Most nurses aspire to be satisfied with their careers. The results of the study reported in this article suggest that registered nurses who achieve genuine career satisfaction thrive professionally. In other words, they shine.

During a study of career satisfaction of registered nurses, a group of potential participants were asked, “Do you love your work as a nurse?” A random sample of eight nurses who answered yes to this question was questioned further during semistructured conversations. Conversations were recorded and transcribed. Data collected were in the form of descriptions of times during the participants’ careers when they felt most professionally fulfilled. Through narrative and poetic analysis, themes of “upholding the vulnerable,” “going the extra mile,” and “attending to the essential ordinary” were identified. Nurse educators play an important role facilitating career satisfaction for registered nurses. Practical implications for continuing education for educators and practicing nurses are addressed.

abstract

This phenomenological study focuses on the experience of career satisfaction among registered nurses. Potential participants were asked, “Do you love your work as a nurse?” A random sample of eight nurses who answered yes to this question was questioned further during semistructured conversations. Conversations were recorded and transcribed. Data collected were in the form of descriptions of times during the participants’ careers when they felt most professionally fulfilled. Through narrative and poetic analysis, themes of “upholding the vulnerable,” “going the extra mile,” and “attending to the essential ordinary” were identified. Nurse educators play an important role facilitating career satisfaction for registered nurses. Practical implications for continuing education for educators and practicing nurses are addressed.

RELEVANT LITERATURE

Domrose (2001) said it is important that nurses are satisfied with their careers. Levels of nurse career satisfaction can influence factors such as staff retention, patient satisfaction, and quality of care.

Specific to retention, nursing is grappling with a workforce shortage (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002). Nurses are leaving the profession in significant numbers, and the public, politicians, and members of the profession are concerned about the existing and growing shortage (Auffrey, 2002). Multiple costs are associated with high turnover of nursing staff, including, but not limited to, financial costs. Contino (2002) estimated the cost of nursing turnover can reach as high as 150% of an employee’s annual compensation. If nurses are professionally fulfilled and enjoy their jobs, they should be more likely to stay active in their chosen field. Conversely, unfulfilled nurses would be more likely to leave. Sochalski (2004) states that “job satisfaction is a significant predictor of turnover, provides a window into the working conditions that nurses face, and is an indicator of the likelihood of loss from the workforce” (p. 20). Employers who understand the sources of career satisfaction and take deliberate steps to help nurses achieve it should retain staff. In an effort to create health care environments that retain qualified nurses, the importance of professional satisfaction must be recognized (Kotzer, Koepping, & LeDuc, 2006).

Links between health care providers’ satisfaction with their chosen careers and levels of patient satisfaction have been reported in the literature. One study found that physicians’ satisfaction with their overall careers correlated highly with patients’ satisfaction with their overall health care, a phenomenon referred to as “congruent satisfaction” (Anonymous, 2007). A study of nurse practitioners by Hodges (2007) concluded, “Excellent care leads to satisfaction for the practitioner and the client.”

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In a study that compared nurse practitioner and physician satisfaction, Wilson and Bunnell (2007) found that nurse practitioners who were able to spend more time than physicians doing particular procedures were more satisfied than their physician colleagues. The spin-off benefit was that the patients in the study were also more satisfied when the procedure was performed by satisfied nurses (Wilson & Bunnell).

A third reason that studying nurse career satisfaction is important is the potential effect on the quality of nursing care. According to research by Kramer and Schmalenberg (2004), nurse career satisfaction is important in determining quality outcomes. These researchers concluded that work productivity and career satisfaction are related intuitively and empirically.

In a previous study of satisfied nurses by Perry (1998), nurses who reported being sure they had made the right career choice were also more likely to provide nursing care that was considered to be of exemplary quality by their colleagues. Perry found that when nurses do their work well, they are more likely to be professionally fulfilled and to continue the positive cycle of excellent caregiving linked with the outcome of genuine career satisfaction. Irvine and Evans (1995) found a strong association between career satisfaction and desirable work behaviors among nursing attendants. Eaton (2000) specifically concluded that career satisfaction of caregivers is directly associated with quality of care.

