and participants defines the purposeful data-generating activity of phenomenology, bracketing was employed to establish rigor and trustworthiness. This entailed the researcher’s conscious acknowledgement of previous explications and preconceptions of holistic comfort, described earlier and practiced throughout the study. The researcher’s assumptions were explicitly set aside to focus on the lived experiences of the participants.

An audit trail in the form of a narrative journal was used to document the process for coding categories (Appendix D). This was crucial for the researcher who continued to learn from the data and it provided a method to keep track of the various iterations and interpretations (Bazeley, 2007). The narrative journal became a working document sent back and forth between researcher, Chair of the Committee and Phenomenologist to ensure Lincoln and Guba’s (1986) recommendations for trustworthiness was maintained.

The researcher logged the changes and maintained the journal, which proved to be vital to the analysis of results and final development of the framework. The journal was appropriate for the researcher's constant going back and forth with the literature and making pencil and paper notes. It was during one such journaling session that the researcher found a quote in an attempt to describe the purpose of conducting an audit trail: "It is an antidote to the unfortunate practice of presenting qualitative findings as if they simply emerged fully-formed from the data, like mushrooms from manure" (June 7, 2009 from the University of Huddersfield website, http://www.hud.ac.uk/hhs/research/template_analysis/technique/qualityreflexivity.htm)

The process of managing the data for this phenomenological study was organized using NVivo8® software package (QSR International, 2009). Munhall's (2007) phenomenological approach for coding and sorting was applied and the participants' descriptions were grouped into substantive categories. Initially, five categories were created directly from the interview questions and 35 subcategories were identified. These were reduced to 17 subcategories, as follows:

Categories Identified from Interview Questions

Q1-When graduated from FTP

Q2-Main focus since graduation (2 subcategories)

Initial assignment

Current assignment

Q3-Back to School Experience (7 subcategories)

Evaluate program

Holistic comfort philosophy embedded in the program

Comfort-coping with tension

Instructors

Self

Class size

Peers

Family

Q4-Transition from nursing school (3 subcategories)

Initial nursing experience

Current nursing experience

Meaning of holistic comfort

Q5-Examples used holistic comfort (5 subcategories)

Patients and their families

Self

Colleagues, peers, students

Non HC task-oriented skills

Family

Of the five interview questions, numbers one and two related directly to demographic information that was used to provide accurate descriptions of the study participants. Question three provided the researcher with a rich understanding of the participants' experiences and their understanding of holistic comfort while in the academic setting. This was key to exploring how the participants' interpretation of holistic comfort transferred with them into their early nursing practice. Questions four and five related

directly to the research questions and were explored in-depth from information gathered from the participants' interviews.

The interviews were read multiple times and re-coded for emerging themes within each question. Occasionally multiple coding was performed when there was cross-over between the categories. After processing the data through the NVivo8 Software, the researcher embarked upon a line-by-line, color coded paper analysis of the interviews.

In examining the words of the lived experiences, the researcher found the participants' responses could largely be sorted into a personal, professional, or interpersonal context. These three contexts became the final categories for analysis as follows: The personal category refers to the meaning of holistic comfort to one's self; the interpersonal category refers to the meaning of holistic comfort when interacting with faculty, colleagues or peers, and the professional context refers to the meaning of holistic comfort when providing care as a nursing student or NPN.

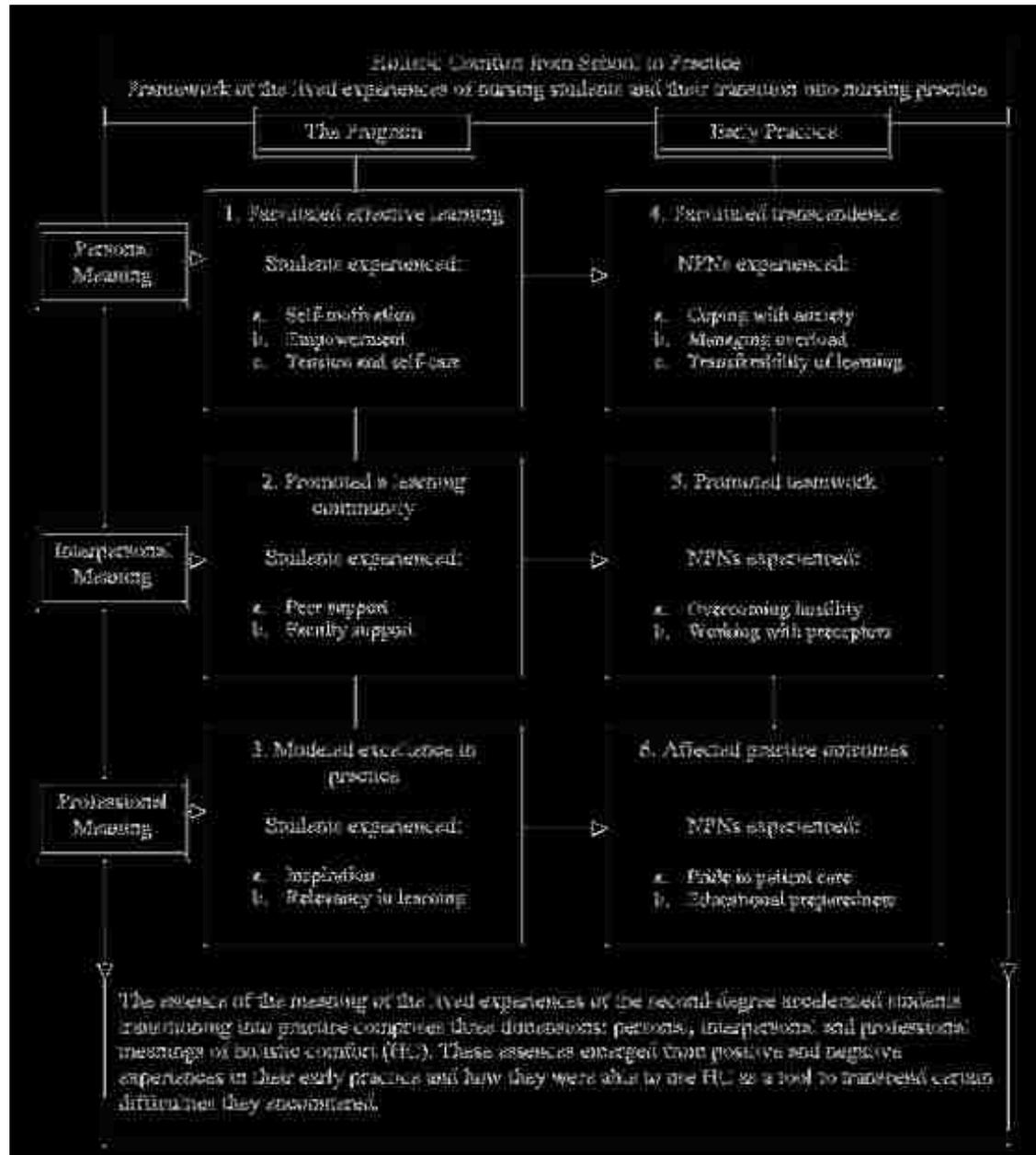
Essences of holistic comfort from the findings were analyzed for each specific category. These were single, double or triple coded so they would relate to the personal, interpersonal or professional theme. The final six themes that emerged from the three major categories and their subsequent sub-themes are presented in Figure 1 and described below.

Descriptions of Categories and Lived Experiences

The participants offered many stories about the process of choosing nursing as a second career and the significance of going back to school. They placed importance on their relationships with one another, faculty in the nursing program, and experiences they encountered in their school and practice settings. Themes pertinent to these experiences

will be described with extracts from the interviews to provide meaning and glean understanding of the phenomenon.

Figure 1. Framework of the lived experience of holistic comfort in NPNs



For the purpose of anonymity, the interviews were symbolized by the letter P followed by a letter to indicate the specific participant. For example, Participant A was abbreviated to PA. The letter R was used to code interjection spoken by the researcher.

Results of Themes and Sub-Themes in the School Experience

The school experience was defined by participant responses when asked what holistic comfort meant to them as students in the Program. It was important to explore what the concept felt like in the academic setting in order to evaluate the meaning of holistic comfort to these nurses when they transitioned to practice. Seven sub-themes (Figure 5) emerged as participants identified descriptions that affected their experiences that related to their unique feelings of holistic comfort in the Fast Track Program.

Theme 1. Personal Experiences and Meaning of Holistic Comfort as a Student

Throughout the study, participants offered voluntary evaluations about how holistic comfort was embedded into the Fast Track Program and how it facilitated their learning as a second-degree student. All nine participants referred to the program as challenging while commenting on elements that made them feel comfortable during their learning.

Sub-theme 1a: Students experienced motivation. For some participants, holistic comfort meant feeling more motivated as a returning student: “Now this second go-around, I wasn’t interested in just being there; I was interested in learning” (PI). Or, “one thing that stands out ...is the principal methodology of teaching allowed us to be self-motivated” (PF). For others, more tangible aspects, such as the speed of the Program, meant they could keep their goal in sight and handle the high expectations: “I did know I was going to graduate and I saw the light at the end of the tunnel so that was something that gave me a lot of motivation” (PC).

Participant B depicted the small class size as motivating, “having only 20 people in a class, having so much interaction [and]...face time with the teacher”. He vividly described sitting in enormous lecture halls in previous schools with a tiny professor at the front and compared that with the Program: “You get a sense of not only being a student but being taught” (PB). There was also an element of pride and achievement for being accepted into an esteemed program and for being successful at various stages of the process, “I didn’t get in the first time and I tried a lot. It was hard. But once you get in...you study...you know it’s a challenging program. Faster than I ever anticipated” (PB).

Sub-theme 1b: Students experienced empowerment. Participants welcomed being actively involved in the learning process and described how the teaching style and learner-centered approach modeled holistic comfort, which empowered them to concentrate on their studies rather than being fearful of the academic process: “I felt like it was going to be something I was really going to enjoy and be good at, and it was going to be very rewarding” (PC); and, “it just made me realize that this is what I want to do, that I could achieve it, it gave me confidence”(PD).

The sense that some participants were anxious prior to entering the program as well as at critical junctures during the program, such as first clinical days, was also very real. Holistic comfort to them meant being empowered to learn while adapting to adversities:

Tone of voice and body language, as well as particular words that were said to me, certain things would give me that comfort...I found if I was able to be comfortable and be myself information would come to me a lot quicker. (PG)

The stress level was high, the intensity of what we were learning, and the importance of what we were learning. Without having the comfort of knowing you had an environment that was welcoming and understanding of that, my ability to learn would have been inhibited. (PA)

I found there's always something that forces you to transcend your discomfort and achieve that inner peace and just tackle it and do it. That's what forces you to learn. I love it. I absolutely love it! (PD).

Respect for being accepted as a returning student was an important issue for some to feel empowered as a learner:

As an older learner, respecting me as an individual...when I feel that, I'm more comfortable vs. being treated like I don't know what I'm doing or being put in that place of discomfort just because I'm a student... there's a mutual respect and, therefore, people rise up to higher levels of achievement. (PA)

Participant B described how being respected through the learner-centered approach served as an empowering experience:

There was more to [the Program] than just giving me a book. That's when I knew. This will be a good program. I will get something out of this. That's where I think the greatest amount of value is – it's not just the words in the book, it's how it's taught. It's process. It's who is teaching you. It's how they show you. You have to be a grower of people. (PB)

It [holistic comfort] just made perfect sense to me so I want to say it was earth-shattering, that I...thought "Whoa!" But I just thought, "Well that makes perfect sense." If you're going to make someone feel like they can succeed in their chosen profession, you want to make them feel comfortable, like they're empowered. (PE)

Sub-theme 1c: Students experienced tension and self-care. Tension, often referred to as anxiety, is largely defined by Spielberger's Theory of State Anxiety (1972), which is a transitory emotional condition characterized by consciously perceived feelings of tension and apprehension. One participant described experiencing "a huge amount of anxiety" which she described like feeling "butterflies in the stomach. You get shaky, you get nervous" (PG).

