Millenial Nurses Connecting with Patients in the 21st Century: A Phenomenological Study

Caramanzana Heather
This research was completed as part of the degree requirements for the Nursing Department at Molloy College.

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MILLENNIAL NURSES CONNECTING WITH PATIENTS IN THE 21st CENTURY:
A PHENOMENOLOGICAL STUDY

A dissertation

by

HEATHER CARAMANZANA

Submitted in partial fulfillment of the requirements
For the degree of
Doctor of Philosophy

December 4, 2018
MOLLOY COLLEGE
THE BARBARA H. HAGAN SCHOOL OF NURSING

The dissertation of Heather Caramanzana

Entitled MILLENNIAL NURSES CONNECTING WITH PATIENTS IN THE 21st CENTURY: A PHENOMENOLOGICAL STUDY in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

in The Barbara H. Hagan School of Nursing has been read and approved by the Committee:

Susan Ann Vitale
Susan Ann Vitale PhD, RN, PNP, ANP-C, Chairperson
Professor, The Barbara H. Hagan School of Nursing
Molloy College

Maureen Moulder, EdD, RN, Member
Associate Professor, The Barbara H. Hagan School of Nursing
Molloy College

Mary E. Fassetta
Mary Fassetta, EdD, RN, Member
Associate Professor, The Barbara H. Hagan School of Nursing
Molloy College

Veronica D. Feeg
Veronica D. Feeg, PhD, RN, FAAN
Associate Dean and Director
PhD Program in Nursing

Date: December 4, 2018
Abstract

**Problem:** Millennial nurses are the largest portion of the profession reporting burnout and compassion fatigue. The millennial generation was impacted by the explosion of technology in the late twentieth century. Constant technological stimulation heavily impacted developmental milestones. Early adolescence is a critical time for the abstract development of empathy and compassion. The millennial generation communicates through technology while performing more than one task in a short amount of time, known as multi-tasking. With less time spent at the bedside due to increases in administrative tasks, deficits in the development of empathy and expression of compassion may impact the development of transpersonal caring relationships. Barriers to forming transpersonal caring relationships with patients may affect millennial nurses’ satisfaction with the nursing profession. Currently, there is a lack of research studies about how millennial nurses connect with their patients.

**Purpose:** The purpose of this phenomenological study was to explore and identify what connecting with patients means to millennial nurses through their lived experiences. In addition, this researcher identified potential educational needs of millennial nurses in communicating empathy and compassion with patients. Practical implications of this research may include changes in the education of nurses by professional staff development specialists, improved patient care, earlier detection of changes in a patient’s condition, improved patient satisfaction and improved retention of nursing staff. Instruction and guidance on how to empathize and communicate compassion to vulnerable patients may be needed.

**Background:** A healthcare crisis is imminent as a significant number of nurses are approaching retirement and fewer nurses are remaining at the hospital bedside. Millennial nurses represent the future of the nursing profession. The caring values that represent the moral commitment of the
nursing profession may be neglected due to increasing patient acuity and administrative tasks. This creates obstacles for developing transpersonal caring relationships between nurses and patients. Nurses need to identify how to create caring connections that can occur in a short amount of time. When the nurse has less time to spend with a patient, each interaction is critical to making a connection. It is within those moments when nurses connect with patients that they become fulfilled. Without it, the physical and mental demands may lead to burnout. Burnout is the psychological exhaustion and diminished efficiency that results from prolonged stress. The purpose of this research project involves exploring how millennial registered nurses form transpersonal caring relationships with patients in an environment of high acuity, technology and increased demands on their time.

**Theoretical Framework:** The foundation for the theoretical framework for connecting with patients is based on Jean Watson’s Theory of Human Caring. Transpersonal caring relationships are a guide for interacting and developing meaningful relationships with patients. Nurses must have the interpersonal skill set to communicate empathy and compassion to patients to engage in a transpersonal caring relationship.

**Research Question:** The research question was: What is the experience of millennial nurses connecting with patients in the 21st century? This question needs to be explored to extract rich data from millennial nurses on their experiences forming transpersonal caring relationships with patients. With knowledge of what challenges may inhibit the formation of these relationships, educational interventions can be designed.

**Methodology:** A qualitative, phenomenological method was chosen to explore the experience of millennial nurses forming transpersonal caring relationships with patients. This study utilized the hermeneutic phenomenological design of Martin Heidegger. Data was obtained from face-to-
face interviews and field notes. Transcripts were read several times to obtain an overall feeling for them. The researcher dwelled with the data to identify significant phrases and formulated meanings that were clustered into common themes. Twelve participants validated the findings in the final description. Purposeful sampling of 12 millennial nurses working in New York City or Long Island, New York with at least two years’ experience working in a hospital were recruited for this study. Each participant self-identified as a millennial. Participants were sought out from different hospitals, units, genders and ethnic backgrounds.

**Findings:** Eight themes emerged in the analysis of the data collected. The themes that emerged were (1) The Void: Into the Darkness; (2) Unconnected: Unable to Find the Light; (3) Uncomfortable: Patients as Strangers; (4) Art of Caring: Not a Priority; (5) Becoming: Real RN; (6) Fulfillment: Receiving through Giving; (7) Enlightenment: Turning on the Light; and (8) Guidance: Educational Needs. The themes shed light on the phenomenon of how millennial nurses connect with patients in the 21st century in their own voices. These themes describe the complexities of forming transpersonal caring relationships with patients from a generation of nurses who have self-identified as millennial nurses. These eight themes represent the experience of millennial nurses forming transpersonal caring relationships with the patients they care for. All themes can be differentiated from one another, but collectively they stand together as one voice for the phenomenon of how millennial nurses in this study connect with their patients.
“The single biggest problem in communication is the illusion that it has taken place.”

George Bernard Shaw

“That which seems the height of absurdity in one generation often becomes the height of wisdom in another.”

Adlai Stevenson
Dedication

“Mol an óige agus tiocfaidh sí”

“Praise youthfulness and it will respond to you”

Famous Irish Saying in Gaelic and English

For my parents, Mary and Matty Walpole, who taught me to believe in myself, when no one else did. I am truly blessed to have two amazing parents. Your strength of character, unconditional love and support has helped me become the person I am today.
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Chapter 1

Introduction

The 21st century of nursing in the United States (US) faces an increase in the acuity of patients, new technology and an emphasis on patient satisfaction. Healthcare providers are under enormous pressure to deliver safe and satisfying healthcare in order to receive a greater share of reimbursements for care rendered. Americans are living longer due to the many advances in medical science and new technology. Nurses are caring for patients with multiple chronic ailments. The acuity of patients has never been greater. Registered nurses who represent the millennial generation (those born between the years 1980 and 2000) are coming into the nursing profession at a time when a significant percentage of older nurses are retiring. The millennial generation of nurses will have an enormous impact on the direction of the future of the profession. Fulfillment as a nurse may rest on understanding how millennials form transpersonal caring relationships with patients. Better understanding of how this generation connects with patients will enlighten professional staff development specialists and nursing leaders who seek to educate and retain this generation of nurses at the bedside.