**RESEARCH METHOD**

To study nurse career satisfaction, an interpretive research approach was used. Interpretive research has as its goal the full description and interpretation of what is being investigated within particular contexts from the participants’ viewpoints (Leininger, 1985). Specifically, the philosophical underpinnings of this interpretive study are based on phenomenology. van Manen (1997) describes the characteristics of phenomenological research as beginning in the world of those being studied. The aim of phenomenology is to transform lived experience into a textual expression of its essence (van Manen). Benner and Wrubel (1989) maintained that phenomenology is appropriate for examining the human experience in complex, elusive, and still largely unexplored areas, such as nurse career satisfaction.

In this study, semistructured interviews or conversations were held with registered nurses who self-identified as satisfied with their career choice. To qualify for the interview, nurses answered affirmatively to the question, “Do you love your work as a nurse?” Those nurses who were able to unreservedly say, “Yes, I love my work,” and to articulate why were considered to be achieving a high level of career satisfaction. A random sample of eight nurses who met this criterion participated in the study. Potential participants were initially recruited through posters in acute and continuing care hospitals, website invitations, and word of mouth in a snowball sampling method (Macnee & McCabe, 2008).

During the conversations, the nurses described why they enjoyed their work through recalling incidents and situations when they felt very pleased with their career choice. These conversations took place privately between the researcher and each participant, in a location of the participant’s choice. All conversations were recorded after the nurse signed consent. Tapes were transcribed by the researcher and all documents were stored appropriately according to the Tri-Council Policy Statement on Ethical Conditions for Research Involving Humans (National Council on Ethics in Human Research, 2005).

Transcripts were analyzed using a qualitative research technique called narrative analysis (Priest, Roberts, & Woods, 2003). Significant phrases were identified and organized into themes that portray the experience of nurse career satisfaction. Submissions were also analyzed using poetic interpretation (van Manen, 1997). Poetic interpretation involves the composition of short original poems that attempt to capture the essence of each interaction (Sidebars 1 and 2). According to van Manen, poems are an effective medium for giving voice to both the tacit and emotion that are often important aspects of human interaction.

**RESEARCH FINDINGS**

This section features a summary of the themes that emerged from the conversations with registered nurses who expressed satisfaction with their careers. The major themes were upholding the vulnerable, going the extra mile, and attending to the essential ordinary.

**Upholding the Vulnerable**

Individuals who are not at their peak due to physical, mental, or emotional disease are vulnerable. Vulnerability is defined by Scanlon and Lee (2007) as susceptible to physical or emotional injury or attack or being liable to succumb. In terms of health, vulnerability may increase if the individual affected is either very young or very old or when the severity of symptoms escalates. Thus, individuals nurses care for are often in a state of great vulnerability.

Gordon (2006) responded to the question, “What do nurses really do?” She pointed out that nurses protect patients from the risks and consequences of illness and the treatment of illness. Gordon claimed that “nurses...
protect patients when illness and the resulting vulnerability makes it difficult, impossible, or even lethal for patients to perform the activities of daily living— . . . ordinary acts like breathing, turning, going to the toilet, coughing, or swallowing” (p. 1).

From the data compiled in this study, a common theme was that the satisfied nurses were drawn to nursing as a career because they had a desire to protect the vulnerable. Comments from the conversations with the nurses included, “I studied nursing because I wanted to help others who needed help,” and “I love to be able to make a difference for others.” These responses seem to reflect this common purpose of choosing a profession where many of the clients are in a vulnerable state. Nursing provides multiple opportunities every day for caregivers to meet the needs of the susceptible.