This sub-theme was defined by a variety of participant statements that depicted personal tension they experienced going back to school. For example, Participant F knew,

“It was going to be really difficult” whereas others admitted “I just had too many things on my plate” (PE). When asked for more detail, they shared:

Ok. Let’s go back to school... after I’d been out for 15 years - entering the program, being completely terrified, unsure if I was going to be able to make the grade. I spent the first 2 or 3 weeks wondering if I had lost my mind and if I was going to make it. (PE)

Such responses prompted the researcher to search for deeper meaning of the experience and to discover how the participants coped with the perceived experience of tension in school. Participants revealed that certain methods of self-care were useful once they, as students, accepted their own need for help with their personal struggles:

I just live a mile and a half from school. I’d go home and cry and then pull myself together and come back. That was the first 3 weeks or so, And then I remember, going into your guys’ office...and [a professor] told me “you’re so tightly wound you’re going to have to let it go” then I pulled myself together... to have that epiphany...it was kind of self-talking...I can’t allow myself to become so intense about things. I will find comfort ...I knew who I could trust. (PE)

Typical of Fast Track students (AACN, 2008) there were multiple pressures in the groups related to changing careers. One participant shared a stressful personal experience no one else had known about at the time:

My wife had been diagnosed with [a serious illness]... they said she’ll be dead in year and a half if she doesn’t have surgery. I knew it was bad but I couldn’t quit my job because I needed the health insurance and so I ended up having to work fulltime, plus do school fulltime the first semester until the surgery was completed. (PH)

I don’t think you had mentioned it at the time? (R)

...so everything worked out but it was a really stressful time. (PH)

The researcher probed to discover if students initiated self-care during the stressful times, and if they were aware of holistic comfort as a self-care instrument. Participant A used journaling to help with personal coping:

“Getting comfortable ...and being able to write about those things in a journal... brings comfort...” (PA). Another participant recalled the quilt project of 2006: “My little square on the quilt project we did in school was a picture of a chair by the beach...it’s just kind of a memory that brought to me a great sense of comfort” (PC).

Theme 2: Interpersonal Experiences and Meaning of Holistic Comfort as a Student

The nature of the Fast Track Program requires rigor and concentration with others in a condensed time and space (AACN, 2008). Participants discussed negative and positive aspects of the interpersonal experiences they had, and remarked how the unwritten philosophy of holistic comfort bore with it an expectation that people would be nice to one another.

Sub-theme 2a: Students experienced peer support. Several of the participants spoke about the small program and verbalized a need “to feel comfortable with my colleagues, the people that I was in the program with. You do everything together” (PE). They expressed appreciation for one other, recognizing the various paths they had all taken to reach the same program.

And I think that, too, is just looking at the diversity of the group of students as older learners, saying we bring to that place of education all of these experiences, our past education, our relationships, and if you just throw those aside and say they are of no value here, then you lose out on really having a great experience in education. (PA)

Another spoke of peers as family:

We’re so many hours together and we’re going to get irritable with one another. It’s an intimate program, a very small group. I felt like we were all family. We were the family outside of our own families that we came together and were like; we had our mom and our dad, and our little brothers and sisters. We had a little sibling rivalry here and there. (PG)

The fact that not all participants had family did not seem to affect their relationships with one another at school:

Everybody [was] going through a similar experience even though some people had kids, some didn't. The stress of school was the same on all of us. So, living through that next period with other people I think always kind of offered us a sense of comfort. That you're not all alone, you're all in the same boat. (PC)

Another concept that emerged through the participants' conversations was the idea that one has to be open to comfort: "I think ...you allow yourself to have comfort, because I do think you have to receive it" (PA). The researcher followed up to discover more about this notion:

Ok. I think that some students could not receive it. They would allow themselves to stay in this frantic state and that was - - it's like you cannot talk to me about this, this, and this... "oh my word, I'm counting on the calendar, I'm counting up the weeks, I'm counting how many exams, I'm counting how many care plans, I'm counting how many hours I have in clinical." It's like, no, you cannot talk to me and allow this - - you can't see this motion on the tape - - but this whirling, this tornado to continue. You have your problems and you won't allow yourself to be in this place of comfort, but you can't bring me into this. (PA)

Sub-theme 2b: Students experienced faculty support. Participants in this study continuously mentioned their appreciation for faculty relationships and the difference it made for them: "Did I ever cry in your office? I am sure I did because I am a crier. I'm not a crier anymore. I have grown up" (PE). One participant said the support was "...really vital." When asked why, she responded:

It was nice to be able to know that I could go to [faculty] at anytime and say, 'I just need a one-on-one. I need to discuss this situation, or I need to discuss this, or can you provide me with a one-on-one training for this?' And I felt like I had the freedom to do that - it was provided for us. (PG)

Participant F shared, "[The Program] was difficult...so, the closeness, the ease with which we interacted with [faculty] made it easier (PF). He further clarified:

I would say I went through a tremendous degree of comfort. The comfort does not just come by false assurances; it comes by a demonstration, a true demonstration, a desire from my instructors to . . . I remember even after my graduation you were there, you were still there! It goes beyond just the four walls of the school environment. It transcends that. (PF)

Participants shared how important it was to feel comfortable knowing they could go to faculty as individuals or group members:

I remember I think at the end of the first semester, we had this ‘let’s just talk about how things are going, let’s just voice concerns, get these things out in the open.’ Sometimes you realize, oh, that’s something I really shouldn’t be fretting about and I’m allowing myself to worry about something. (PA)

Students also experienced support from other resources, this being a Sub-theme which overlaps with participants’ current support systems. One participant mentioned he received “comfort from my wife and from my mom and relatives and friends, [and] some other people in the nursing program” (PH). Participant E recalled her need for help with her four children at home:

I worked like a dog on those 6 days and had very little time beyond school, clinicals and minimally taking care of my family – or at least seeing my family. My husband kind of took care of the family but at least I saw them. Prayer was big for me. My husband was a huge support. He would take me in his arms and say “You don’t need to quit. You’ll be fine.” (PE)

Theme 3: Professional Experiences and Meaning of Holistic Comfort as a Student

Participants talked about feeling greatly encouraged and inspired by the philosophy of the program and approach of the faculty, “To have the professor tell us their own philosophy of wanting their patients to feel comfortable and that they wanted to do that for us too – to really get a handle around what that meant [at first] was difficult” (PA).

She articulated further:

And then to know what it [holistic comfort] means: I can talk about how I feel, I can bring up ...concerns and have them discussed, have them maybe not necessarily taken away, but an understanding as to what the progression is, what the goal is, and then become more comfortable in the situation. (PA)

The researcher asked the participant if it made sense to be told that something is not necessarily easy but that a sense of ease could be achieved. She responded:

I think it makes sense because you can't necessarily take...the thing that's hard away to create comfort – and that's true for a student and for a patient. But I can do something to make them more comfortable in their situation. ..understanding what the goal of something is, understanding how the bigger picture will come together...it's valuable – and seeing that does create comfort. (PA)

Sub-theme 3a: Students experienced inspiration. One participant frequently referred to being inspired by experiencing holistic comfort as a student: "...it was one more thing – one more experience that I had that just gave me more strength. Helped to build me up as a person" (PD). Another participant was inspired by teachers, stating, "You have to have that green thumb for people. You have to want to raise them, almost, to give them the inspiration to be better, to be more than just a starting nurse" (PB). He also spoke of being inspired by faculty who were experienced nurses and the impact that had on his learning about the profession:

I remember the specific moment...that I knew that [this person was] going to be a really incredible teacher. I went home and told my girlfriend about it. That was the moment that I realized that there was more to nursing than just bringing pills. There was more to it than just the machinery of nursing. That... was that moment when I said, "This is going to require more of me than just being smart." So that ...was the moment that I really physically experienced that holistic piece. Inspiring someone to love learning ...(PB)

Participant F became very animated relating a story about how the class was once asked to watch the movie 'Patch Adams' and to comment upon it: "That movie really inspired me and made me think about how the teaching was here. Here it was all about encouraging, and in the movie it was all about fear, right?" He proceeded to describe how the medical students in the movie were always scared and yet, at the end of the day, it didn't make them any better doctors than if they had been encouraged along the way. "On the contrary", he said, "having looked at the two scenarios it's kind of vibed (*sic*) with me...all I need to do is encourage the patients..." (PF).

Sub-theme 3b: Students felt the learning was relevant. Participants were generally enthusiastic to share how their feelings in the learning environment were relevant to their task of becoming a nurse. Some of these conversations overlapped with participants' interpretations of how their learning was assimilated later into their practice:

It was more of a comfortable environment so in a way I felt like you were taking care of not only my learning needs, but my emotional needs at the same time, which again supports the whole idea of [holistic comfort]. So even that setting taught me to be a holistic caretaker. (PG)

Participant E had been recollecting memories of her class of 2006 and how far she had come. The researcher asked if she could think back to what her quilt square depicted:

I totally remember [open hand under running water]. The analogy was that when you're going to get a drink of water in your hands, you cup your hands in an organized but relaxed fashion, hold it under the water and get a drink that way. The opposite of that is you wouldn't ball your hand up into a fist, stick it under running water, and expect to get any kind of nourishment that way. (PE)

Not all participants saw the relevancy of holistic comfort immediately:

I am ashamed to admit it seemed like a lot of useless information at the beginning...it did not make much sense to me at the time. Then I remember one lecture in particular about death and the role of the nurse at end of life. It aroused questions in my mind about how I would be able to handle the situation and the needs of the family, would I feel comfortable in such situations? I discovered a lot about me..."(PI)

Participants expressed appreciation for the importance of lifelong learning that was ongoing during the Program. Participant F continued his discussion of the 'Patch Adams' movie in the context of holistic comfort as a new professional, not being scared but feeling set up to succeed: "it was a theme throughout the program... and now... holistic comfort translates into my practice. It made me appreciate a lot that can be done...and I had examples of what holistic comfort feels like."

Results of Themes and Sub-Themes in Early Practice Experience

The transition experience was defined by participant responses when asked how their descriptions of holistic comfort in their school experiences related to their experiences as NPNs. All the participants gave at least one example of using holistic comfort with patients and their families as well as for themselves. Most of the participants gave at least one example of using holistic comfort as a strategy with colleagues, peers and students. Seven participants discussed holistic comfort within the context of task-oriented skills as a NPN. The same three themes, personal, interpersonal and professional experiences, and meanings of holistic comfort directed the responses. Seven sub-themes (Figure 5) emerged as participants identified experiences that related to their unique understanding of holistic comfort as NPNs.

Theme 4: Personal Experiences and Meaning of Holistic Comfort as a NPN

Participants talked candidly about graduating from the Fast Track Program and transitioning to their first nursing job. The reality shock of first job experiences of recent RN graduates described by Bowles and Candela (2005) was very evident:

It was quite a different world because of the reality of having life and death right in front of you...it's real and you're not in school anymore and even though I think that the Program is successful in teaching us the basic things... there's just so much that you don't know and so much to learn (PC).