Background

Nurses are struggling to provide care in an environment that continues to add more to their workload. “Nurses must be conscientious of the public reporting of hospital quality outcomes and the transparency of patient experience scores, creating a struggle to balance the demands of patient satisfaction and outcomes in conjunction with the competing demands of greater efficiency” (Kelly, Runge & Spencer, 2015, p. 522). Clinical nurses feel pressure to complete multiple administrative tasks expected of them and may sacrifice caring moments with patients. When nurses are unable to fulfill the moral obligation of caring in their work, they have
been found to face moral distress. “Greater administrative duties have been imposed upon nurses, limiting time to care for and interact with patients” (Morrison & Korol, 2014, p.3469). Increased time away from the hospital bedside has created moral distress among nurses who struggle to find the balance between administrative duties and providing quality nursing care. The cost of the continued pressure on nurses to perform more tasks has contributed to a projected nursing shortage of 29% by 2020 related to lack of autonomy and acknowledgement for the care provided under challenging conditions (Unruh & Fottler, 2005). When nurses engage in a healing relationship, their part of being and becoming in that relationship informs the depth of their own humanity. They continue to grow both personally and professionally. In a study by Price, Hall, Angus and Peter (2013), millennial hospital nurses have identified that they chose nursing to make a difference in the lives of others. Making connections with patients and feeling like they have had an impact on someone’s life may fulfill this new generation of nurses’ need.

**Problem Statement**

The millennial generation is a unique generation whose developmental milestones, such as empathy and compassion, were heavily impacted by the expansion of technology in the late twentieth century (Small & Vorgan, 2008). Constant technological stimulation has led to the development of a generation that believes they can multitask and communicate through technology. Significant amounts of time interacting with technology inhibit growth of normal neural pathways that are crucial to the development of interpersonal skills (Small & Vorgan, 2008). Interpersonal communication skills in early adolescence are a critical time for the abstract development of empathy and compassion (Blakemore & Choudhury, 2006). A lack of development in understanding the emotional experience of others and how to react with empathy could impact the transpersonal connection between the millennial nurse and patient. Effective
nursing communication with patients is an essential foundation of effective healthcare. The
communication between nurse and patient is a fundamental underpinning of all interactions
(Arnold & Boggs, 2015). Nurses become consciously aware of recurrent meaningful patterns in
clinical practice after two to three years of experience in the same clinical setting (Benner, 1984).
The development of therapeutic interpersonal skills should be acquired during this time period
for nurses. Delays in the development of communication skills impede the skill acquisition of
nurses. Any deficits within effective interactions between nurse and patient may impact patient
outcomes. Currently, there is a lack of knowledge about how millennial nurses form
transpersonal caring relationships with their patients. This research study may add to the unique
body of nursing knowledge that can help shape the professional practice of millennial nurses.

**Research Questions**

The research question investigated was “What is the experience of millennial nurses
forming transpersonal caring relationships with patients?” The research questions and probes for
this study were:

How do you form a transpersonal caring relationship with a patient?

What does it feel like to form a transpersonal caring relationship with a patient?

How do you know the patient has connected with you?

What are your expectations in making connections with patients?

What are the challenges in forming transpersonal caring relationships with patients?

Several probing questions may be asked to help the researcher refocus the participant on
the phenomena being examined as follows:

What are your priorities as a nurse when caring for a patient?

Describe qualities required to be a good communicator.
What is important to you in communicating with patients?

What do you need to build a transpersonal caring relationship?

**Purpose of the Study**

The purpose of this phenomenological study was to explore and identify how millennial nurses develop meaningful relationships with those that they care for. Practical implications of this research include educational interventions developed by professional staff development specialists to bridge potential gaps in interpersonal communication skills in forming meaningful relationships with patients. This potentially could lead to improved patient care, earlier detection of changes in a patient’s condition, improved patient satisfaction and improved retention of nursing staff.

**Definitions of Terms**

**Millenial**: Those born between the years 1982 and 2000 (Olson, 2009, p.10).

The age range currently is 18 years of age to 38 years of age.

**Registered Nurse**: a graduate trained nurse who has been licensed by a state authority after qualifying for registration.

**Connection**: Jean Watson’s Transpersonal Caring Relationship: An understanding with another human being, a high regard for the whole person and their being in the world.

**Transpersonal Caring Relationship**: “The nurse enters into the life space of another person, is able to detect the other person’s condition of being, feels this condition within themselves and responds to the condition in such a way that the recipient has a release of subjective feelings and thoughts they were longing to release” (Watson, 2007, p.63).

**Communication**: “A combination of verbal and nonverbal behaviors integrated for the purpose of sharing information” (Arnold & Boggs, 2015, p.529).
New Nurse: A registered nurse with a minimum of one year of nursing experience and less than 2 years of nursing experience.

Mindfulness: “Consistently paying attention to what is happening in the present moment, moment by moment, and is helpful in cultivating deep caring and understanding” (Sitzman, 2016, p.12).

Multi-tasking: “Attention constantly shifts from one task to another” (Small, & Vorgan, 2008, p.137).

Significance of the Problem

The realities of clinical nursing present many challenges to millennial nurses. The high acuity of patients, increased responsibilities, continual presence and demands of families and patient satisfaction scores have placed enormous pressure on nurses working at the bedside that have never existed before. Nurses in the 21st century must be able to accomplish multiple tasks and find critical time to interact in a meaningful way with their patients. Since nurses find fulfillment in the relationships that they develop with their patients, it is critical to understand how millennials connect with their patients (Morrison & Korol, 2014).

Theoretical Framework

The theoretical framework for the study is Jean Watson’s Theory of Human Caring. Watson indicates that a transpersonal caring relationship develops in the present moment, between two people. Mindfulness helps nurses bridge that connection to another human being to create transpersonal caring relationships (Sitzman & Watson, 2013). To be able to connect in the present with another human being is influenced by the nurses’ ability to communicate empathy and compassion. Transpersonal caring skills are equally as important to quality nursing care as technical skills (Watson, 2007). However, modern nursing practice focuses on the demonstration
of proficient technical skills in terms of basic competence. Transpersonal caring communication skills complete the whole of the nurse. The communication of the nurse’s empathy and compassion that is received and felt by the patient is the essence of nursing care. The nurse cannot treat a patient holistically without the ability to form meaningful connections with the patient. These connections are received and felt by both patient and nurse. It is equally important to the fulfillment of both. If left without all the tools necessary to form a transpersonal caring relationship with a patient, the nurse may not be fulfilled and patients may be left without critical information about their health.

**Method**

A phenomenological design was used to explore how millennial nurses connect with patients in the twenty first century. A purposeful sample of millennial nurses currently working in a hospital setting, with more than two years of nursing experience was used. This setting was chosen because of the challenging environment it may present in forming transpersonal caring relationships. Data was collected using semi structured interviews and field notes. A target of eight to ten voluntary participants from local acute care medical facilities was planned, but twelve participants was the final number. Interviews occurred sequentially and data were analyzed simultaneously. The actual number was determined when the data being obtained had been exhausted with no new data emerging from the interviews. Approval to conduct the study was obtained from the Molloy College Institutional Review Board (IRB).