Having become nurses because of their desire to help those at risk due to a current or potential health crisis, many study participants also explained that successfully meeting the needs of the vulnerable was their reward and the reason they were satisfied with their profession. A nurse named Kim shared this story of how she felt empowered by meeting the needs of one man who expressed helplessness:

Peter was my patient in a long-term care facility. He really wasn’t ill, but he needed our help with all of his activities of daily living. Peter had amyotrophic lateral sclerosis and as a result had difficulty talking, eating, and moving. It was a sad situation because he was in his 40s and had been a successful businessman before the onset of this relentless disease. His wife and children visited faithfully but I could tell that their hearts were not in it; they had moved on and left Peter behind. As I chatted with him one day, he told me how very much alone and abandoned he felt—abandoned by his body, by his family, and by his God. I could really feel this sorrow.

As the weeks went by, I knew that I was helping Peter deal with his situation. It wasn’t a big miracle event where I swooped in and said or did something that made it all better. Peter and I both knew that it really could never be made all better. But I stuck with him. I made a point of greeting him every morning when I came to work even if I wasn’t assigned to him that day. When I did care for him, I listened to him when he wanted to talk. I met his personal care needs in a professional and consistent manner. I made sure that he could count on me when I was on duty. Then one day, out of the blue, Peter said, “Thanks, Kim, you make all the difference to my days.” Those simple words changed me. They propelled me to continue to care.

Going the Extra Mile

Several respondents in this study gave examples of having provided care that was unique to the needs of a particular individual. Satisfaction seemed greater when the nurse’s approach to meeting this need was creative or unexpected. The nurses seemed to find satisfaction in the challenge associated with innovative care planning, breaking “rules” to get patients what they really needed, and trying several approaches before they finally “got it right.” Rather than expressing aggravation at having to work harder to meet patient needs in innovative ways, the nurses commented that going the extra mile was positive for them and their patients. The rewards of overcoming the challenge, and at times overcoming the system, to meet patients’ physical and emotional needs seemed to inspire those who participated in the research project. As one participant said, “I am always excited when I try something that I could have never learned in a nursing textbook and it works. It takes all of my critical thinking and creativity sometimes to find an answer to difficult patient situations, but when I do find that answer I feel very fulfilled.”

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The nurse participants told many stories about having met patients’ needs in unexpected ways. These ranged from making arrangements for a pet to move into a patient’s room to having a young girl’s amputated leg frozen and sent home with her because she was not ready to let it go immediately after surgery. The following story, from a nurse named Kathleen, is one more example that illustrates this theme:

Last winter there was a terrible car accident involving a family. The mother was killed at the scene. Her 10-year-old son was airlifted to our pediatric intensive care unit (PICU) with multiple traumas. The father, who was in serious condition, was in another facility. The little boy progressed to brain death over a couple of days. Sadly, the dad was too unstable to be transported to the PICU to see his son.

On Friday afternoon it was decided that the final brain death criteria tests would be carried out the next morning, at which time the boy would be allowed to die. I felt that it would be important for the dad to have a chance to say goodbye. We knew an ambulance would not transport the boy’s body to the father’s hospital, so we called Bill, the manager of our Central Supply Department. I explained to Bill that I wanted to use the hospital’s patient van to transport the deceased child to his father’s room to allow him to grieve and say goodbye. Bill said he would meet me in the morning.

The next day the trauma took its course and the boy died as we had anticipated. We wrapped him carefully and with Bill’s help we took the child to his dad’s room. At the father’s request, we placed the boy in bed beside him and gave them privacy. When the father was ready we took the child back to the pediatric hospital morgue.

As a postscript, a few weeks later when the father had recovered from his physical injuries, he came by to thank us. He told us how much that time with his son had meant to him. When he left, the group of us who had pulled off this mission smiled hushed smiles of satisfaction. Yes, we went above and beyond. We may have even broken a few rules and policies, but wow did it feel good.

Attending to the Essential Ordinary

Rahner (1965) wrote a book entitled, Everyday Things, which, among other topics, features chapters on sitting down, eating, moving, and sleep. Rahner’s reflections are of the essential ordinary, those activities of daily living that are often taken for granted when an individual is healthy but that may become challenges for individuals who are ill. The nurses in the study told stories about helping patients meet their essential ordinary activities when these were placed at risk due to disease. Nurses seemed satisfied when they were able to facilitate these essential human functions and bring comfort to the patients.