Sub-theme 4a: NPNs experienced coping with anxiety. Participant D described feeling “like your nose is barely above water all the time and you're gurgling along through the day and somehow you survive and it just makes you stronger.” The researcher probed for more meaning:

For me it was just sort of a realization that at some point you have to step back and figure out what's making you so anxious and so upset, and then figure out how to kind of extract yourself from that situation and then be able to re-enter the

fray feeling like, ok, I'm centered again... You can't really think straight because of the anxiety that you're feeling and when you recognize that – first you have to recognize it – but once you do, then you're able to transcend it and deal with it. (PD)

Another participant admitted to “fluctuating in and out of holistic comfort” and feeling out of her realm:

I got my diploma and it's like, you don't have that comfort to fall back and say, 'I'm a student and I'm learning.' You're being critiqued on absolutely everything. And it's a new environment, it's new people, it's new ways, new body languages to learn, new expectations to learn. And I felt like I just went back to the first day of school and my comfort level just took a nosedive. (PG)

However, more than one participant stressed the importance of finding balance between comfort and complacency, stating that some anxiety is good in practice:

It's an oddly powerful experience as a nurse. Terrifying. And yet I think if you like a little bit of adrenalin, because it can be really scary and it's a very proud feeling... and it can be terrifying... (PB)

Participant C voiced difficulty with anxiety and not being able to use holistic comfort strategies initially: “Once you get there, you feel like really you don't know anything at all...it was nerve wracking”. Yet Participant B described how he would capture moments of holistic comfort, “It's nice just to even realize those moments. Sometimes it's so easy just to bluster about the whole day, the whole process; you overlook a lot of those small things”. The researcher asked what he meant by ‘those moments’ but the participant was clearly recalling the memory and smiling, “I think everybody feels that newness. I only just realized that now while we're talking about it” (PB). Participant D had to think about her own comfort measures: “At work to take care of myself? I'm still working on that one. It's an inner discipline, I think. Some of it comes from internally taking care of yourself and then externally reaching out to others.” (PD). Coping with anxiety in practice for this participant, meant:

...that learning about holistic comfort in my education, that has empowered me. I know that I have it within myself to accomplish these things. So no matter how much discomfort I feel, I have learned, especially in the last year in my nursing practice, I've learned how to cope and I've learned how to transcend and I know that it's made me a stronger person because of it. (PD)

Sub-theme 4b: NPNs experienced managing overload in practice. One participant described how difficult it was to try to implement concepts of holistic comfort during 12 hour days on an intensive care setting and how she "...was looking at charts, taking vitals, and overwhelmed by the tasks at hand. Holistic comfort was not something I did from the get-go." She stated that "trying to learn the job, work nights and have a family was a lot harder than being in school. At least in school I had some quality time".

In contrast to feelings of empowerment, participants voiced concern about the need to increase their knowledge and focus on becoming proficient as quickly as possible in practice. They would have liked more orientation, but time always seemed to be a factor "We had some basic training but I would say it was short; it wasn't so much to make us feel so comfortable as to navigate the system." When asked how one deals with that feeling of being overwhelmed, Participant E said: "Positive self-talk, as well as remembering that I've been successful in certain situations before and I'll be successful in this situation also." Participant G used holistic comfort as a tool:

...to be able to say, 'I don't know, let me find out,' and then you went and got the information. So not only did you provide us with that tool to say, it's ok not to know it, but also the tool to follow it up, which is really vital. (PG)

One participant was keen to share self-care techniques she learned in school to help her get beyond feeling overwhelmed at work, while another was still having difficulty applying self-care techniques in the busyness of practice;

I take a deep breath. I gather up all the information I need before I communicate anything ...It's like you just gather up all your tools you need to be effective...

Well, knowing how to do that came from my nursing education. I wouldn't have just known how to do that – and then being able to communicate it calmly and at a knowledgeable level – not just winging it... (PD)

That's a big challenge for nurses and for me, especially. One thing I am beginning to think about a lot is how to take care of myself, as a caregiver. It's very easy actually to forget about yourself just because you want to help other people out. And I remember ...that we should try to divorce emotions from what's going on...not in the way that we don't feel their pain, but in a way that we're able to feel their pain and at the same time care for them. It's a work in progress for me. (PF)

Sub-theme 4c: NPNs experienced transferability of their learning to practice.

Throughout the study the participants referred to the education they received about holistic comfort being helpful to their personal understanding of peoples' health care needs. Clear distinctions were made between taking care of patient needs and the needs of the health care system, a topic for another study. Participants were asked what transferability of holistic comfort to early practice meant to them. There were several responses:

I think the Fast Track helped in that it is so hard and it is something where you ...aren't spoon-fed things. That ...helped me to get on my feet quicker, I think, and to say, "I can do this; it's hard but I can do it and I'm going to be ok through it." (PA)

If we didn't have that comfortable environment to learn it – we never would have been able to get it. Because there is so much. And we went out and we worked in the community right off the bat...I rebounded a lot faster once I was into practice because I was able to remind myself 'You are learning.' Again, I think we were taught that in class. (PG)

You go through nursing school and you think I'm going to graduate and go out and be a super nurse, and then you get on the floor and realize I'm an idiot. And you may be an idiot in terms of knowing all the medications you're going to use and knowing the protocol on your floor, and stuff like that, but there's some comfort in knowing "I know how to learn and I know how to think on my feet and I understand the whole nursing paradigm: comforting the patient, learning, nursing is a lot of teaching, comfort, giving good care." (PE)

One participant, throughout the interview, made comments acknowledging the impact that learning about holistic comfort made in her practice as well as personal life. She admitted to having been very open to the concept of holistic comfort as it was presented and modeled at school, and stated: “Everything I have done since I graduated from nursing school has been based on achieving a sense of ease” (PD).

Tell me more about what this sense of ease means to you (R).

It’s not just in nursing education; it’s also working as a nurse. I thought about holistic comfort every single day that I worked – every hour of every day that I worked I thought about it. I saw how my own comfort and my own ability to understand what was going on with the patient, how that was transferred to the patient (PD).

At this point in the interview the participant became very tearful. She declined stopping the tape but pointed to the recorder as if to say, make sure you know this. After the interview concluded the researcher affirmed that PD wanted to keep the tape recording. She confirmed she did want the tape to keep running and the information to be used so as to fully share what holistic comfort meant to her:

It’s made a huge difference for me. It’s meant everything to me. And not only in nursing but in life in general, I think it has given me strength with the stuff I was dealing with before coming into nursing school. It really opened my eyes to the fact that I can accomplish something. I can achieve something meaningful. Learning that in my nursing education, specifically from this one instructor, it just gets me through every single day. Every single day. Gets me through. Gives me strength. So, it made a big difference to me. It’s totally changed my life. (PD).

In contrast to the above example, some participants almost mechanically described using holistic comfort as a tool for practice: “anything I am exposed to I use as a learning tool – holistic comfort is almost like Maslow’s hierarchy, to me” (PH). This participant then unexpectedly expounded:

I would just say that I don’t think that I would have the knowledge base or be able to provide the care if I hadn’t had the comfort and the holistic teaching to begin

with. I just don't think I would have been able to walk away with that and be able to provide it. Because I see it in other students from other programs that aren't necessarily taught the holistic and they're just treating problems. You can see it in not only their approach to themselves but how they deliver that. So it really is beneficial. (PH)

Others gave more detailed descriptions of how holistic comfort was transferable to their practice and how they continue to use it:

And I remember the butterfly stories. Holistic comfort - always helping, always do it gently, be compassionate – and all those things that I learned, they've come really handy for me in my practice. I took it so seriously and I have seen how it helps. To a large extent, it has to do with the quality of things we have been taught in nursing school, that's to communicate very well - communication happens to be one of the first things [we] did, if you remember. (PF)

[I use holistic comfort] on a daily basis! In my life and in my practice. Everything that I do, I think I view more holistically now and when I don't, I feel disconnected. (PG)

Participant H was less able to describe his feelings about holistic comfort as his experience when he applies it to his patients: "it just makes me feel good and adept at what I'm doing. But I'm still perfecting that. I wouldn't say I've arrived yet" (PH).

Theme 5: Interpersonal Experiences and Meaning of Holistic Comfort as a NPN

Sub-theme 5a: Intimidation/hostility by other nurses. This sub-theme was defined by participant responses that alluded to the disturbing adage that nurses eat their young.

Participant A said, "It's ridiculous to create this discomfort between your fellow workers." She related feeling humiliation from nurses who implied, "I am a nurse and you are a peon." The participant shook her head sadly, suggesting this attitude is the antithesis of working together for the good of the patient.

When asked how the transition went regarding colleagues, Participant B replied:

"Other nurses? When you're a new nurse? Oh God? Oh no, there's *nothing* comforting about it." He described how "...some nurses who are experienced

love to throw their weight around and make you feel like crap. They love to show you just how new you are, and you'll never be as good as them, kind of thing" (PB).

One participant described incidents she had experienced with nurses who did not like working around family in the patients' rooms, whereas the participant thought this was one of the easiest ways to offer comfort to the family and the patient. She articulated her practice has been to work creatively around the family, knowing it means so much to them and is of no sacrifice to her. During the interview this participant described obvious disappointment in real-world nursing, witnessing behaviors from other nurses she would never want to emulate:

When I first started there and I went to see a patient and started to read the H&P, the nurse there said, "You don't have time to do that. All you need to do is look at the very bottom, at the end, where it says the diagnosis and the plan." I was very disappointed. I'm, like, that's not what we're supposed to do. And she said,

"But that's reality. We are on a time schedule. We have to meet these deadlines." It's disappointing in a way because it's, wow, this is not what I learned in school. You're supposed to be all about the patient. (PC)

Participant F placed great importance on relationships in practice, stating: "What actually makes nursing what it is, if you ask me, would be how much nurses are able to understand psychosocial issues." Participant A frowned with concern as she attempted to comprehend why experienced nurses would behave in threatening ways:

I think intimidation comes from a position where they don't feel good about who they are. Somehow if they let everyone know that they're farther up the totem pole than the new nurse or nursing student, then they feel more powerful. The ironic thing about it (is) that the people who have kind of figured it out look at them and think, what is your problem? What is your problem? (PA)

The feeling of disenchantment was exemplified by this participant's recollection:

I remember when I first started out, there were 7 of us who started together, so a lot of the nurses would go into the break room or go have lunch or whatever, and they'd kind of sit down and try to sort us all out. So they'd say, "Well, tell me why you chose labor and delivery." I'd just rhapsodize about it... And I remember a nurse turned to me and said, "Oh, you'll lose that. You'll lose that." And I said, "If I ever do, I won't work here anymore." If I can't find it in myself to create a positive experience giving birth, I will not do this anymore. That particular nurse has lost it. She needs the job. She's comfortable there in terms of she knows exactly how to get a baby into the world. But I don't know that she knows how to provide holistic comfort to her patients. It kind of breaks my heart. (PE)

Sub-theme 5b: NPNs experienced working with preceptors. All participants in this study were assigned preceptors as a new graduate. The purpose of a preceptor is to provide continuity in learning and help leverage the graduate's knowledge to raise proficiency in the hospital setting (Nursing Executive Center, (NEC), 2008). Participant A had experienced unpleasant interactions on the unit as a new graduate but appreciated her preceptor: "It's nice to be on a floor where you're not made to feel like you're failing, and that in itself brings comfort... knowing I'm not going to be looked down on for asking for help" (PA). The participants easily discerned the positive from the negative preceptor experiences:

They kind of hold your hand and sort of push you from behind. There has to be a moderate level of anxiety – you don't want to be so comfortable that you want to curl up and take a nap, but you don't want to feel so scared that you're disabled. So, I actually had a pretty positive experience. She [the mentor] just empowered me and made me feel like ok, you've got a lot to learn (PE).

What I think is most important is having that preceptor. You can get excellent grades all the way through school. You can be the best at almost everything but if you wind up in a position where somebody has to show you something, that person has to have certain characteristics. I've had bad nursing preceptors and I've had good nursing preceptors. (PB)

Tell me more about this experience with preceptors and how it affects your feeling of holistic comfort. (R)

I know several fellow nurses from my class...who either left a particular floor or left a particular level of care because they weren't precepted appropriately. And that's a shame, especially with almost all the people in my small class; they're all really intelligent and highly capable. It seems like a waste, like you spoiled something there. So much of it is that preceptor. (PB)

The participant who was offended, feeling like 'a peon' above, also remarked upon the difference she felt when she experienced good preceptorship; when she was asked: "How are you doing? Doing alright?" Don't forget the magic words: "I need help" (PA). She explained how that brought personal holistic comfort knowing she would not be looked down on for needing help. Another participant said he was eager to discuss the issue of preceptors because: "It was hard. And the reason was the nurses we were supposed to be precepted with did not have the same concept [of holistic comfort]...we were not on the same page...it was a shock. I was disappointed. It was really hard to take." However, when the researcher asked if he would be interested in precepting others, he beamed:

I will love to be a preceptor! I'm actually looking forward to that...I'm going to use no other thing than holistic comfort. Just to be able to understand [the new nurse] might have anxiety, this person needs to know that they will be supported through the process...(PF)

Several of the participants, especially those who graduated earliest, find themselves in the preceptor role now:

It's funny right now because I'm precepting a nursing student who is exactly like I was. No experience, just doesn't know how to do a thing. (Laughter). And I'm having to talk her through everything and then I realized, oh my gosh, look how far I've come. (PD)

How do you approach that? (R)

I tell them – because I remember what it felt like to be so nervous and so anxious about all these things – I tell them: don't be anxious when you're with me. Don't be fearful. You can ask me anything. It's about transferring that calmness and letting them, know you're there to help them, not to judge them (PD).