**Significance of the Study and Relevance to Nursing**

A nurse’s ability to communicate empathy and compassion forms the basis for transpersonal caring relationships with patients. Nurses that are engaged with patients while rendering nursing care form a bond that is beneficial to both patients and nurses (Watson, 2011).
Within the challenges of a nursing career, it is the transpersonal caring relationships that create meaning and purpose for nurses (Morrison & Korol, 2014). Millennial nurses are the future of the profession. Understanding how they communicate and form transpersonal caring relationships with patients under increasing stressful administrative demands that pull them from the bedside may identify barriers to feeling empathy and expressing compassion to patients. It may also lead to better understanding of burnout and job turnover. Burnout is the physical or mental collapse of a person after constantly experiencing high levels of stress. Educational interventions may need to be created to bridge interpersonal communication gaps in the millennial generation that defers to technology to communicate (Small & Vorgan, 2008). Instruction and demonstration of active listening and expression of compassion may be needed to broaden the communication skills of millennial nurses and to increase their abilities to detect a change in a patient’s condition, improve patient satisfaction and nurse retention.

Chapter Summary

The results of this phenomenological study have provided information about how millennial nurses connect and develop transpersonal caring relationships with the patients they care for. The realization of how millennial nurses perceive their communication skills in conveying empathy and compassion to patients may provide insight into their abilities to develop authentic transpersonal caring relations, as described by Watson (2007). Transpersonal caring relationships sustain nurses in a challenging profession (Morrison & Korol, 2014). Without the communication skills to develop these relationships, millennial nurses may leave the profession to seek fulfillment in a different career path. This research has the potential to lead to educational interventions that can improve transpersonal caring relationships between nurses and patients.
which can lead to earlier detection of changes in a patient's condition, improved patient satisfaction and retention of nurses.
Chapter 2: Literature Review

Introduction

Chapter 2 will present current knowledge available regarding characteristics of the millennial generation and millennial nurses. In order to present a comprehensive description of the phenomenon, this literature review will explore studies and literature regarding the effects of technology on interpersonal communication and connection as caring. A review of studies on millennial nurses will be presented to illustrate what is known about millennial nurses. Analysis of related studies and articles are incorporated to consider what affects millennial nurses in forming transpersonal caring relationships. While much as been written on caring and nurses in general, an understanding of what the transpersonal caring relationship means for millennial nurses has yet to be studied. It is important to understand millennials because this generation will represent the future of the profession as we move into the 21st century. Literature on generational groupings commonly referred to as the baby boomer generation, generation X, and the millennial generation in general was also reviewed to shed light on differences among the current generations working as professional nurses. The pivotal transition to practice for professional nurses was also examined in the literature to provide insight on how conceptual learning affects the journey to practice.

Connection

Those who chose nursing as a profession understand that caring is a moral commitment to preserve human dignity. The transpersonal caring relationship reflects the work of art that nurses value. The experience for the patient is the connection with another human being. Through this caring relationship, the nurse is able to detect the feelings of the patient and communicate them to the patient who can then experience them more fully and release the
feelings they have been longing to express (Watson, 2007, p.66). Without the transpersonal caring relationship the meaning of the work of the nurse is lost. According to Watson (2007), caring values are as significant to nursing as curative values are to medicine (p.48). The application of caring in the practice of nursing is what can sustain the nurse. Watson’s Theory of Human Caring is essential to knowledge about how caring impacts both the discipline and practice of nursing. Carative factors, the transpersonal caring relationship and the caring moment are the major components of Watson’s theory (Cara, 2003, p. 51). Ten carative factors are the core of nursing (Cara, 2003, p.52). They represent “those aspects of nursing that potentiate therapeutic healing processes and relationships, they affect the one caring and the one being cared for” (Watson & Woodward, 2010, p.324). The carative factors are part of the caring process that assists human beings to obtain or maintain health or face death with dignity. They are complementary to curative factors, which aim at curing disease. While carative and curative factors may be complementary to each other, nursing knowledge and practice evolve from human caring. The first three carative factors create the building blocks for Watson’s theory (Smith, Turkel & Wolf, 2012, p.147). The humanistic-altruistic carative factor is the first factor and forms the basis of the philosophy of a maturing person that values receiving through giving (Smith et al., 2012, p.148).

Nurses bring life experiences to practice but may be aware of their own bias and are able to practice caring as an extension of self. Instillation of faith and hope is the second carative factor that is important to both caring and curing. “Faith-hope is so basic that it can affect the healing process and outcome of illness” (Smith et al., 2012, p.150). Curative medicine is only part of the treatment of the whole person. Nurses employ carative factors to treat the whole person from a place of dignity and respect. Nursing care moves beyond curative factors to bring
measures of comfort to the human being. Even when faced with death, caring still remains. The third curative factor is cultivation of sensitivity to self and others. It represents the ability to embrace all feelings, both good and bad, and recognize and accept the feelings of others (Smith et al., 2012, p.151). This sensitivity creates the foundation of empathy that nurses use to develop self and employ developing empathy in the practice of caring (Smith et al., 2012, p.151). If the nurses fail to acknowledge their own painful feelings, they will not be able to fully develop a transpersonal caring relationship. For example, if the nurse internalizes their own emotional feelings they create a distance from others. The ability to be open and fluid with personal emotions will be lost. Recognizing and acknowledging personal pain will allow the nurse to be emotionally present with another human being. Personal experience with physical or emotional pain relate to personal growth and the development of sensitivity to others (Watson, 2007, p.64).

The transpersonal caring relationship characterizes the connection between patients and nurses in an authentic moment (Watson & Woodward, 2010, p.326). It represents the moral ideal of caring in nursing. “The human care transactions include the nurse’s unique use of self through movements, senses, touching, sounds, words, colors, and forms in which he or she transmits and reflects the person’s condition back to the person” (Watson, 2007, p.57). A caring moment is a single event between the nurse and another person in a focal point in time when human caring is created (Cara, 2003, p.53). It becomes a transpersonal caring relationship “when it allows for the presence of both, the event of the moment expands the limits of openness” (Cara, 2003, p.53). The monitoring of a patient’s physiological state is perhaps the aspect of nursing that those outside the profession view as the function of the nurse. But what makes nursing a profession is human caring. Often it is this aspect of nursing that is unseen or misrepresented to the public. “The transpersonal caring relationship and authentic presencing
translate into ontological caring competencies of the nurse, which intersect with technological medical competencies” (Watson, 1997, p.50). Those that have experienced a transpersonal caring relationship or a caring moment have knowledge about the healing and wholeness of nursing care. Nurses must have time to create transpersonal caring relationships with patients to not only fulfill their moral commitment as nurses but also to satisfy and bring meaning to their lives.

**Communication**

Effective communication with patients is essential to the foundation of nursing care (Arnold & Boggs, 2015). It is through communication that nurses assess the basic needs of their patients and develop the bonds that form transpersonal caring relationships. There are two forms of communication: intrapersonal and interpersonal. Intrapersonal communication is described as communication that takes place with the self. It is a person’s inner thoughts, beliefs and experience that shape their behavior (Arnold & Boggs, 2015). This form of communication requires self-awareness, is non-verbal and communicated through body language and behavior. Interpersonal communication is a dynamic process which is carried out verbally or electronically (Arnold & Boggs, 2015). This type of expression is a combination of words and nonverbal signals that convey a message. The linear model of communication consists of sender, message, and receiver. The sender is responsible for formulating the message into information that the receiver can understand. The transactional model of communication expands on the linear model by including reciprocal interactions between a sender and a receiver and the impact on how the message is received (Arnold & Boggs, 2015). Therapeutic communication is used to facilitate communication between nurse and patient with intention of empathy, respect and presence being exchanged to achieve health-related goals (Arnold & Boggs, 2015). With face-to-face interactions, nurses have the opportunity to observe and assess many things that may not be
verbally communicated. Being aware of body language and facial expressions, reacting with compassion to verbal exchanges with patients help nurses develop transpersonal caring relationships.