According to Dracup (2001), attending to these essential but ordinary needs is considered “basic nursing care” (p. 215). Although not undervaluing technological and pharmaceutical nursing knowledge, Dracup identified nursing interventions such as positioning patients, providing warmth, alleviating thirst, limiting noise, and bathing as some of the most important nursing actions for patients who are seriously ill. Castledine (2001) criticized those who underrate basic nursing care and said that “nursing actions such as providing nourishment, keeping the environment clean and comfortable, and attending to patients’ individual needs are the fundamentals of nursing” (p. 207).

Pleschberger (2007) made the link between providing excellent basic nursing care and the maintenance of patient dignity. A further finding of her research was that “when nurses provide individualistic care that meets the basic or ordinary needs of an ill person in an exemplary way both the patient and the nurse achieve a level of satisfaction” (Pleschberger, p. 203). As Mother Teresa (1989) taught, it is not about doing big things; it is about doing little things with great love. A nurse, Michelle, commented:

I really get a good feeling when I have a patient all fluffed and puffed. What I mean is that I like to make sure that each person is as exquisitely comfortable as possible. To me that means attention to personal hygiene; hair combed, teeth cleaned, a spray of perfume if they like that. I use a lot of pillows to cushion and position limbs and provide a sense of security. If I was a patient, these little things would mean a great deal to me. It makes me feel great to make them feel fantastic.

Other nurses in the study commented on feeling that they had done their job well when the patient was taken from a state of discomfort due to an unmet physical need to a state of comfort when that same basic need was addressed in a professional and compassionate way. For example, Jane said:

I always ask the patients what they would really like and then I give them a chance to answer. If it is possible at all to provide for their expressed needs, I will do it. I am almost always surprised at what they ask for. It is usually some basic desire like a cup of real coffee, a warm wash cloth, a curtain opened or closed, a picture adjusted to hang straight, a squirt of their body spray, some lipstick, a clock set to the correct time, or the numbers on a calendar retraced in black print so they can be seen easily by old eyes. Doing these small things takes me a moment but it seems to make such a difference in their attitude. It makes me feel incredible.
IMPLICATIONS FOR CONTINUING EDUCATION FOR EDUCATORS AND PRACTICING NURSES

Nurse career satisfaction is a complex phenomenon (Ulrich, Lavandero, Hart, & Woods, 2006). The themes articulated in this article begin to account for some elements that may influence the achievement of nurse career satisfaction. These themes provide some direction for nurse educators to help increase registered nurse career satisfaction. As outlined in the background literature, increasing nurse career satisfaction has the potential to increase staff retention, patient satisfaction, and quality of care. To place the practice implications in context, the relationships between the themes identified in the study and the experiences of recognition and connection are discussed. Concrete directions for nurses working in continuing nursing education are then detailed, such as “considering career satisfaction as important,” “including the affective domain,” “acknowledging and facilitating the development of effective relationships,” and “cultivating and rewarding the heart and soul incentives.”

Recognition

When the nurses in the study upheld the vulnerable, went the extra mile, and attended to the essential ordinary, patient needs were met. As a result, the patients and their families often expressed gratitude and recognized the nurses for their excellent care. This recognition and resulting affirmation may have in part fueled career satisfaction. According to a study by Rath and Clifton (2004), individuals who receive recognition and praise show increased productivity, engagement, and career satisfaction. These same authors state that “for the recognition to be effective it must be individualized, deserved, and specific” (p. 43). In another study by Ulrich et al. (2006), the nurse respondents were clear that recognition rated highest in reasons for career satisfaction. Brunier (2007) reported that promoting recognition for excellence is an essential aspect of creating a quality practice environment.