How does that feel when you can transfer that? (R)

It feels wonderful! You see them blossom. You see them calm down and relax. It opens up communication. They're so much more willing to try skills if you're not hovering over them and harping on at them. It's so nice to be able to pass that on to the nursing students that I have now. (PD)

Theme 6: Professional Experiences and Meaning of Holistic Comfort as a NPN

This theme emerged from close examination of the words participants offered about experiences with holistic comfort and patient outcomes. These words became the essences of the professional meaning of holistic comfort and summed up the significance and implications of the study.

Sub-theme 6a: NPNs experienced pride in patient care. A major impetus for this study came from an old email communication to the researcher from Participant I. He had written to share how he had made a difficult decision to transfer from the critical care arena to a medical surgical setting because he was uncomfortable and concerned for his patients. During the interview he stated, "The most uncomfortable thing about this particular floor was the challenge of keeping the patients safe." He continued:

Every day I am challenged with the task of pushing out of my comfort zone when my nature screams to turn inward. And yet, I still have to take measure of my personal comfort in order to better understand and meet the needs of my patients. If we hadn't talked so much about holistic comfort in school I may not have known how to make this important decision for the sake of my patients. (PI)

Several participants referred to a sense of pride in being able to maintain an aura of comfort for the sake of the patient:

I don't want to say that I'm masquerading by saying that I never want to show fear – but you kind of have to. If you showed them how scared you were sometimes, you couldn't be effective as a nurse. (PB)

Ease and a way to transcend... It's almost like a regal calm you have to develop because if your patient sees that you're scared to death, then that's not helping at

all. So you have to take command of the situation, say, “I’m going to take care of you, you’re going to be fine.” And then you fall apart later. (PE)

The participant provided a vivid story of resuscitating a baby in the labor and delivery room, and later on overhearing the father on the phone: “Oh yeah, well, Gracie’s here and she kind of had a hard time breathing at first, and she had some fluid in her lungs, but they fixed her right up.”

And I’m thinking, afterwards, after this whole experience, I wanted to go out to the nurse’s station, crawl into the fetal position, wrap myself in a blanket – somehow we were able to transcend that feeling of complete chaos and fear and terror and convey to the patient that everything was going to be fine and we were in control...you definitely have to find that as a nurse because there are just too many stressful situations (PE)

Well, I always apply [holistic comfort] directly to my practice because you can give an epidural to people, you can give them IV pain meds, but unless the patient feels comfortable with you as a nurse, feels comfortable, empowered that they can get through the experience, it’s just a different vibe. (PE)

Participant F was clearly proud of his progress and the profession he has chosen:

I don’t think I would have known to do all this if I did not get the kind of training, to always be calm, to always be confident, to always reassure – which I got a whole lot while I was in school. And this is not to say that you are just giving false reassurances, but a lot of times it helps deal with [patients’] anxiety. (PF)

The participant was eager to share some patient feedback comments he had received and he proudly read them out loud: “‘Participant F] is a great giant. He took such good care of me. He did his job so well that I was convinced I should do my part too.’ Another one says:

‘He was the best ever. I couldn’t believe how awesome he was.’ Those commendations are just evidence of what exactly . . . what holistic comfort in school, the training in holistic comfort, what it has done. If the emphasis was all about tasks, then I would have missed that aspect of the profession greatly and I would never know there was more” (PF)

Participant A offered more about transcending one's own discomforts for the sake of the patient:

I think even when I'm uncomfortable; I do everything I can to make that patient comfortable. I don't want them to be affected by my discomfort. I think that showed - even when I had only been a nurse a few weeks on the floor, patients were thinking I had been a nurse for a long time. So I thought I had succeeded in that. (PA)

Sub-theme 6b: NPNs felt educationally prepared for the practice role. This sub-theme relates to meaningful learning and relevancy to practice. Participants were asked if there was anything else they would like to share about experiencing holistic comfort in school and practice. Participant D, still emotional from sharing so much, simply stated: "It's a life-changing thing. That holistic comfort foundation is very meaningful to me and that's exactly what I needed to base my nursing career on" (PD).

Participant G described using personal holistic comfort strategies from school to practice and how it affords her a sense of control:

I think that when you first start out in nursing you want to get the practice down - oh, ok, so if I'm going to inject somebody, I'm going to draw it up this way, I'm going to inject the needle this way - to graduating into: I need to see how the patient's responding to this. Now if I hadn't learned that and learned certain parts of that through the program, I would end up making my patient uncomfortable. (PG)

So, on a daily basis it sounds as though in some form you're using holistic comfort. Do you think of it as a theory or, it sounds like it's kind of a ritual. (R)

It's definitely a practice. I think it started out as a theory but it's the nurse's choice to take that theory and put it into practice or you can leave it as a theory. To me, I took the theory and I applied it to my own personal practice and it's just reaping great benefits. (PG)

Participant F remarked upon not knowing at the time that learning about holistic comfort was not standard practice in nursing school:

I will see fellow nurses sometimes not do as much [with holistic comfort] and I will wonder, was this concept never taught to them in school? Was it just about tasks, was it just about spiking IV lines, or was it just about being able to put an IV line into a person? For me, work has gone beyond that. (PF)

What more can you say about that? (R)

The training is the backbone, is the foundation...I think there should be even greater emphasis on holistic comfort. It's ...the core of nursing. The skills are just a small aspect of the profession. ...if you look at the patient as a whole, the patient doesn't want to be in the hospital – it's not anybody's desire to be in a hospital – it's just something that they have to do to get back to their normal life. (PF)

Participant C expressed meaning in learning about holistic comfort:

I do think that holistic comfort as far as how it was taught to us at school towards the patient, I think that's very real in the sense that I think that it does matter, it does make a difference. I have seen it personally. I do feel it is a part of our jobs to offer [holistic comfort] to our patients... (PC)

As the interview drew to a close with Participant D she raised her hand as if to say she had more:

I do find myself teaching [my patients] about holistic comfort because it's just a tool that you can pass on to them. Some patients aren't open to it. Some patients are very open to comfort... and they realize that it will make a difference in their outcome. It just empowers them, just like it empowered me. It's a very empowering thing! (PD)

Can you tell me a bit more about that? (R)

...to be able to transfer that calmness to the patient and reassure them - I saw that it made a huge, huge . . . I mean I cannot even verbalize how incredible a difference that makes to the patient...It helps them to transcend whatever they're going through...it all makes a huge difference. And so every day that I worked I would think back to what I learned in school...the comfort that was shown to me is what I showed to the patient. That is the entire foundation for nursing. That's what it's all about, right there. (PD)

Summary

This chapter provided rich descriptions of the meaning of holistic comfort to NPNs who imparted detailed interviews for this study. Their descriptions of experiences from

school to practice were summarized according to a framework of themes and sub-themes that emerged during a meticulous process of coding and re-coding. They described personal, interpersonal and professional experiences with the concept and discussed a range of perceptions, including noticing a gap in practice between those who have experienced the concepts of holistic comfort and those who have not. Themes and sub-themes continued to emerge throughout the process and final data analysis resulted in six themes and 14 sub-themes (Figure 5).

Themes for the final analysis ranged from participants' comments pertaining to effective learning through motivation, empowerment, transcending tension and applying self-care, as well as peer and faculty support. They referred to being inspired as professionals and found increasing relevancy in holistic comfort taught and modeled in school as they progressed into practice.

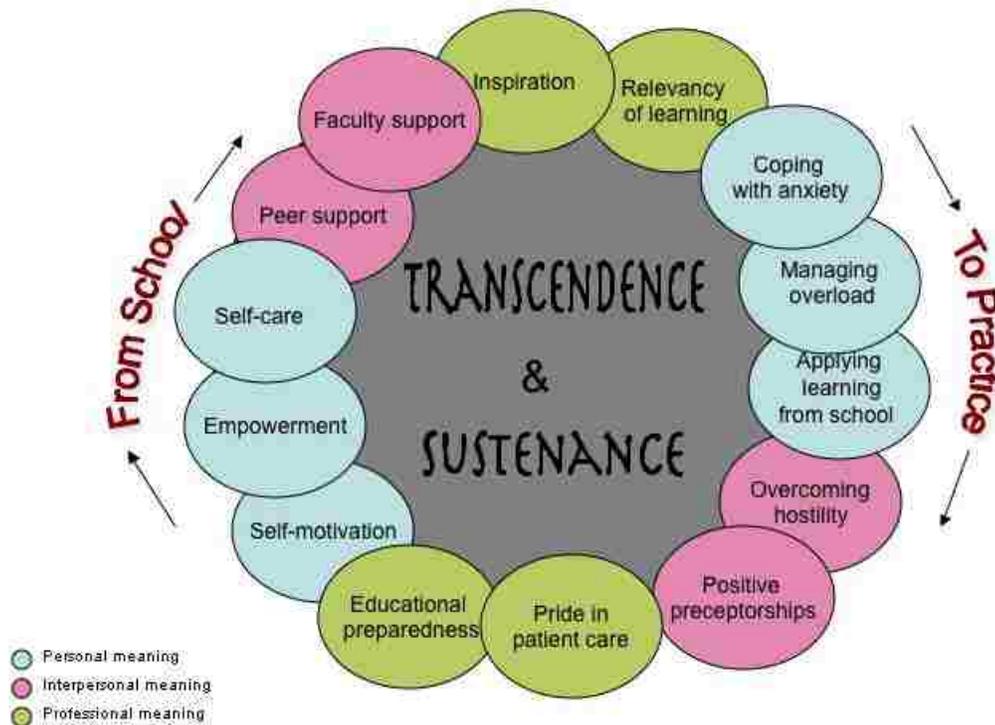
In the field, participants emphasized the need to cope with the reality shock of their first nursing job and management of overload. Participants discussed how their learning of holistic comfort became increasingly relevant to their practice, especially when transcending hostility and in preceptorship situations. Their pride in patient care and in their educational preparedness was evident throughout the interviews. Ultimately, patient outcomes were of central importance to the participants, summed up by Participant F who stated: "It is always meaningful to have holistic comfort".

CHAPTER VI

DISCUSSION, IMPLICATIONS AND RECOMMENDATIONS

The aim of this phenomenological study was to gain new understanding of what holistic comfort meant to NPNs and to examine how this meaning was transferable from school to practice. The study profiled perceptions and appearances of holistic comfort that were previously undiscovered in the literature. Essences of experiences were described within categories, themes and sub-themes. The full expression of holistic comfort applied to NPNs is outlined in Figure 2. The meaning of holistic comfort, as related to nursing education and the transition to practice, can now be defined as: the experience of finding sustenance and the ability for transcendence in the personal, interpersonal and professional dimensions of nursing.

Figure 2. Meaning of the essences of holistic comfort for newly practicing nurses



A phenomenological approach was chosen as an appropriate method for investigating and providing rich descriptions of lived experiences. Holistic comfort, for the purposes of this study, could not be fully understood by measuring amounts of comfort using quantitative scales; since a clear definition of the meaning of holistic comfort was not available. A previous pilot study by the researcher elucidated more questions than answers. While there was an “awareness of something” (Levering, 2006, p.453) higher definition could only be acquired through interviews which provided the researcher with “what is unique, particular, and irreplaceable” (van Manen, 1990, p. 152) about the phenomenon of holistic comfort in the context of the NPN.

Rigor, described in detail in Chapter IV, was upheld by bracketing the researcher’s previous experiences with holistic comfort and setting aside references to Kolcaba’s (2003) theory. In addition, an audit trail was maintained throughout the analysis to archive the iterations of interpretations that occurred during the analysis of the data.