Self-reflection is essential for effective communication. “Mindfulness of personal behaviors and values allows nurses to recognize the sometimes unintentional effects that their words or behaviors have on the communication process” (Arnold & Boggs, 2015, p.79). A phenomenological study, where eight patients were interviewed on nurse-patient communication, found that patients believe nurses were more concerned about tasks than connecting them as individuals (McCabe, 2004). The nurses were not identified by generation. One theme was lack of communication. Patients felt that the communication with nursing staff was poor because the nurses assumed what the needs of the patients were. They never asked. This gave patients the impression that nurses were just doing a job that was centered on the tasks they needed to accomplish to get the job done (McCabe, 2004). Another theme was attending, which was the physical demonstration of nurses being in the moment with patients. Patients responded that nurses had so much to do that nursing students were more attending to their needs than experienced nurses (McCabe, 2004). Open communication and genuineness were also identified because these themes demonstrated that the patients felt valued. Patients reported that being told to do something rather than being given an explanation of why they were being asked to do it greatly affected trust. Empathetic communication was another theme that was identified by patients as important because it made them feel cared about as a person (McCabe, 2004). Even though patients did not expect nurses to fix everything, they depended on emotional engagement to validate that effective communication was taking place.
O’Hagan et al. (2014) investigated perspectives on nurse-patient communication in an exploratory study involving individual interviews and focus groups of fifteen nurse educators and clinicians (p.1344). The generation of nurses being studied was not identified. Nurse educators and clinicians observed nurse-patient interactions. Nurses were found to be technical in their communication with patients. They explained procedures, instead of assessing what the patient knew. They were viewed as being disconnected from patients by exhibiting lack of sensitivity. An overwhelming theme was task-orientated communication rather than patient-centered communication (O’Hagan et al., 2014, p.1350). There was demonstration of lack of empathy and giving the impression of being too busy. Communication was deemed effective when nurses positioned themselves close to the patient without invading personal space, made eye contact and engaged with the patient without doing another task at the same time. Being present with the patient as a means of patient centered communication is crucial to good communication skills.

Developing therapeutic communication skills is vital not only to quality nursing care but to the development of the transpersonal caring relationship. Developing therapeutic relationships hinges upon good communication skills. Nurses must depend on verbal and nonverbal communication skills to assess the needs of patients and be able to respond and support those needs (Arnold & Boggs, 2015, p.77). A patient perceives the relationship with a nurse as meaningful if a connection is made. Any distraction that interferes with a nurse not being able to be fully present with a patient impacts the transpersonal caring relationship. Technology can be a distraction and multitasking is the opposite of being present. Patients need certain basic care needs to be met before they can engage. Pain, privacy and essential physical needs such as
toileting must be met before higher order of needs such as emotional support can be communicated (Watson, 2011, p.98).

**Generational Groupings**

Identification of generations is interpreted through shared experiences. These include birth years, age, location and milestone events during developmental stages that affect life experiences (Smola & Sutton, 2002). Location is described as relying on social attributes of identity. As each generation matures, specific characteristics distinguish them from earlier generations. Generational cohort theory is used in research to focus on groupings that have shared experiences that result in a common perspective rather than groupings based on economic class or global location (Bolton, et al., 2013, p. 247). According to Mannheim (1970) who first proposed this theory in the early twentieth century, the importance of studying generations is “obtaining a more exact understanding of the accelerated pace of social change characteristic of our time” (p.163). For example, Twenge and Campbell (2008) found that millennials have a higher percentage of narcissistic personality compared to previous generations who were studied at the same maturity level. Generations create stimulating forces that change basic perceptions, attitudes and patterns of knowing (Mannheim, 1970, p. 189). A new generation entelechy is developed and must be studied to understand social change. Entelechy is the real existence of a thing not just a theory. In an effort to achieve better understanding of social change, generational groups are compared to others or studied by themselves. Social characteristics that define generations are often influenced by common consciousness of shared experiences that create a feeling of belonging which is not concrete (Mannheim, 1970). Generational location is determined by a “common location in the historical dimension of the social process” (Mannheim, 1970). This shared common location in social and historical process influences modes of
thought, feelings, action, perceptions and communication (Mannheim, 1970, p.169). Changes in thought and practice influence the worldview of each generation. Understanding generations is vital to understanding their influence on foundations of professions and the direction of the future. Every generation is unique and presents generational differences that create a shift in cultural norms.

**Baby Boomers**

In the US, the baby boom generation describes those born between 1946 and 1968 (Smola & Sutton, 2002). They were raised in a generous post war economy with low unemployment. They were affected by the Vietnam War and civil rights movement; and the assassinations of President John F. Kennedy, Senator Robert Kennedy and civil rights leader Martin Luther King Junior. The Watergate crisis resulted in President Nixon’s resignation and a liberal revolution took hold. They protested against power in their youth and sought social justice and equality. They are known for employer loyalty, working long hours, consensus building, mentoring and effecting change (Smola & Sutton, 2002). Work is what defines this generation. “Boomers have been characterized as individuals who believe that hard work and sacrifice are the price to pay for success” (Gursoy, Chi & Karadag, 2013). They expect their co-workers to have the same work ethic, which sometimes puts them in conflict with younger generations (Gursoy, Chi & Karadag, 2013).

**Generation X**

Generation X individuals were born between 1968 and 1980 (Smola & Sutton, 2002). This generation grew up with insecurity, rapid change and lack of tradition. They witnessed increased divorce rates and their parents being laid off from work. They have been influenced by Music Television (MTV), a channel that played music videos all the time, Acquired Immune
Deficiency Syndrome, and the space shuttle Challenger accident, which broke apart seventy three seconds into its flight on live television. They value individualism over teams, are critical thinkers, cynical, untrusting and are comfortable with diversity and change (Smola & Sutton, 2002 p. 365). Their parents worked hard and made sacrifices to be successful (Gursoy, Chi & Karadag, 2013, p. 41). This generation developed behaviors of independence and resilience to overcome constant change and uncertainty. They work to live and expect leaders to earn their trust.

**Millennial**

The millennial generation, also known as Generation Y, is defined as those born between the years 1980 and 2000 (Olson, 2009, p.10). They will be the largest generation to date in history. Their parents raised them to feel empowered, question authority and to believe that their contributions are special. They were nurtured and parents provided strict structure, safety and security (Gursoy, Chi & Karadag, 2013). They were influenced by technology and the terrorist attack on New York City on September 11, 2001. They live to live and expect employers to accommodate their perception of work-life balance.

The explosion of technology in the late 20th century created a historical shift in how people communicate with one another. This generation is not only formulating their own social values; they are establishing new social networks and workplace values that have become the social norm. The influence of technology has changed their neural circuitry in a way that is unique to this generation. Their access to constant visual and auditory stimulation prompted their brains to seek instant gratification (Small & Vorgan, 2008). Constant technological stimulation may have millennials responding faster but have shorter attention spans. According to Small and Vorgan (2008), millennials are good at visual stimulation, filtering information and multi-tasking.
but less skillful at face-to-face communication and interpretation of non-verbal cues. They prefer fast-paced digital images to reading. Reading makes them feel isolated (Small & Vorgan, 2008).