On the basis of these studies and the findings of the current study, educators and practicing nurses should consider ways to help create and maintain a work climate where nurses are able to do their work well and are recognized for providing high quality care. When nurses feel satisfied with the care they provide and patients feel well cared for, patients are likely to express gratitude. Recognition expressed by the recipients of care may energize nurses so they continue to provide high quality care. A positive cycle is created that benefits both patients and caregivers. Perry (1998) discussed this phenomenon in a report on a study of exemplary nurses and called it “joint transcendence” (p. 131). As the outstanding nurses in her study provided excellent care, they found meaning in their caregiving and expressed feeling valued (Perry). Watson (1989) commented on this same occurrence and named it “transpersonal caring,” a situation in which “both the nurse and patient are changed in a positive way by the actual caring event” (p. 58).

Nurse educators need to be aware that recognition from patients and their families is an important motivating force. Because all forms of recognition can positively impact quality of care and nurse well-being, educators should take note of incidents of recognition and display these proudly. For example, when thank you cards and tokens of appreciation are received on the nursing unit from satisfied patients and family members, educators should display these prominently. Educators should celebrate these successful achievements and congratulate the staff on the quality of care provided.

Although recognition from satisfied patients and families is important, nurse educators also need to acknowledge positive contributions made by nurses. One study participant, Karen, gave the example of the “apprecigram” program used on the unit where she worked. An apprecigram is an anonymous note left for a specific staff member by the nurse educator. The apprecigram detailed a particularly positive intervention the educator had seen the receiving nurse perform. Karen, who described receiving an apprecigram from a nurse educator, said that it “made her day.” Further, Karen said, “It meant a lot to me to have it in writing that someone noticed the extra effort I made with that patient. I still have the first apprecigram I received. It is tattered but I keep it and I look at it when I have a hard day.”

Other forms of recognition that educators can use to acknowledge staff include specific awards, private meetings describing observed actions or interactions, formal letters of commendation, or a listing of specific accomplishments at staff meetings. Simply encountering a nurse in the hallway and complimenting that individual for a specific positive nursing action can be a powerful form of recognition.

Although the “watch for someone to do something well and acknowledge them” approach that is the basis of the apprecigram and similar interventions described above seem effective, the reality is that nurses often work in isolation, largely unobserved. Nurses usually are assigned to a specific patient or group of patients and provide care behind closed doors and drawn curtains. Their successful interactions often go undisclosed and unseen by others. For this reason, appropriate venues should be set up for nurses to recount to their peers their own
successes. This could be in the form of lunch or coffee sessions held in private settings, staff meetings where selected nurses have an opportunity to share examples of positive interactions they were recently involved in, or systematic collection and sharing of nurses’ stories about times during the past week or month when they knew they made a difference in the well-being of patients.

Although part of this recognition comes from external sources such as colleagues, supervisors, educators, patients, and families, an important source of recognition comes from the self. The personal experience of doing your work well, seeing success from your interventions, and knowing that you have made a difference can be a powerful source of self-recognition. Perry (1998) also described the feeling of satisfaction that outstanding nurses acknowledge as creating meaning in their work lives. These sources of positive affirmation (patients, family members, educators, and the nurses themselves) confirm nurse effectiveness and lead to recognition, a cornerstone of career satisfaction.

**Meaningful Connections**

Beyond recognition, when study participants upheld the vulnerable, went the extra mile, and attended to the essential ordinary, their actions facilitated the achievement of meaningful human-to-human connections between patients and nurses. These “moments of connection between nurses and patients have the potential to leave deep impressions on the nurses, helping to rekindle their passion for nursing” (Hogan & Lovesy, 2007, p. 36). Gunther and Thomas (2006) studied nurses’ “most unforgettable patient care events.” These unforgettable events were satisfying experiences that focused on remarkable connections experienced while nursing. Studies of career satisfaction by Eaton (2000) and Parsons, Simmons, Penn, and Furlough (2003) also highlighted the value nurses place on relationships they establish with the individuals they care for.

Kramer and Schmalenberg (2004) focused on career satisfaction and the presence of various organizational features. They created the Dimensions of Magnetism instrument, which relates career satisfaction to organizational attributes. The Dimensions of Magnetism includes a list of all attributes that registered nurses perceived as allowing them to provide quality patient care. Specifically, the top ranked attribute was “concern for patient is paramount.” Kramer and Schmalenberg’s research further supported the current study’s finding that making a connection that facilitates making a positive difference for patients is highly valued by nursing personnel.