Following the development of a framework to capture the essences (Figure 1) the researcher examined each essence for meaning and found 2 overarching themes for the experience of holistic comfort from school to practice: these are sustenance and transcendence (Figure 2).

This chapter includes a discussion and interpretation of the research findings, implications of the findings and recommendations for further study. Reference to the literature reviewed for this study and its relationship to the findings will occur in detail throughout the chapter.

Interpretation of Results

The interviews were a purposeful data-generating activity defined by the researcher and were used to explicate meaning. The exhaustive descriptions provided essences of the meaning of the lived experience of holistic comfort from the participants. Rigorous examination of the participants' words presented three dimensions from which the meaning of holistic comfort emerged: personal, interpersonal and professional. Themes and sub-themes were then constructed from the interviews by assigning codes and grouping them accordingly. Once the essences from school to practice were grouped an overall meaning for the essences emerged from further exploration into the words participants used.

The Meaning of Holistic Comfort from School to Practice

To answer the research questions, a working definition of holistic comfort was obtained from recurring essences, described in detail in Chapter V and summarized in Figures 1 and 2. The first research question asked what holistic comfort meant to NPNs who graduated from the Fast Track Program. This meaning comprised three dimensions: personal, interpersonal and professional in which NPNs described a perceived sense of feeling strong emotionally and prepared educationally to transcend certain unavoidable difficulties in early practice.

The second research question asked how the lived experiences of holistic comfort in the academic setting became assimilated into the attitudes and behaviors of the NPN. The meaning of holistic comfort to the study participants was neither defined as a theory nor as a single experience. It was defined as an overall perception one receives and can recreate. It was defined as a strategy, a tool, a strengthening mechanism that can be

brought to mind and applied in practice. Experiencing holistic comfort as an overall philosophy in school meant NPNs knew the difference between feeling at ease and feeling inundated as they moved from school to practice. While the transition to practice was not an easy process, drawing upon school experiences of holistic comfort facilitated attitudes and behaviors that enabled NPNs to transcend anxiety, sustain them while handling a demanding workload, seek out positive support from others and feel pride in their patient care. One of the most powerful uses of holistic comfort frequently mentioned by the participants was the capacity to model what they had learned in school for senior nurses and their patients.

The concepts of transcendence and sustenance were the most central experiences that emerged from clusters of words spoken by the participants. Each sub-theme related to how holistic comfort helped NPNs transcend difficulties or gain sustenance as they progressed from school to practice. Whether experienced as feeling motivated or empowered, or better prepared for practice and direct patient care, all participants in school and in early practice experienced holistic comfort as a supportive entity.

To transcend, or to overcome a difficulty, was previously discussed as one of three states of comfort in Kolcaba's (2003) theory of holistic comfort for patient care (relief, ease and transcendence). In the case of NPNs in this study, the state of relief received no mention, and the sense of ease was largely associated with being able to transcend. A sense of ease, according to several participants, did not reflect a situation being easy, but feeling at ease helped them learn and grow as a nurse.

The term sustenance implies strength, support and nourishment (Webster, 1997). This term evolved from the many comments NPNs offered about strength and support, such as

the relevancy of their study, and how what was expected of them was supportive of their learning. Similarly, the learner-centered approach in their learning was nourishing (motivating, empowering) and something participants stated they took with them into practice. On the one hand second-degree accelerated students are self-directed and capable (Cangelosi & Whitt, 2005) yet all participants acknowledged the need for support from school through practice. Support came from faculty, peers, preceptors and family and primarily took the form of acknowledging the challenges presented to the participant. For example, participants appreciated being able to approach an instructor without fearing reprimand, and having confidence in a preceptor to show them the right way to do something without being belittled.

Participants expressed a perceptive understanding of what it meant for holistic comfort to be present as a foundational theme while attending school. They linked holistic comfort with being able to learn effectively, for the practical purpose of becoming a nurse. In practice, participants continued to link the concept of holistic comfort with helping them transcend the shock of going from school to practice.

Recollections by participants reflected anxiety and disappointment in the job and in seasoned nurses as NPNs, which first took acknowledgment and then adjustment. All participants affirmed an inner knowledge that they needed to take care of themselves in order to manage the highly stressful job, and described slowly finding ways to do that. For some it was a work in progress, for others, it was easier to be able to go home and unwind. Nevertheless, the acknowledgement of finding sustenance through personal holistic comfort using physical and emotional self-care was evident in their conversations.

On the topic of managing overload, participants described feelings of readiness to apply holistic comfort measures they had learned in school in order to transcend the feeling of being overwhelmed. This may, in part, be related to having endured a highly rigorous and demanding nursing program, so they were able to build upon past experiences and develop these strengths. Clearly, this did not reduce the amount of pressure they felt from high patient acuity or demands, or the frustration they felt from harried and hurried schedules. However, participants were able to describe transcending feeling overwhelmed by using self-care techniques such as breathing, being personally organized and communicating effectively to mobilize all resources. This is highly relevant to the NLN's (2005) charge to create a preferred future for nursing education and practice" (p.5).

Throughout the study, participants credited many of their responses to having acquired the necessary tools in school to be able to personally transcend certain difficulties in practice. Most of the difficulties participants encountered related to workload or lack of support. Participants stated they used holistic comfort as a tool to think about a situation in all contexts. This was taught in school using Kolcaba's (2003) theory (to look at a situation in the physical, psychospiritual, environmental and sociocultural contexts). NPNs who brought this to mind in practice stated it helped them draw a breath and think on their feet. The "transcendent togetherness" Gaydos (2004) described was evident in the participants' integration of knowing and connecting their learning to practice.

In addition, participants described how experiencing the feeling of holistic comfort in school meant they took care of themselves physically and emotionally as a natural

continuum into practice. The state of ease, associated with the concept of holistic comfort whereby there is a genuine sense of calm or contentment (Kolcaba, 2003), was mentioned on several occasions, by at least three participants. In fact, one participant's driving force for her personal life as a nurse, was described as her constant striving to create a state of ease. Participants spoke about the personal impact of holistic comfort from school to practice using words such as: 'huge', 'beneficial', and 'feels good'.

Five participants discussed what holistic comfort meant to them in terms of how one needed to be genuinely open to the concept in school and in practice. The words of one participant encapsulated this need: she described the picture of an open and closed fist under running water. With a closed fist, water runs off but with an open, cupped hand at least some water will remain; enough to quench one's thirst, enough to make a start. The notion that one needed to be open to holistic comfort was an interesting finding, especially as the researcher had not sought this information from the participants. It appears, at various stages, that all the participants acquired some measure of openness to holistic comfort. The two extremes being, one participant embraced the concept as soon as she learned of it, while another only truly appreciated it after leaving the Program.

Another interesting finding about being open to holistic comfort was those who held close to the concept in school appeared to have had more stability in their early practice than those who did not. For example, Participant H (graduated 2007) made three moves and Participant I (graduated 2006) made four moves in the practice setting since graduation. Neither of these participants emoted much about holistic comfort in their school experience but talked of it with animation in their current practice. While this may

be coincidental, it may indicate a longer lead-time to adaptation to practice in those who were less open to the concept of holistic comfort in school.

Sadly, in practice, all the participants sensed some form of hostility from experienced nurses. According to the participants, this was not only uncomfortable but required strength to demonstrate that antagonism was an unnecessary gesture to obtain the NPNs respect. This concurs with Rowe and Sherlock's (2005) findings of discourtesy from senior nurses in the workplace. NPNs described gaining strength from learning about holistic comfort in school, where they experienced first-hand the difference between being supported and not. This disclosure from past students bears significance to the experience of holistic comfort from school to practice and may extend Benner's (1984) concept of novice to expert being a mutual learning experience. Senior nurses must be made aware how to support new nurses without imposing fear and disregard. The NPNs in this study stated they modeled supportive behaviors they had previously experienced, either from faculty or preceptors. They expressed an interest in trying to understand why nurses would behave in a demeaning manner, and proudly discussed ways they would mentor new nurses so as to be as supportive as possible to a NPN who is struggling to be authentically comfortable.

Participants discerned that the difference between negative and positive support was a fine balance between being feeling comfortable and sustaining enough anxiety to prevent complacency. One gave the analogy of nurturing seedlings where one can't trample on the ground until they have grown strong. This was an interesting finding, as participants were clearly not seeking a relaxed, warm and fuzzy type of comfort. What they were seeking was an environment that supported learning within a sense of ease, adult to adult

in a professional fashion. Kolcaba (personal communication, 2007) stated further study was needed to demonstrate the urgency of creating a comfortable environment for new nurses to learn. It is likely the participants in this study represent many new nurses for whom displays of arrogance and debasement from experienced nurses are most uncomfortable and unnecessary. One participant felt the disrespect toward NPNs demonstrated insecurity and dissatisfaction which, she stated, was a poor way to model a caring career. Almost unanimously, participants described ways they transcended feeling intimidated by experienced nurses, either by leaving a particular practice setting or by demonstrating their competence to minimize the negativity of demeaning behaviors by others.

Just as Tutton and Seers (2003) had found that comfort was not always explicit, but rather, implicit in the framework being considered, so too were elements of the participants' interviews. For example, nurturing and strength, transcendence and support were more implied than directly mentioned, yet became an integral part of the framework. Inspiration too, depended on certain experiences. One participant remembered feeling inspired by the way a clinical instructor talked with a patient going through a difficult procedure. Another was inspired to be a nurse just like a professor she admired, and others revered excellent nurse-patient communications they had witnessed.

Throughout the study, participants expressed pride in their recent delivery of patient care and spoke of feeling educationally prepared for the professional nursing role. The ultimate outcome of affecting direct patient care is extremely important when considering the implications of applying holistic comfort as a theory or as a philosophy for a school of nursing. Other than one mention of the relevance of writing patient care plans; the

education that participants referred to did not include concepts of medical- surgical nursing, laboratory values or specific physiological states. In contrast, the educational preparation they described were feelings they had experienced as a learner in school and then in practice. Pride came from being mistaken for a well-seasoned nurse by patients, intentionally assimilating aspects of holistic comfort into their patients' care and knowing they had made a difference to at least one family's life. Participants discussed teaching their patients about holistic comfort and using it as a tool to direct their nursing care. This study provided valuable insight into the extension of holistic comfort from school to practice. Making a difference through holistic comfort was poignantly described as the entire foundation for nursing. One unexpected response was the NPNs interviewed were surprised that not all nurses learn about holistic comfort in school, and the participants' difficulty imagining trying to practice without that experience.

Review of the Literature in Relation to the Findings

The phenomenological research process requires active immersion in the literature throughout the study and especially after the data collection phase (Munhall, 2007). While the literature referred to above was constantly revisited, the researcher also became well- versed in conducting phenomenology which was partly achieved by reading numerous phenomenological studies. In addition, the researcher continuously updated references to the literature to explicate the relevancy of meanings as they surfaced.

Throughout the study, the researcher read widely from varying perspectives (educational, psychological, nursing, and phenomenological) to challenge or support, amend or append the themes being identified. For example, the need to manage nursing students' anxiety was confirmed with studies concluding that when student nurses suffer

from anxiety it decreases their ability to learn and retain information (Billingsley, Collins and Miller, 2007). These authors initiated a stress management workshop for nursing students and found that students who experience a sense of comfort and belonging may have reduced anxiety. Gorostidi et al., (2007) suggest that demonstrating caring attitudes toward student nurse stressors in school may, in turn, enable students to display caring attitudes as nurses. In contrast, compassion fatigue (Bush, 2009) has become a well-known phenomenon for nurses who slide seamlessly from being energetic caretakers to feeling totally overwhelmed.

Kolcaba, the founder of holistic comfort theory (2003) addressed nurses' comfort at one institution with a unifying framework to enhance the practice environment (2006). The Comfort Line (thecomfortline.com, 2009) offers student and practicing nurses a comfort questionnaire, meditation and visualization techniques and ways to make small institutional changes to improve their own comfort. This study has extended Kolcaba's work to the transition of nursing students to NPNs. According to Kolcaba, 'nursing professors have an obligation to role model comforting behaviors so that their students do better, learn more easily, and become kind nurses' (personal communication, March 12, 2007). This study has shifted the paradigm of holistic comfort for patients to nurses and their needs from school through practice.