Millennials are fundamentally different from other generations in their emotional development. Exposure at early ages to constant stimulation without enough face-to-face interpersonal communication can lead to atrophy in neural circuits in a developing child (Small & Vorgan, 2008). Millennials are spending significant amounts of time just interacting with technology which inhibits growth of normal neural pathways that are crucial to the development of interpersonal skills (Small & Vorgan, 2008). Empathy and compassion are learned through interfaced human communication. Decreasing the amount of interfaced human communication during this period of development could have implications for communication deficits in adulthood. Early adolescence is a critical time for the abstract development of empathy and compassion (Blakemore & Choudhury, 2006).

Multi-tasking involves constantly shifting from one task to another. Neuroscientists have shown that the brain is less efficient when involved in multiple tasks at once (Small & Vorgan, 2008). Multi-tasking forestalls an adolescent’s development of understanding the emotional experience of others and learning how to react with empathy (Small & Vorgan, 2008). According to Small and Vorgan (2008), constant technology and playing video games appears to be stunting frontal lobe development and impairing social and reasoning abilities. Abstract reasoning takes singular concentration and builds from previous experience and knowledge. Understanding people takes reflection and self-awareness that should be developed in adolescence and early adulthood (Zilberstein, 2015, p.151).

Understanding this generation is essential for retaining and motivating millennials in the workplace. Millennials multi-task and need to be constantly stimulated (Hutchinson, Brown, &
Longworth, 2012). Studies show that an overabundance of multi-tasking diminishes productivity (Zilberstein, 2015). This generation grew up with technology in a structured lifestyle with active parental engagement, support and protection. The rapid speed of technological advancements during their early development has set them apart from other generations. This generation has replaced the baby boomer generation as the largest generation to date and they understand how valuable they are to the workforce (Hutchinson et al., 2012). Therefore, they have high expectations of their work environments and will readily change jobs looking for the job that fulfills their expectations (Hutchinson et al., 2012).

In a study of work values and attitudes among service-contact employees, Gursoy, Chi, and Karadag (2013) found that millennials challenge authority, work to live and want immediate recognition through praise and promotion. The need for financial security that has dominated previous generations in regard to job retention does not apply to millennials. Finding a profession that is meaningful and fulfills their need to contribute to society and equally enjoy time away from work is what they seek. However, Twenge (2010) found no evidence of higher altruistic values in millennials compared to other generations during a review of empirical evidence on general differences. The millennial generation is significantly different from preceding generations. This generation is cohesive, collaborative and highly educated in comparison to older generations. They expect immediate responses, feedback and recognition for their participation (Cogin, 2012). The millennial generation was raised by parents and educators who often praised them, whether they were successful or not and they were encouraged to express themselves without invitation (Cogin, 2012). They grew up using technology to communicate, unlike previous generations. They prefer to communicate through electronic sources rather than face-to-face communication (Chung & Fitzsimons, 2013). This generation
views the world from a technology perspective; it is their main source of information (Hershatter & Epstein, 2010). The need for approval leads them to constantly seek guidance and direction. Employers often describe them as demanding without respect for hierarchy (Hershatter & Epstein, 2010). They see themselves as valuable for any employer and they yearn to be recognized for everything that they accomplish.

**Millennial Nurses**

There is limited data on what attracts and retains millennials in nursing (Hutchinson et al., 2012). Presently, clinical nursing is incongruent with their natural environment. They expect to be protected and guided at every turn. Once a nurse is deemed competent to practice nursing independently by the employer, there is little guidance or feedback on performance with the exception of negative feedback if the nurse’s performance does not meet expectations. Millennial nurses are highly educated, more culturally diverse and were instilled with research and evidence-based practice data (Chung & Fitzsimons, 2013). They expect to be encouraged and supported to continue their education while being allowed flexibility with scheduling to achieve their goals (Chung & Fitzsimons, 2013). This generation of nurses will seek a new position or job if they feel they are not achieving work-life balance. Millennials prefer emailing or texting rather than face-to-face communication (Chung & Fitzsimons, 2013). However, face-to-face interpersonal communication is a critical nursing skill (Arnold & Boggs, 2015). Lacking social skills can complicate dealing with difficult situations or patients.

In an interpretive narrative study of the career choice of 12 millennial student nurses’ career choice, Price et al. (2013) reported stories of making a difference, imagining nursing as an ideal profession, characterizing self as the ideal nurse and constructing choice as a calling. Participants described choosing the nursing profession in order to make a difference in the lives
of others. The desire to selflessly care for others was the overall desire for this generation to enter into the nursing profession. They chose it to match their perception of self as a conscious need to be a good person. Perceptions of self as a nurse aligned with the image of nursing as virtuous (Price et al., 2013, p.309). The social image of nursing in society at large was apparent in their imagining nursing as an ideal career. They described job security, salary and flexibility of a nursing career as a good choice for a family-centered lifestyle that many desire (Price et al., 2013, p.310). Despite reporting nursing as a noble choice, many expressed fear of burnout but felt they could overcome this. Many reported other nurses’ negative behavior but believed that would not happen to them because of their own virtuous nature. Participants in this study expressed spirituality as a construct in their career decision. In this study participants were not yet working as nurses they were still students. Real-life experience among the participants could have provided insight on how reality impacted perceptions of what would fulfill them and assist them in overcoming burnout (Price et al., 2013, p.313).

Kelly et al. (2015) surveyed 491 direct care nurses on compassion fatigue and compassion satisfaction and found that millennials were experiencing burnout and secondary traumatic stress in significantly greater numbers than previous generations of nurses. They also found that this generation reported inferior levels of compassion satisfaction when compared to baby boomers or generation X (Kelly et al., 2015). It is important to note that the study was conducted at a Magnet-designated organization. The Magnet Hospital Program has caused nursing leaders to become more conscious of the workplace environment. They are seeking transpersonal caring relationships between nurse and patient along with self-care and reflection for their nursing staff (Watson, 2009). It is significant to note that an organization that has
achieved magnet status would have found statistical significance in burnout among this generation of nurses in the presence of low compassion satisfaction.

Andrews’ (2013) qualitative descriptive study interviewed fourteen millennial nursing students about their expectations of transitioning into practice. They revealed that they have anxiety about making independent nursing decisions and interacting with families (p.155). They expected that their needs would be anticipated, support would readily be provided and they would be treated as equals to other nurses (Andrews, 2013). Participants in this qualitative study expressed the expectation of being mentored during their transition to practice. Andrews (2013) concluded that lack of support and the bias of being seen by peers and leaders as demanding, impatient and unable to blend into the current culture are obstacles millennials nurses face when transitioning into the nursing profession.

Another qualitative, phenomenological, interpretive and longitudinal study followed millennial nurses through their first year in practice. It found that they felt uncomfortable introducing themselves to patients, felt totally exhausted, and had difficulty with end-of-life care. The reality of nursing was overwhelming. One participant reported needing her preceptor with her as she went into each patient’s room during the first weeks, realizing she wasn’t even comfortable introducing herself to a patient. Other participants in this study reported having too much to complete in the time frame given. Audio taped interviews were conducted at three months, six months and one year with twelve participants. Looking for a workplace that offered continuous feedback on their performance and a place where they feel protected was a recurring theme among the participants (Olson, 2009, p. 13). Coburn and Hall (2014) found that, compared to other generations of nurses, millennials demonstrated significantly less satisfaction with their jobs. This quantitative, descriptive, comparative study looked at nurses’ characteristics
across different generations by surveying 223 registered nurses in the US. Generations differed in their job values. Millennials, who had more educational preparation than baby boomers, experienced less psychological empowerment which is an indicator of their quality of work-life balance.