Educators can play an important part in facilitating the nurse patient connection that seems important for achieving career satisfaction. A first step may be reassuring clinical nurses that connections with patients are appropriate. There was a time when nursing students were taught that being “professional” meant not disclosing anything personal. Novice nurses were coached to keep a specific physical and emotional distance from patients and family members. Although boundaries are important for effective and appropriate nurse patient relationships, nurses must be reminded that those “professional boundaries” should be altered occasionally to facilitate the development of therapeutic connections. Helping nurses learn the advanced skill of selective disclosure and helping them to understand the right times and means to connect with patients is challenging. These skills may be taught in various ways, including the use of stories and testimonials during orientation programs or through mentorship relationships where senior nurses model appropriate levels of intimacy in nurse patient relationships. Nurse educators should focus curriculum content on establishing and maintaining meaningful nurse patient connections as part of orientation and inservice programs. Nurses should be reminded throughout their careers of the need to balance the technological skill of nursing with authentic concern and sensitivity that fosters intimate nurse patient connections (Spear, 2003). This is vital, as the current study demonstrates the nurse patient connection as a second foundational element in the multifaceted puzzle of nurse career satisfaction. As Stewart-Amidei (2002) wrote, “In our hearts we know that it is the nurse patient connection that gives value to our work and keeps us in nursing” (p. 175).

**Considering Career Satisfaction as Important**

Since Nightingale, nurses have been encouraged to continually update their knowledge and maintain competence. As Nightingale said of nursing, “To stand still is to have gone back” (Dolan, 1968, p. 219). But to be truly competent and move forward in the development of nursing potential, nurses need to be genuinely satisfied with their career choice. Being highly skilled and knowledgeable does not make a nurse outstanding. An exemplary nurse must be professionally fulfilled at a deeper level, which occurs when the practitioner’s core values are enacted in the work setting (Perry, 2005). According to Kramer and Schmalenberg (2004), more than 80% of nurse career satisfaction is explained by being able to provide quality patient care. Nurses consider quality care to include meeting patients’ physical and psychosocial needs. Nurse educators responsible for ensuring continuing competence need...
to develop curricula for ongoing education programs that provide nurses with both technical and psychosocial skills. These well-developed skills equip nurses to provide high quality care that they find satisfying to give. Continuing education keeps nurses current and competent, thus providing the tools they need to effectively address their patients’ multiple needs. When nurses are well prepared to provide excellent care, then the potential for achieving career satisfaction is magnified.

As part of facilitating continued competence and career fulfillment, nurses should periodically engage in self-reflection and appraisal of their core nursing values. The ongoing development of professional competence should formally include a review of their foundational motivation for their choice of profession. In other words, continuing education programs that support the achievement of career satisfaction need to include chances for nurses to reflect on their reasons for choosing the profession. Nurses also need to be guided to assess if and how their foundational reasons for their career choice are being achieved. Specifically, are the core values that drove them to become nurses being enacted? Griscti and Jacono (2006) suggest that nurses have a more participatory role in their learning to make continuing education programs more effective. Nurses need structured opportunities to personalize their learning by considering their reasons for choosing this career. Nurse educators need to help practicing nurses to become professionally fulfilled and satisfied with their careers. If educators acknowledge that levels of career satisfaction are important and take action to help nurses achieve this goal, then quality of patient care and nurse retention should both increase.