When participants described overload in the new work setting, an article by Fagerstöm (2006) confirmed the same situation in Finland, where new nurses experienced chaos and felt their capacity was insufficient to control the situation. Similarly, Billingsley, Collins and Miller, (2007), and Bowles and Candela (2005) referred to stress and burnout in the NPN, which can lead to dissatisfaction and attrition.

Despite the volumes of work regarding stress in nursing, such as Benner, 1984; Rowe & Sherlock, 2005; Fagerström, 2006, and Gorostidi et al, 2007, there remains an ideology that nurses are nurturing and caring (Tutton & Seers, 2003, & Watson, 2005).

The personal and interpersonal benefits of learner-centered education have been well documented (Huba & Freed, 2000; Weimer, 2002; Billings & Halstead, 2004, and Zull, 2006). In nursing, Candela, Dalley & Benzel-Lindley (2006) made a case for learning centered curricula, which supported principles of respect, unconditional positive regard and setting appropriate boundaries as important elements to help learning. Hawks (1992) referred to empowerment in nursing education as providing a resourceful learning environment, and participants in this study confirmed empowerment through holistic comfort, which helped them reach their goals and find their resources when needed.

Similarly, in 2000, Shelton found that nursing students who perceived faculty support and mentorship reported higher academic success. Ronsten, Andersson and Gustafsson (2005) confirmed mentorship as enabling “novice nurses to nurse in a more reflective and holistic way” (p. 312). They suggested reinforcement through appropriate mentorship may be a “crucial ingredient for maintaining quality standards in nursing in the future” (p.312).

Several participants associated holistic comfort with the concept of personal strength, which appears to be a fitting comparison. Lancellotti and Indri (2007) wrote about nurturing their “baby nurses...and help them be strong as they enter the demanding profession of nursing” (p.110). While recognizing that baby nurses are, in fact, mature individuals with myriad backgrounds and experiences, the concept of helping them grow

as new practitioners is inspiring and substantiates the need for holistic comfort while transitioning from school to practice.

Dewey's (1997) seminal work upholds participants' suggestions that individuals need to reflect on an experience in a state of open-mindedness. Some participants felt holistic comfort was more meaningful when the student was open to the concept and allowed it in wholeheartedly. Wholeheartedness, according to Dewey is another vital attitudinal stance for learning. According to Weimer (2002), motivation, retention and transference of learning are considered successful outcomes of promoting a positive learning community. This, with reference to Dewey entices collaboration and shared responsibilities for teaching and learning.

Illuminating the essential qualities of professional holistic comfort from school to practice included McKenna and Newton's (2008) findings that nursing education and development does not end with the completion of a nursing program. Distinctive aspects of holistic comfort in school, such as availability and communication inspire students to evolve into professional nurses. In 2002, Malinowski and Stamler concluded, "comfort is an indispensable element of holistic, culturally congruent human care" (p. 2).

Regarding the one participant who associated holistic comfort with his patients' safety, Ridley (2008) confirms the need to determine the best possible nursing staff to provide the safest patient care. Level of education, according to Ridley, may not be the only factor in determining nursing competency and positive outcome measures. This is important for several reasons, including the charge from the National League for Nursing (2005) who called for nurse educators to value student nurses as professionals throughout their education; ensure students are well-prepared for the challenges of the workplace;

prevent new nurses from being overwhelmed, and provide resources so new nurses' practice is not impaired by difficulties.

Implications for Nursing

The national newspaper, U.S.A.Today (July 31-Aug2, 2009) ran a cover story highlighting millions of Americans who are seeking new careers due to the recession. The article described nursing as one of the most sought after second careers because healthcare appears to offer a secure position. Apparently, automotive workers, financial analysts and mortgage brokers are finding unexpected rewards in nursing although they have a higher financial burden paying for schooling and taking lower paying jobs. Yet, the transition is hard and analyzing the interview data with this in mind validates the promotion of holistic comfort in smoothing the successful progress of rapid entry of nontraditional students into the workforce.

In the current era of healthcare meltdown (LeBow, 2005), economic distress and the nursing shortage, there is a need to return to the roots of nursing and the foundation of patient care. If this is a matter of nurses learning how to find holistic comfort, the learner and NPN will have to adapt. However, if it is a matter of obvious external discomforts the teacher and institutions should be more accommodating to the NPN. According to the NLN, Board of Governors' Report (2005) this can be set in motion by placing well-prepared, well-rounded nurses into the field. Such nurses bring with them a toolbox of personal, interpersonal and professional resources to manage the changing demands of the job while giving exemplary nursing care. One such resource is holistic comfort when it is embraced as a nurturing and strengthening approach to learning about, and practicing, being a nurse. The way holistic comfort is incorporated as a practical

application of Kolcaba's original theory (2003) may be individual but the effects may be far reaching.

When the researcher first conceived of adapting aspects of holistic comfort from a theory of patient care (Kolcaba, 2003) into a philosophy of nursing education, it seemed an effortless and natural extension of the learner-centered approach. It was only after students became enthused by the practical benefits of holistic comfort that the researcher understood there may be far reaching implications. One proposition of this study is for teachers and mentors to be aware of a potentially simple approach to instruction, which can make a world of difference to their students. While comforting the sick and persons in distress has long defined the tradition of nursing (Nightingale, 1969), the notion of enhancing students' and new nurses' professional growth is essential to the profession.

Another implication for nursing is to value the ease in which learning can be experienced and to avoid behaviors that can antagonize the learning process. Holistic comfort addresses the personal, interpersonal and professional dimensions of an eager learner who can only benefit from encouragement and support. The viewpoints of the participants regarding the transferability of holistic comfort as a resource for practice are noteworthy. This indicates that holistic comfort is a continuous process and that, if the fundamental tenets of holistic comfort are initiated early in the career process, it may help with the development of the professional nurse.

Similarly, the transition to practice is a recognized obscurity for NPNs graduating from all types of programs. Efforts to collaborate nursing programs with hospital transition programs warrant the inclusion of holistic comfort as a bridge. Research into

various aspects of new graduate programs and the impact holistic comfort can make to close the gap would help clarify the complex dynamics of the transition.

The most convincing implication of this study, from the researcher's perspective, came from the participants' descriptions of using holistic comfort during the transition from school to practice. While it may be logical that the concept could be used in the personal context of self-care, the fact that all participants referred to holistic comfort as something they still use with colleagues as well as patients implies practice outcomes can be affected. If even some element of holistic comfort practiced by nurses constitutes positive patient outcomes, then the implications for introducing holistic comfort in nursing school is compelling.

Limitations of the Study

As mentioned above, coding is a subjective process and not exhaustive. During coding, The NVivo8 Consultant at Datasense, LLC provided the researcher with guidance to code the transcripts as closely as possible to answer the research questions. During the analysis phase, faculty experts provided a third-eye view to reduce all findings strictly to the participants' words. Every attempt was made to code for context rather than to code every line of text. However, one of the biggest potential limitations of the study was the possible influence the researcher had on the participants. Having been one of their primary educators in the Fast Track program and a proponent of holistic comfort, participants may have felt the need to recall their experiences positively. While participants consented to providing representation of their experiences without repercussions, it was more important than expected at the beginning of the study to use a bracketing technique. Munhall calls this process "becoming phenomenological"

(Munhall, 2007, p.219), and it was largely achieved by finding as varied a group of participants as possible within the sample.

Bracketing was vital to suspend judgment or previous experience with holistic comfort in order to allow the essences of the phenomena to come forth from the participants' words. The researcher addressed *coming clean* and reflexivity in earlier chapters and in the narrative journal. Revisiting and seeking additional literature for intelligibility and direction was essential to further reduce likelihood of bias.

Another possible limitation was the researcher's awareness that the participants' descriptions of experiences were retroactive. While the purpose of this study was to evoke responses from the past, there is always a possibility of distortion of memories over the passage of time. However, as identified in the literature, individuals process experiences over time, through a complex series of successive thoughts; therefore the participants' retrospective feelings are more likely to be well synthesized. Van Manen (1990) suggests advantages to retrospection and that experiences recalled are likely to be fuller because the participant has had the opportunity to reflect. Nevertheless, potential inaccurate descriptions by the participants must be considered as an unconscious attempt at providing authentic data.

Regarding data analysis, the first impression the researcher had of NVivo8 was to be impressed with the apparent simplicity of the screen and the coding process. However, it cannot be said the program was intuitive and it created a steep learning curve to become acquainted with the most basic functions of coding and reporting (Consultation, Datasense, LLC, June 4, 2009). Despite acquiring an up-to-date computer system, the software frequently "crashed" and the researcher chose to write a narrative journal rather

than use the software for an audit trail or memos. While the overall process of using NVivo8 was easier than managing large amounts of data to generate the initial reports, a manual approach (with colored pens and Post-it's ®) was still necessary in order to refine the themes, search for commonalities and code for meaning of the phenomenon in the contexts of personal, professional and social experiences.

Munhall (2007) warns that there is no “one-size- fits-all” meaning of any experience (p.200). Therefore, the process of reducing the participants’ experiences into categories, themes and sub-themes was based on finding comparisons and heterogeneity of responses, rather than intricate examination of every utterance during the interviews. The meanings were therefore generalized in as much as they were clustered into a framework, but particular experiences were provided verbatim to exemplify the interpretations.

Finally, the nature of a phenomenological study such as this was to gain understanding from within a limited number of participants. Consequently, such a study cannot be generalized but might illuminate information that may be recognizable and constructive to others in similar circumstances. Phenomenological information, according to Munhall (2007), has made significant impact on the world of research where investigating even one person’s experiences can provide valuable and unique insights.

Recommendations for Future Research

This study identified the meaning of holistic comfort as an innovative learning approach for one population. It is anticipated that further studies in other populations will build upon this meaning and enhance comparative studies, correlations, and research into other contexts of holistic comfort such as confidence, culture and coping.

The essence of the meaning of the NPNs' lived experiences of holistic comfort related to three dimensions: personal, interpersonal and professional. Each of these areas entices further study from other descriptive viewpoints, such as cultural diversity, resiliency, satisfaction, confidence and competence. Two of the nine participants implied delayed appreciation for the concept of holistic comfort, and one specifically referred to its application to patient safety. Both areas warrant further research, as does the implication that perceiving holistic comfort may affect lead-time to satisfaction in the workplace.

Additional research would be beneficial to see how other nursing programs might incorporate holistic comfort as a philosophical approach to education. While this study related specifically to accelerated second-degree nursing students, the literature affirms that all nursing students experience stress and many NPNs experience burnout. Therefore, researchers might find the tenets of holistic comfort to be applicable to other programs where those new to nursing may benefit from understanding how holistic comfort can be experienced. The suggestion for further research is therefore two-fold: To incorporate holistic comfort as a learner-centered approach in other nursing programs and to explore student responses. The framework created for this study can be used to develop a quantitative assessment of improvement in learning outcomes and effectiveness in facilitating the successful transition from student nurses to NPNs.

Summary

The NPNs in this study perceived an overall positive reaction to being taught about holistic comfort as a theory (Kolcaba, 2003) and as a strategy, to transcend difficulties on many levels in school and in practice. Not all recalled the actual theory during the

interviews but every participant recalled experiencing the concept of holistic comfort. This implies the overall outcome is more important than teaching an actual class on the topic. Participants described how holistic comfort felt in school as well as in practice, and how it overlapped between the settings. These feelings were described in interviews, which provided the researcher with rich data from which to extract essences of meanings.

A compelling narrative surfaced during the process of integrating participants' experiences with an emerging framework. The process was lengthy and the framework was frequently revised until as many relevant meanings were uncovered as possible. Lincoln and Guba's (1986) concepts of trustworthiness and authenticity were closely adhered to, as were van Manen's (1990) and Munhall's (2007) recommendations for maintaining rigor referred to in chapters III and IV. Keeping the research questions close to mind and selecting specific examples to illustrate meaning, facilitated relevancy. While holistic comfort had different connotations to all, the final story unearthed essences of meanings true to all participants. These provided the basis for the final framework (Figure 1) and a working definition of holistic comfort (Figure 2).