In a quantitative longitudinal study of generational differences among newly licensed nurses, 2,369 from nurses from the baby boomer, generation X and millennial generation, millennial nurses were found to express the highest levels of negative affectivity among the generations. They also had the highest perception of workgroup cohesion and support among the generations. Millennial nurses sought out technology-driven areas of patient care such as intensive care units to practice nursing and twelve-hour shifts for more work-life balance (Keepnews, Brewer, Kovner, & Shin, 2010).

Gotschall (2010) completed a quantitative explanatory correlation study looking at how the work environment affects millennial nurses. There were 136 millennial nurses who responded. The author found a strong positive correlation between comprehensive psychological strain and physical psychosomatic strain among millennial nurses. Millennial nurses were less satisfied with their job, more likely to suffer from depression and reported higher levels of high job demand and workload when compared to a mean score of a national aggregated survey sample of nurses. Gotschell (2010) concluded that psychological distress leads to burnout and turnover.

In a descriptive phenomenological study of millennial nurse’s satisfaction with their job, Anselmo-Witzel, Orshan, Heitner and Bachand (2017) established that millennial nurses seek close relationships with patients, families and coworkers to fulfill satisfaction. Ten millennial nurses were interviewed. Themes included experiences of feeling good, relationships, job strain
and having choices. Experiences of feeling good were described as feeling valued within the working environment and making a difference in someone’s life. Passion for advocating for patients and working for a supportive organization were important. The theme of relationships revealed working relationships as very important. Friendly relations with managers and coworkers and knowing who they work with as people were important to their overall satisfaction (Anselmo-Witzel et al., 2017). The perception of being devalued by coworkers or other health care professionals when not acknowledged that they are at the patient’s bedside caring for a patient was also noted. Lifting heavy patients and ethical dilemmas about caring for the critically ill was a job strain. Not being heard as a patient advocate was emotionally taxing for the participants. Having choices was another major theme. The participants stated that change was necessary if they could not achieve work-life balance within their current organization. Change included working in another profession to achieve job satisfaction if necessary.

Millennials in that study expressed a need to work in an environment that supported them, where they felt appreciated and where they could achieve a work-life balance (Anselmo-Witzel et al., 2017, p.236).

A quantitative observational study of 125 nursing students, aged 20 to 32 years old (millennials), explored caring behaviors demonstrated during simulations. The study found that most caring behaviors were in response to patient-initiated requests for caring behaviors (Dunnington & Farmer, 2015). If no prompt was initiated from the patient, few caring behaviors were demonstrated. Less than half confirmed the emotional status of the patient and less than ten percent encouraged the patient’s expression of feelings or spoke about anything other than the primary health concern. There were 85% who did not engage in providing basic care that was considered non-critical. The most singular aspect in this study was lack of transpersonal caring
behaviors. “Transpersonal interactions require a level of connection to the human essence of the patient in the health situation. Transpersonal connection is characterized by the energy that is shared between persons in a process of making human connection” (Dunnington & Farmer, 2015). The students initiating caring behaviors were infrequent. The behaviors required self-awareness, empathy and compassion, which were seemingly absent in that study.

Transition to Practice

Transitioning into clinical practice for nurses is a challenging period in which knowledge from conceptual learning is put into practice. New nurses, without previous clinical experience, focus on procedural checklists and technological skills (Benner, 1984). The ability to be consciously aware in the clinical setting happens after two to three years of experience in the same clinical area (Benner, 1984). Benner’s (1984) application of the Dreyfus Model of five stages of skill acquisition and development to her study of experiential learning in clinical nursing practice offered insight into the development of nursing skills over time (p.16). The first stage is novice. This stage is described as a nurse who has no experience of the situations in which they are expected to perform. An example of this stage is a nursing student who has little understanding of how to apply what he or she has learned into practice. The second stage is advanced beginner. At this stage the nurse can demonstrate acceptable performance based on procedural checklists and minimal experiences but still depends on coaching from proficient or expert clinical nurses. Nurses who have just started their first clinical job are at this skill level. The third stage is competent. A competent nurse plans his or her care with a vision of long-term goals for the patient of which he or she are consciously aware. They can cope and manage the care of multiple patients with a feeling of knowledge and skill. Nurses working in the same clinical area for two to three years are at this level of development. The fourth stage is proficient.
This nurse knows what to expect in a given situation and how to plan according to patient response. They are confident and have developed speed and flexibility to different situations. This level of performance can be found in nurses working in the same clinical setting for three to five years. The fifth stage is expert. At this level of skill acquisition the nurse operates from an intuitive grasp of each situation based on enormous clinical experience. They are not performing nursing care they are nursing; it is fluid. Fluid means that nurses are able to provide care easily.

Benner noted that not all nurses may obtain this level of skill acquisition; a nurse must strive to achieve this level of excellence. Benner’s stages of competence do not specifically incorporate Watson’s transpersonal caring relationship. Knowledge and intervention of adverse physiological changes in patients is the focus of Benner’s stages of competence (Benner, 1984).

There are many discrepancies that new nurses transitioning into nursing practice experience. What is understood about nursing and what they understand in their new environment can be challenging for a new nurse (Duchscher, 2009). New nurses become submerged in a hierarchical culture that rarely nurtures those transitioning into new positions (Duchscher, 2009). Properties of the transition experience include awareness, engagement, change, difference, timespan, critical points and events (Meleis, Sawyer, Im, Messias, & Schumacher, 2000). “Awareness is related to perception, knowledge, and recognition of a transition experience” (Meleis et al., 2000, p.19). The new nurse is aware of the changes occurring and becomes engaged to some degree in the process. Finding role models such as preceptors, asking questions and adjusting behavior are examples of engagement influenced by awareness (Meleis et al., 2000, p.19). Change and difference impact the new nurse by disruptions in their identity and seeing the world from a different perspective from what they know (Meleis et al., 2000, p.20). This timespan begin with the first feelings of anticipation through periods of
instability that lead to stability. Critical points and events are associated with increasing
cognizance of change, active commitment in dealing with transitioning and recognition of new
identifiable events (Meleis et al., 2000, p.21). New nurses experience heightened vulnerability
during their transition into practice. The transition from advanced beginner to competent nurse is
unique to each individual nurse. The transpersonal caring relationship does partly depend on a
nurse’s ability to reflect on these difficult transitions that they have experienced and become
aware and empathic of others going through life-changing transitions (Watson, 2012, p.76).

Chapter Summary

The review of the literature suggests that millennial nurses may have difficulty
communicating empathy and compassion to patients. Nurses become consciously aware of long
range goals after two or three years of experience working in the same clinical setting and should
be able to employ therapeutic interpersonal relationship skills (Benner, 1984, p.23). However if
the nurse has a delay in development of interpersonal skills and feelings of empathy for others,
then Benner’s stages of competence may be irrelevant to the millennial generation of nurses. The
foundation of transpersonal caring relationships is the connection between two people that is
formed in mutual respect for one another. Caring behaviors may not be innate to all who choose
the nursing profession. Those that identify nursing as a profession where they can make a
difference may lack the basic skills of communicating empathy and compassion to be successful
because it is assumed they have already acquired those skills.