Including the Affective Domain

Nurse educators need to recognize competency as more than possessing excellent cognitive and psychomotor skills. Urbano and Jahns (1988) provided a conceptual framework for nurses’ participation in continuing education activities. They stressed that participation in continuing education activities is a purposeful interaction between the individual and the work environment that is moderated by sociodemographic, life situation, and educational opportunity structure characteristics. It is the life situation characteristics that are most relevant to this discussion. According to Urbano and Jahns, life situation characteristics include an individual’s attitude toward his or her job situation and professional relationships with others. As the current study reveals, the nurses’ attitudes are key in finding career satisfaction. Thus, nurse educators’ attention to the affective domain of learning becomes essential to help facilitate

fulfilled and highly functioning staff. Nursing as a profession requires that its practitioners possess specialized knowledge and skills, but the mere acquisition of skills is not enough (Lannon, 2007). As the current study suggests, educators need to find ways to influence nurses’ attitudes. Espeland (2006) wrote about the importance of changing thought processes and turning negative into positive thinking to achieve maximum professional fulfillment and to prevent burnout. Nurse educators should consider this advice and include course content from the affective domain in ongoing continuing education programming.

Acknowledging and Facilitating the Development of Effective Relationships

Relationships with patients and colleagues seem central to the career satisfaction of nurses. In a study by Ulrich et al. (2006), nurse respondents indicated two main factors that kept them working in their current organization were the “people I work with” and “the patients I care for” (p. 46). Likewise Demerouti, Bakker, Nachreiner, and Schaufeli (2000) found that good working relationships and nurse-patient interactions often were more important to nurse career satisfaction than money or other benefits. Nurse educators should be mindful that relationships with patients and colleagues are another precursor to nurse fulfillment. Continuing educational activities in group learning situations could make and sustain connections between colleagues. Learning together, and from one another, should become routine rather than an exception in nursing units. In a study by Nancarrow (2007), participants reported high levels of career satisfaction, partly due to the actual team with which they were employed.

Cultivating and Rewarding the Heart and Soul Incentives

Nurse educators need to consider the “heart and soul incentives” valued by many nurses (Williamson, 1990). Although extrinsic motivators such as salary and hours of work have historically been considered important issues for nurses, they have never been the sole indicators of satisfaction (West, Griffith, & Iphofen, 2007). Demerouti et al. (2000) found these factors are often considered secondary to therapeutic nurse-patient interactions by many nurses. Williamson noted that most individuals who decide to enter nursing value the heart and soul incentives inherent to nursing and they expect them to be present. Peter, MacFarlane, and O’Brien-Pallas (2004) claimed that nurses become disillusioned when they find that these inherent humanitarian benefits are not as highly valued as other skills in nursing practice. Peter et al. furthered this
key points

Career Satisfaction


Registered nurses who achieve genuine career satisfaction thrive professionally.

Nurses experience career satisfaction when they uphold the vulnerable, go the extra mile, or attend to essential ordinary patient needs in an extraordinary way.

When nurses do their work well, they receive recognition and establish meaningful nurse patient connections that promote career satisfaction.

Nurse educators play a role in facilitating career satisfaction for registered nurses.

Most nurses in the current study wanted to flourish professionally. Doing their work well by upholding the vulnerable, going the extra mile, and attending to the essential ordinary was a first step. Then, being recognized for doing these things and having the opportunity to establish meaningful connections with their patients made them feel as if they were thriving as nurses. Through this process, the nurses in the current study “fell in love with their work,” and they began to shine.

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Nurse educators need to find ways to place importance on the softer side of nursing in at least some ongoing education programming. Topics such as compassion, caring, therapeutic communication, constructive use of silence, listening excellence, effective use of humor, or helping patients find meaning in their illness experience may seem less important than technical skill training, but the current study points to the need for nurses to be equally able to perform these nontechnical skills to achieve professional fulfillment.

CONCLUSION

More research aimed at understanding nurse career satisfaction must be performed. If nurse career satisfaction has a positive influence on nurse retention, patient satisfaction, and quality of care, then it is important to know as much as possible about its contributing factors. Nurse educators can aid the achievement of nurse career satisfaction by finding ways to facilitate recognition for nurses and connections between nurses and patients. Nurse educators also need to recognize that career satisfaction is important to the well-being of the nurses they work with. Educators need to take action to prepare nurses to deliver high quality care. The level of care that nurses find fulfilling to provide requires skills from all three domains of learning. Skills with relationship development and the softer side of caregiving should be part of continuing education programming.