Prior to conducting this study the researcher had professed holistic comfort from the viewpoint of the student nurse transitioning into practice. While an integral image of the entirety of holistic comfort was perceived, the process of this phenomenological study has illuminated and profiled the concept in various stages. Since the whole can never be truly reduced to the sum of its parts, a more complete understanding of the meaning of holistic comfort emerged to offer an image of its entirety in the NPN experience.

The entire phenomenon of holistic comfort for NPNs transitioning from school to practice is one of multiple perceptions, with a likely plethora of yet unexamined

experiences. In order to conclude interpretations from the participants' experiences in this study, the researcher applied meticulous steps outlined by van Manen (1990) and Munhall (2007) to become fully immersed in the process of finding meaning to the phenomenon. This involved heavy immersion and contemplative dwelling with lengthy transcriptions in order to understand participants' experiences with holistic comfort. It also involved serious reflection, through narrative journaling by the researcher, to continue "unknowing" preconceptions and biases (Munhall, p.170).

The meaning of nurses' holistic comfort from school to practice was determined from this study to be the experience of finding sustenance and the ability for transcendence in the personal, interpersonal and professional dimensions of nursing. Through the phenomenological process, holistic comfort as experienced by NPNs transitioning from school to practice, provided contextual meanings, significant understanding and expanded consciousness of a phenomenon, until now, undiscovered.

APPENDIX A

UNLV IRB APPROVAL AND CONSENT FORMS



Biomedical IRB – Expedited Review Approval Notice

NOTICE TO ALL RESEARCHERS:

Please be aware that a protocol violation (e.g., failure to submit a modification for any change) of an IRB approved protocol may result in mandatory remedial education, additional audits, re-consenting subjects, researcher probation/suspension of any research protocol at issue, suspension of additional existing research protocols, invalidation of all research conducted under the research protocol at issue, and further appropriate consequences as determined by the IRB and the Institutional Officer.

DATE: January 13, 2009
TO: Dr. Lori Candela, Physiological Nursing
FROM: Office for the Protection of Research Subjects
RE: Notification of IRB Action by Dr. John Mercer, Chair *MLC*
Protocol Title: **From School to Practice: The Meaning of Nurses' Holistic Comfort**
Protocol #: 0812-2964

This memorandum is notification that the project referenced above has been reviewed by the UNLV Biomedical Institutional Review Board (IRB) as indicated in regulatory statutes 45 CFR 46. The protocol has been reviewed and approved.

The protocol is approved for a period of one year from the date of IRB approval. The expiration date of this protocol is January 6, 2010. Work on the project may begin as soon as you receive written notification from the Office for the Protection of Research Subjects (OPRS).

PLEASE NOTE:

Attached to this approval notice is the **official Informed Consent/Assent (IC/IA) Form** for this study. The IC/IA contains an official approval stamp. Only copies of this official IC/IA form may be used when obtaining consent. Please keep the original for your records.

Should there be *any* change to the protocol, it will be necessary to submit a **Modification Form** through OPRS. No changes may be made to the existing protocol until modifications have been approved by the IRB.

Should the use of human subjects described in this protocol continue beyond January 6, 2010 it would be necessary to submit a **Continuing Review Request Form** 60 days before the expiration date.

If you have questions or require any assistance, please contact the Office for the Protection of Research Subjects at OPRSHumanSubjects@unlv.edu or call 895-2794.

Office for the Protection of Research Subjects
4825 Maryland Parkway • Box 451047 • Las Vegas, Nevada 89151-1047

RECEIVED
JAN 17 2011



INFORMED CONSENT

School of Nursing

TITLE OF STUDY: *From School to Practice: The Meaning of Nurses' Holistic Comfort*
INVESTIGATOR(S): Lori Candela, RN, EdD and Mild Goodwin, RN, MS, PhD
CONTACT PHONE NUMBER: Lori Candela, 702-895-2443; Mild Goodwin 298-373-1781

Purpose of the Study

You are invited to participate in a research study. The study will explore the meaning of holistic comfort in newly practicing nurses who graduated from the Fast Track Program in Idaho State University, School of Nursing, Boise. The researcher hopes to discover if embedding principles of holistic comfort in the nursing program influences how new nurses thrive in the workplace. This is important in preparing nurses for a potentially challenging career, and has implications for future students of the Fast Track program.

Participants

You are being asked to participate in the study because you are a newly practicing nurse (with more than six months experience in the workplace), you are between the ages of 24 and 50 years, and you graduated from the Fast Track Program, either in the class of 2006, 2007, or 2008. Holistic comfort has been embedded within the curriculum and setting of the program since 2005, and your participation in the program during that time makes you a sought after participant for this research study. Your participation will be key to our understanding of experiences with holistic comfort as a student might influence experiences in nursing practice.

Procedures

If you volunteer to participate in this study, you will be asked to do the following: participate in a one-to-one and a 30-minute interview to discuss your experience with holistic comfort and what it means to you. The interview will take place in a quiet, private setting of your choice, including a non-nursing, private office available to the researcher. The interview will be audio-taped for later transcription. The unedited interview will be returned to you to review for accuracy and any additional information you may want to include. During the interview the researcher may prompt you with cues, but the main role of the researcher is to listen and learn from your experience.

Benefits of Participation

There may be no direct benefits to you as a participant in this study although you may enjoy recalling events of holistic comfort in practice. We hope to learn what your experiences with holistic comfort as a newly practicing nurse mean to you. The research findings from this study are expected to benefit the wider field of nursing and nursing education by understanding how holistic comfort embedded in a nursing curriculum may influence how new nurses thrive in the workplace.

Participant Initials _____

1 of 2



11113 (01-07-2017): From school to practice: The meaning of nurses' holistic comfort

Risks of Participation

All research studies carry risk, although there is no particular risk anticipated in this study. The questions you will be asked relate to what holistic comfort means to you as a newly practicing nurse. The nature of holistic comfort in practice is not expected to cause discomfort. However, if you should feel discomfort or stress while recalling an event in your early practice, you will be reminded that you need not continue to recall the event. You will also be reminded that you may stop the interview at any time should you feel discomfort or stress and wish to have a break. You will be reminded that you need not answer any question that makes you feel uncomfortable or distressed. You will also be reminded that you may end the interview and/or withdraw from the study at any time, for any reason, without negative consequences.

Cost/Compensation

There will not be financial cost to you to participate in this study. The study will take one to one and a half hours of your time. In addition, you will be asked to read and verify your transcribed interview at a later time. This should take one hour or less and will be sent to you by e-mail. You will not be compensated for your time, but it will be greatly appreciated.

Contact Information

If you have any questions or concerns about the study, you may contact my Dissertation Chair, Dr. Lori Candeia at 702-895-2443 or Miki Goodwin at 208-373-1781. For questions regarding the rights of research subjects, any complaints or concerns regarding the manner in which the study is being conducted you may contact the UNLV Office for the Protection of Research Subjects at 702-895-2794.

Voluntary Participation

Your participation in this study is voluntary. You may refuse to participate in this study or in any part of this study. You may withdraw at any time without prejudice to your relations with the university. You are encouraged to ask questions about this study at the beginning or any time during the research study.

Confidentiality

All information gathered in this study will be kept completely confidential. No reference will be made in written or oral materials that could link you to this study. All records will be stored in a locked facility at UNLV for three years after completion of the study. After the storage time the information gathered will be destroyed.

Participant Consent

I have read the above information and agree to participate in this study. I am at least 18 years of age. A copy of this form has been given to me.

Signature of Participant

Date

Participant Name (Please Print)

Participant Initials

RECEIVED

MAY 7 2011



(Print or write) I have read and understand the meaning of nature and content

I agree to be made blind for the purposes of this research study.

Signature of Participant _____

Date _____

Participant Name (Please Print) _____

Participant Note: Please do not sign this document if the Approval Stamp is missing or is expired.

Participant Initials _____

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APPENDIX B

IDAHO STATE UNIVERSITY IRB APPROVAL

RE: Your application dated 12/17/2008 regarding study number 3258: From School to Practice: The Meaning of Nurses' Holistic Comfort

Dear Ms. Goodwin:

I have reviewed your request for expedited approval of the new study listed above. This is to confirm that I have approved your application.

Notify the HSC of any adverse events. Serious, unexpected adverse events must be reported in writing within 5 business days.

Submit progress reports on your project in six months. You should report how many subjects have participated in the project and verify that you are following the methods and procedures outlined in your approved protocol. Then, report to the Human Subjects Committee when your project has been completed. Reporting forms are available on-line.

You may conduct your study as described in your application effective immediately. The study is subject to renewal on or before 12/17/2009, unless closed before that date.

Please note that any changes to the study as approved must be promptly reported and approved. Some changes may be approved by expedited review; others require full board review. Contact Patricia Hunter (708-283-2179; fax 208-282-4529; email: hmsubj@isu.edu) if you have any questions or require further information.

Sincerely,

Ralph Baergen, PhD, CIP
Human Subjects Chair

APPENDIX C

LETTER OF RECRUITMENT

1/1/00

1/1/00

For my doctoral research I am writing to you and all of the Post Track Program who graduated in May 2006 or later. I shall be conducting interviews to explore what holistic conduct means to newly practicing nurses who experienced it as a concept during their nursing education. I would like to invite you to be one of my interviewees. I anticipate the interview will be one to one and a half hours in length, relaxed and non-threatening. The setting for the interview will be of your choosing, although a private office at ISU-Moore is always available. Private interviews will be conducted from February to April, 2009. They will be audio-taped and kept strictly confidential. Within a month of our interview I would be mailing you a hard copy of the typed transcript of the interview and asking you to review it for accuracy and add any other information you would like to include.

I do hope you will consider this opportunity to share your experiences to help me. I will be examining themes that emerge from the interviews to discover if embedding principles of holistic conduct in the nursing program influences how new nurses behave in the workplace. This is important in preparing nurses for a potentially challenging career, and has implications for future students of the Post Track Program.

Should you be interested, I'd be delighted to discuss this further with you and provide more details. Please email me at _____ or phone _____.

Sincerely,
Mild Goodwin

APPENDIX D

AUDIT TRAIL-NARRATIVE JOURNAL

April 19, 2009. Results from contextual coding from NVivo provided 5 categories with 35 subcategories:

1. Q01-When graduated from FTP
2. Q02-Main focus since graduation (2 subcategories)
 - Initial assignments* (6 subcategories)
 - CCU
 - CVR
 - ICU
 - Labor & delivery
 - Medical surgical
 - Psychiatric outpatient
 - Current assignment* (8 subcategories)
 - Dual - CCU ICU
 - Dual - Rehab & Medical surgical
 - ER
 - Labor & delivery
 - Medical surgical
 - OR
 - Psychiatric outpatient
 - Telemetry Cardiovascular Nephrology
3. Q03-School Experience (11 subcategories)
 - Class size
 - Comfort - coping with tension
 - Comparing nursing education to prior
 - Evaluate program
 - Family
 - HC philosophy embedded in program
 - HC projects-class-theory
 - Instructors
 - Mentor - Guru
 - Peers
 - Self
4. Q04-Transition from nursing school (3 subcategories)
 - Current nursing experience
 - Initial nursing experience
 - Meaning of holistic comfort
1. Q05-Examples used holistic comfort (5 subcategories)

- Colleagues peers students
- Family
- Non HC - task-oriented skills
- Patients & their families
- Self

May, 2009. All transcripts returned with approval from interviewees. Minor changes were grammatical, not contextual. Consent to proceed was granted by all *participants*.