This study attempted to capture the essence of the phenomena of what being connected to
patients means for millennial nurses. This generation of nurses may have developmental delays
with interpersonal skills in feeling and expressing empathy and compassion. The substantial
amount of time spent with technology instead of direct human contact during growth and
development as children may have an impact on their transition to the nursing profession. It is reflected in the rich descriptive data collected. Willingness to change jobs or the profession if left unsatisfied was also identified as a need to find personal happiness. The millennials in this study identified human betterment as an inspiration to become a nurse and look for close relationships with patients. Learning how they connect with patients is imperative to helping them seek the fulfillment they are looking for.
Chapter 3: Methodology

Introduction

The phenomenological design of this study was chosen to explore the experience of what a transpersonal caring relationship means to nurses. “The basic purpose of phenomenology is to reduce individual experiences with a phenomenon to a description of the universal essence” (Creswell, 2013, p. 76). Identification of a detailed description of what connecting means to millennial nurses created a rich understanding of the complex dynamics of caring and the impact on nurses. It is important to understand multiple shared experiences of the research question. In this study the experience of millennial nurses forming transpersonal caring relationships with patients has identified potential gaps in interpersonal communication skills millennial nurses may be experiencing. The phenomenon of the transpersonal caring relationship on nurses and their sense of self and fulfillment as a nurse leads to quality nursing practice. Edmund Husserl developed transcendental phenomenology as a means of studying human experiences. “Husserl believed that in order to expose the true essence of the lived experience is was necessary for any preconceived ideas to be put aside” (McConnell, Chapman, & Francis, 2009, p.8). Martin Heidegger developed his own approach know as hermeneutic phenomenology. Heidegger believed that the basis for interpretation is allowing the text to speak for itself. “Heidegger saw the researcher as a legitimate part of the research, as being in the world of the participant” (McConnell, Chapman, & Francis, 2009, p.8).

Philosophical Assumption

My philosophical assumption is that as a nurse and a researcher, I remain in the world of nursing. The researcher is unable to fully bracket nursing or any other part of oneself from participants’ expressions. This study followed Heidegger’s philosophical worldview. As a
researcher, I am part of the research and my ability to interpret data is reliant on my experience as a nurse. My bias and assumptions about millennial nurses stem from working with millennial nurses during their transition into the role of clinical nurse and engaging them in professional development. I have observed that millennial nurses focus on multiple administrative or technological tasks and present to patients as distant. As a researcher, I can report that multiple millennial nurses have expressed a desire to connect more readily with their patients. The researcher is a generation X doctoral candidate with twenty years of experience working in various positions in the nursing profession. The researcher is currently employed as a Nursing Professional Development Specialist and works with nurses during their transition to practice and in the professional development of nurse preceptors who assist in the transition of newly hired nurses. The background therefore makes Heidegger the optimal choice for conducting this study. The researcher made conscious efforts continuously to bracket her own perspective and serve as an instrument to interpret others’ expressions.

**Problem Statement**

With the explosion of technology in the late twentieth century, the developmental milestones of the millennial generation were impacted (Small & Vorgan, 2008). Constant technological stimulation has led to inhibited growth of normal neural pathways that are crucial to the development of interpersonal skills (Small & Vorgan, 2008). For a generation that can multi-task and communicate through technology, interpersonal communication skills may lag behind. Early adolescence is a critical time in the development of interpersonal communication skills and compassion (Blakemore & Choudhury, 2006). Lack of skills in communicating empathy and compassion could affect the transpersonal connection between the millennial nurses and their patients. The inability to experience a transpersonal caring relationship could impact
millennial nurses and how they feel about their profession. Currently, there is a lack of knowledge about how millennial nurses connect with their patients.

**Purpose of the Study**

The purpose of this study was to use phenomenological research methods to explore and identify the experience of millennial nurses and how they connect and develop meaningful relationships with those that they care for. This approach assisted the researcher in gaining a rich understanding of the perception of how millennial nurses feel when they make a connection with patients and how they develop transpersonal caring relationships. In addition, this researcher would gain insight into the educational needs of millennial nurses to create transpersonal caring relationships with the patients they care for.

**Research Question**

The research question that was investigated was, “What is the experience of millennial nurses forming transpersonal caring relationships with patients?” This study focused on how millennial nurses build transpersonal caring relationships and what that relationship means to them.

**Theoretical Framework**

The theoretical framework for this study was Jean Watson’s Theory of Human Caring. Watson states that a transpersonal caring relationship develops in the present moment, between two people. The ability to connect with another is driven by the ability to communicate empathy and compassion. Being present and in the moment with a patient creates connections between human beings (Sitzman & Watson, 2013). The nurse must be fully in the moment and communicating empathy to develop a transpersonal caring relationship to care for the well-being
of the patient. Caring competencies are as critical to quality nursing care as technological competencies (Sitzman & Watson, 2013, p.18).

**Study Design**

This research study used interpretive phenomenology, which stresses interpreting and understanding the phenomena (Polit & Beck, 2012, p.472). Prior understanding of the phenomena by the researcher is essential to understanding the human experience. “Phenomenologists investigate subjective phenomena in the belief that critical truths about reality are grounded in people’s lived experiences” (Polit & Beck, 2012, p.470). This approach to studying how millennial nurses connect with patients was useful because the phenomenon is not understood. Heidegger’s hermeneutic philosophy was the underpinning of the research design. The researcher cannot separate consciousness from human existence (Heidegger, 1962).

According to Heidegger (1962), phenomenology is the meaning of being and of being in the world. This is how human beings are involved with the world around them. The hermeneutic circle is related to understanding part of the whole or pre-understanding and understanding of phenomena (Dowling, 2007, p.134). The careful understanding of being allows nurses and their patients to fully understand each other and to be with another in shared humanity. Heidegger advocated for Dasein (McConnell-Henry, Chapman, & Francis, 2009, p.9). This key concept is existential and permits people to question their being in the world. “Dasein is the entity that allows humans to wonder about their own existence and question the meaning of their being in the world, it is an inherent thing, that a person is within their world” (McConnell-Henry, Chapman, & Francis, 2009, p.9). As a nurse, the researcher is always a nurse within nursing. Whether driving in a car or visiting a park, the nurse is still a nurse; that is part of being in the world. Being absorbed in the world of participants makes it impossible for the researcher to fully
put aside personal experiences. Background knowledge allows the researcher to ask pertinent questions of the participants so as to understand the phenomena being studied, resulting in a shared understanding.

The data generated in this research study was analyzed using Colaizzi’s analytic methods (Polit & Beck, 2012). Colaizzi’s seven procedural steps to data analysis were employed to accurately describe what the transpersonal caring relationship means to millennial nurses as seen through the eyes of the participants (Phillips-Pula, Strunk & Pickler, 2011). All research transcripts were reviewed to acquire a feeling for them (Polit & Beck, 2012). The data was read and re-read to collect a general feeling. The next step was extracting significant statements about transpersonal caring relationships. The third step was to formulate meanings and cluster themes (Phillips-Pula, Strunk & Pickler, 2011). The fourth and fifth steps were creating general themes and then integrating those themes into exhaustive description and reduction. The sixth step was identification of the essence of what the transpersonal caring relationship means to millennial nurses. In the final step, the participants were contacted to further discuss the researcher’s impressions and add any additional information. This step follows the hermeneutic circle of understanding and helps to validate the study results (Polit & Beck, 2012).