June 7, 2009. I have decided to perform an audit trail but would rather call it a documentary record, or narrative journal, because it's more descriptive of what I am doing than a formalized computer record. The less I need to use NVivo and the more I can truly immerse in this whole process the better – it's just the way I work best and seems to suit phenomenology best. Although I didn't put the completion of an audit trail in my research proposal I have been thinking a lot about how I would explain what my thinking has been throughout the course of this study. I have heard the term so often in various forms but was having a really hard time seeing how an audit trail could be beneficial to this study. Then I found this quote in an attempt to answer my own question of what an audit trail truly is: “ It is an antidote to the unfortunate practice of presenting qualitative findings as if they simply emerged fully-formed from the data, like mushrooms from manure!”

http://www.hud.ac.uk/hhs/research/template_analysis/technique/qualityreflexivity.htm, (Jun 7, 2009). Perfect! This must have been the root of my anxieties and seems to have alleviated some, as I have been feeling the need to document this study but could not relish the thought of doing so using a computer program, (NVivo). This way, I can write in true narrative journaling style and keep the succinct, precise words, results and conclusions for the dissertation.

A note about reflexivity: Even if I “come clean” and claim the obvious biases (my students, my project, my soap-box) I have been really sensitive to the fact that I must be reflective. I am so close to the concept of comfort, can I truly be too close for comfort? That is, I must reflect on the nature of my involvement in the research process. I see now why, even for the purposes of finding out about doing an audit trail, I have gone back and forth spending 2 long days simply making inquiries as to how best to document the research process. The NVivo consultant, K.C., didn't think audit trail was necessary. She said my data is rich, it is obvious to her third eye that there is much to write about and how important (and challenging) it will be now to stick to the research question because there's so much data! While that was encouraging, it made me further question the whole process, and has simply prompted me to want to journal the process. Hence, the journal begins after the journey has started, but at a good point having coded all my interviews and being ready to embark upon some heavy analysis. I am satisfied to have reached a point in the process where I am able to write, and write, and write.

I find NVivo cumbersome! I bought the program and took a 2hour one-on-one classes with K.C. It was very useful as far as it helped me re-learn what a lot of the terms meant (from Dr B.s' class in 2006) and the nature of coding for themes and subthemes. The

process is not intuitive for me and I was glad of the consultation, and all 9 interviews have now been coded. I must say the themes truly did appear to emerge much like the “mushrooms from the ground” mentioned above! I am excited, but it’s huge and because I work best on paper I am now spending a lot longer re-analyzing what it all means, pouring over pages and pages and using different color highlighters as new themes appear upon each reading!

The interview questions became the 5 Node Listings (or categories), with 35 subcategories in NVivo. A lot of these categories will help with the sample description but not analyses. Nodes 1, 2, and 3 were of a demographic nature and the data is useful and necessary to answer much of chapter 5:

- Q1: when did they graduate from the Fast Track program (year)
- Q2: what has been their main focus of practice since graduation (6 subcategories)
- Q3: What is their current assignment (8 subcategories)

Then Q 4 and Q5 are where the data really gets really exciting!
 Q4: Experiencing holistic comfort in the school (11 subcategories)
 Q5: Experiencing holistic comfort in the transition to practice (5 subcategories)
 The biggest breakthrough yet did not come from NVivo coding as much as it did from my reading and analysis of the interviews. Three main themes pertaining to comfort in this study have emerged and stayed with me for several days so I think they’re here to stay:

- Personal (what holistic comfort means to self)
- Professional (what holistic comfort means as a newly practicing nurse)
- Social (what holistic comfort means when interacting with others as a student and as a practicing nurse).

How the participants discussed their experiences helped me determine the dimensions in which they experienced holistic comfort:

Here’s how I am coding on paper. This is a page by page process!

NOTE July 1, 2009: Chart for Color Coding changed again – see final chart which will also appear in Appendices.

THEMES	CONTEXT	COLOR CODE	Potential SUBTHEMES
PERSONAL	what HC means to self	Light blue	1.Student nurse 2.New nurse 3. HC philosophy embedded in self 4. Comfort: coping with tension
PROFESSIONAL	what HC means as a newly practicing nurse	Green	1. Mentor /guru 2. Colleagues 3. Instructors 4.philosophy embedded in program 5. Comfort: dealing with the new role
SOCIAL	what HC means	Pink	1. Family 2. Peers, class size

	interacting as student and NPN		3. Patient 4. Non HC task-oriented skills 5. Comfort: dealing with others
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Category and Descriptor of Meaning	Participants									
	PA	PB	PC	PD	PE	PF	PG	PH	PI	
Personal Meaning of Holistic Comfort in School										
Self-motivation: I want to be a nurse more than ever now I am in the Program		X	X			X			X	
Empowerment: I am a good student nurse	X	X	X	X	X					
Tension and self-care: I need to take care of myself, fill my reserves	X		X	X	X	X	X	X		
Personal Meaning of Holistic Comfort in Practice										
Anxiety: I can transcend feelings of being overwhelmed		X	X	X				X		
Overload: I am strong and know my resources	X			X		X	X			
Transfer of learning: I can practice what I learned in school	X	X		X	X	X	X	X		
Interpersonal Meaning of Holistic Comfort in School										
Peer support: Social strength comes from being in the same boat and learning together	X		X		X		X			
Other influences: Family and friends support one another	X	X		X	X	X	X	X		
Interpersonal Meaning of Holistic Comfort in Practice										
Hostility: Transcend hostility, be kind, don't "eat your young"	X	X	X		X	X				
Other influences: Good preceptors strengthen new nurses and make a difference to their outlook	X	X		X	X	X				X
Professional Meaning of Holistic Comfort in School										
Inspiration: Faculty demonstrate excellence which strengthens the desire for students to emulate later	X	X		X		X				
Relevancy in learning: HC provides a lifelong tool at one's fingertips to use in multiple situations				X	X		X	X	X	
Professional Meaning of Holistic Comfort in Practice										
Pride in patient care: Gives the profession strength and standards to be proud of	X	X	X	X	X	X	X	X	X	
Educational preparedness: New nurses feel strong knowing their limitations and capabilities	X	X		X	X	X	X			X

July 7, 2009

Lori Candela and I had a good conversation via Skype today: that's always reassuring. I feel I am on track and am engrossed in writing. I have really concentrated the analysis (and manual re-coding) on personal, professional and social meanings of the experience of holistic comfort (see below). It makes most sense for the experience of the newly practicing nurse and has stuck as a base for describing the results of the interviews. Now I am putting together another chart to reduce the sub themes, which so far include support, coping, acknowledgement, strength, trust and inspiration. Also emerging are:

being receptive to comfort, having a positive attitude, balancing comfort with anxiety, and 'how I feel about myself as a nurse'.

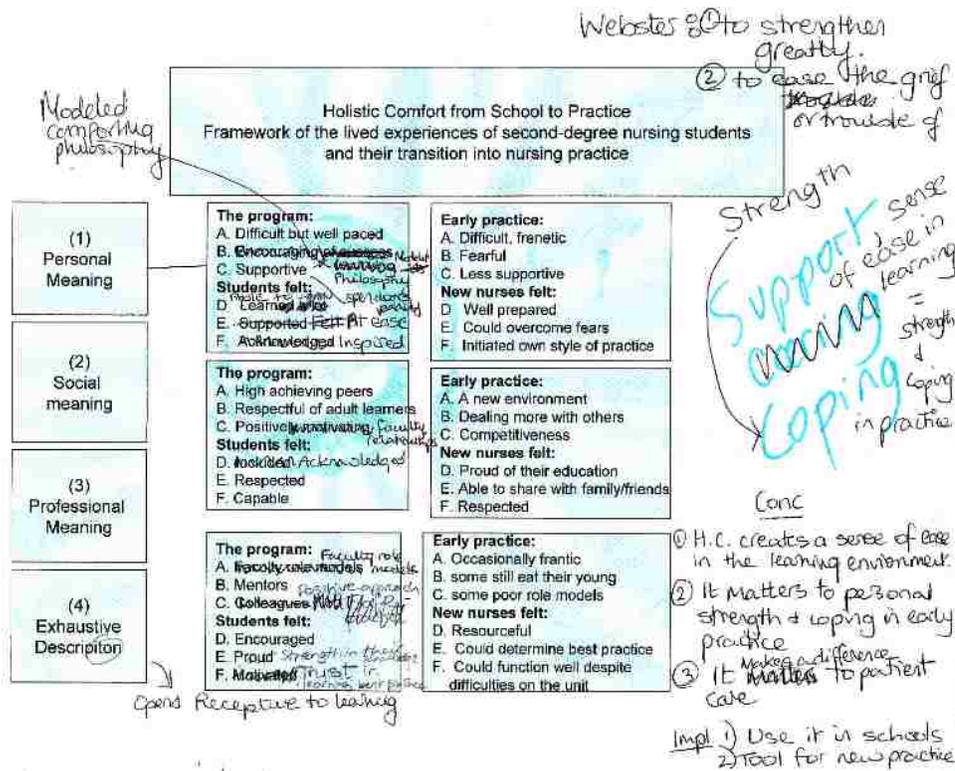
As my lit review links comfort with strength I am not so surprised. However, what's interesting (and new to my understanding) is how many participants stated one had to be open to comfort in order to receive it.

This is an exciting phase of the study!

July 17, 2009

Themes keep changing. Strength is appearing more often as empowerment. Acknowledgement is emerging as motivation. The huge challenge now is the amount of data. There are too many experiences so I keep having to come back to the research questions (RQ1 and RQ2): what does holistic comfort mean? This has been the most difficult process so far. Selecting excerpts to illustrate the themes is also challenging. There are many examples and I am trying select the *most* relevant to the theme. Again, the manual color coding chart is becoming extremely useful for this process. I keep needing to re-read about phenomenological studies. You would think t this stage I would know it well, but I am immersed, I just need clarification along the way.

July 23, 2009 Evolution of the study has taken many scraps of paper and sitting at many coffee shops. I am scanning in the most pertinent of notes because I think I finally have put together the final framework (Fig 1)!



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VITA

Graduate College
University of Nevada, Las Vegas

Michal Goodwin

Home Address:
Boise, Idaho

Degrees:
Diploma of General Nursing, 1980
University College Hospital, London, UK

Bachelor of Science, Nursing, 1996
Holy Names University, California

Master of Science, Nursing Education, 2006
Idaho State University, Idaho

Special Honors and Awards:
Idaho Alliance of Leaders in Nursing Hospital Allocated Funds Awards, 2008 & 2009
Sister Eucharist Mitchell Leadership Award for Academic Excellence and Outstanding Community Service, 1996
Division of Social Sciences Award for Academic Merit, Holy Names University, 1995
President's Scholarship in Nursing, Holy Names University, 1995 & 1996
Joy Long Memorial Award for Outstanding Nurse, University College Hospital, London, 1981

Publications:
Goodwin, M. & Ciplinski, C. (2009, March). *Life in the fast lane: Who enters fast track nursing programs?* Poster session at ISU Research Day, Idaho State University.

Goodwin, M. & Mikitish, L. (2009, June). The benefits of student interaction with a foster grandparent program. Poster session at National Rural Nurse Conference, Idaho.

Goodwin, M. & Rich, M. (2009, March). *Innovative learning activities for diabetes education.* Poster session at ISU Research Day, Idaho State University, Idaho

Goodwin, M., Sener, I.M., & Steiner, S. (2007). A novel theory for nursing education: Holistic comfort. *Journal of Holistic Nursing*, 25(4), 278-285.

Goodwin, M., & Sener, I.M. (2005, September). *The incorporation of holistic comfort theory into a nursing education program*. Poster session presented at the Idaho Nurse Educator's Conference, North Idaho College, Coeur d'Alene, Idaho.

Goodwin, M., Sener, I.M. & Steiner, S. (2005, May). The incorporation of holistic comfort in nursing education. *Project report in partial fulfillment of the requirements for the degree of Master of Science in Nursing in the Department of Nursing, Idaho State University*.

Dissertation Title:

From School to Practice: The Meaning of Nurses' Holistic Comfort

Dissertation Examination Committee:

Chairperson, Dr. Lori Candela, Ed.D

Committee Member, Dr. Cheryl Bowles, Ed.D

Committee Member, Dr. Michele Clark, Ph.D.

Committee Member, Dr. LeAnn Putney, Ph.D.

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