**Sampling Strategies**

Millennial nurses have their own voice in what it means to connect with patients in the 21st century. The experience of the enrolled nurses assisted in identifying the phenomenon of interest. Purposeful sampling of millennial nurses working in the eastern region of the United States with at least two years experience working in a hospital were recruited for this study. This sampling method is commonly used for phenomenological inquiry because of the participant’s knowledge of the phenomena being studied (Polit & Beck, 2012). Each participant self-
identified as a millennial. Participants were sought out from different hospitals, different units, different genders and different ethnic backgrounds. All participants had a valid Professional Registered Nurse License and had the ability to speak and understand the English language to be able to provide consent. Participants had a minimum of two years of experience working in a hospital setting. It was estimated that a sample size of eight to ten participants would be needed. However the sample size is determined when data saturation is achieved. When the same information is reported by multiple participants, the researcher can conclude that data saturation has been achieved (Polit & Beck, 2012, p. 497). For this study, data saturation was achieved when twelve participants had been accrued.

**Human Subject Considerations/Ethical Issues**

It is the ethical obligation of the researcher to protect participants and their identities. No ethical issues were posed by this study that was conducted in accordance with the Molloy College Institutional Review Board (IRB) rules and regulations. Approval from the Molloy College IRB was obtained, including announcement of the study (see Appendix A) and a letter to participants to explain the study (see Appendix B). Participants were fully informed about the study by the researcher, and written consent (see Appendix C) was obtained prior to any data collection. Brief demographic data were collected (see Appendix D). Permission to audiotape the interview and to transcribe the data using an outside transcription agency was obtained. Participants were assured that the information they provided will be kept confidential and no names will be used in the interview recordings or transcriptions of those recordings. In addition, any field notes taken by the researcher were held in strict confidence with no identifying information. All biographic data was stored in a locked container with access available to the researcher only. Transcribed data was visible to members of the research dissertation committee
only as necessary with confidentiality guaranteed as per IRB protocol. Each interview participant was assigned an identifying number and pseudonym that corresponds to their interview data. Actual names of participants are only known to the researcher. There were no known risks to participants of the study; however if the researcher observed or if the participant communicated any distress during the interview, the researcher was prepared to offer referral to supportive services available the participant. No participants communicated any such distress or required a referral. The responses were coded and identified as being from the assigned identifying number and pseudonym after the data was collected. Participants were told that they could withdraw from the study at any time and all data obtained from them would be destroyed. None chose to withdraw from the study. The transcriptionist that was used guarantees anonymity and destroyed all data at the behest of the researcher at the end of the study (see Appendix E). No identifying information was used in any written documentation or publication. All participants were invited to validate the results of the study. Ten of the participants validated the final results of the study.

**Informed Consent (see Appendix C)**

Participants completed an informed consent that was approved by Molloy College IRB prior to participating in the research study. The consent was voluntary and indicated the participant was free to withdraw at any time during the study. The consent form was signed by the participants when all questions about the study process were clarified by the researcher, as indicated by the participant’s signature. Confidentiality was assured and maintained throughout the duration of the study and during the analysis of the data by the researcher.
Potential Risks

There was no anticipated risk to participate in this study. If the participant became uncomfortable at any time during the interview process or the duration of the study, they could immediately withdraw from the study.

Potential Benefits

Participants were informed that data derived from the study may reveal gaps in the transpersonal caring relationship between millennial nurses and patients. It could provide the foundation for gaps in how millennial nurses communicate with their patients. It may lead to educational offerings that bridge the communication gap and assist millennial nurses in forming transpersonal caring relationships with patients.

Recruitment

Recruitment of participants began after Molloy IRB approval. The researcher recruited potential participants by sending a study announcement (see Appendix A) to fellow professional development specialists. Individuals who were interested in the study were advised to contact the researcher for further information by telephone or email. A letter about the study (see Appendix B) was also emailed. Nurses were screened for eligibility and selected to participate if they had at least two years’ experience working in a hospital setting, were born between 1982 and 2000 and self-described as part of the millennial generation. Those with less than two years’ experience in acute care or who do not identify themselves as millennial were excluded from the study. Potential participants were contacted in person, by telephone, and by email. If a millennial nurse was interested in participating in the study, the study process was explained, consent obtained and interviews were scheduled at the convenience of the participant. A thank you gift card of $5.00 from Amazon was given to each participant who completed the study.
Data Collection Procedures

**Demographic data.** A demographic data sheet (see Appendix D) was collected from each participant. The data included, age, gender, work history, ethnicity, years working as a nurse, units worked, marital status, children and educational information.

**Participant interviews.** Participant interviews were conducted in a confidential venue of the participant’s choosing. They were semi-structured interviews conducted in person or via email or telephone if necessary. The researcher was looking for rich descriptions of the experiences of millennial nurses connecting with patients. Each participant was provided with a definition of Watson’s transpersonal caring relationship (see Appendix F) to ensure participant understanding of the term while participating in the interview. The researcher introduced herself and asked the participant if they were comfortable. The participants were asked: What does it feel like to form a transpersonal caring relationship with a patient? How do you know the patient has connected with you? What are your expectations in making connections with patients? What are the challenges in forming transpersonal caring relationships? What are the priorities as a nurse when caring for a patient? What is important to you?

An in-depth, face-to-face interview of one to two hours was conducted. The researcher guided the conversation and engaged in probes during the interview to enhance illumination of the phenomenon of interest. Engaged listening is an appropriate method for the researcher to employ to gain an understanding from participants who were interviewed (Rubin & Rubin, 2012, p. 34). Several questions and probes were used as a guide in the interview process including providing participants with the definition of a transpersonal caring relationship. Responsive interviewing to develop trust with participants was implemented (Rubin & Rubin, 2012). The researcher was friendly and non-confrontational in her interviewing style. The interview was
audio-taped for accuracy and transcribed verbatim. Each interview was transcribed and read
before conducting the next interview to reinforce delineation of data and begin the data analysis
process. The researcher also took field notes as needed to add dimension and richness to the data
being collected. Field notes were written during the interview and/or immediately after the
interview. All interviews were confidential and only conducted after consent from the participant
had been signed. Follow-up questions and responses were communicated with participants by
text message. Text messages were short messages that were transferred from researcher to
participant and back to researcher. The participants preferred this short electronic messaging as
their method of communication with the researcher when offered to follow up in person, email or
telephone. This was the only method of communication that all participants were comfortable
with. Numerical codes and a pseudonym name were assigned to all interviews, transcripts and
field notes. Transcripts and field notes were kept in a locked drawer and media storage of
transcripts or interviews was kept on a password-protected computer.

Data Management and Data Analysis

All the data obtained through interviews were transcribed by a transcriptionist. The
interview data was only identifiable by numerical code. Each transcribed interview was read by
the researcher and compared to the audio-taped interviews for accuracy. Computer programs for
managing qualitative data were not used because the researcher did not want to have data
managed mechanically and preferred to dwell with the data and approach it cognitively. The
data was analyzed utilizing Colaizzi’s analytic methods (Polit & Beck, 2012). Colaizzi’s seven
procedural steps to data analysis was employed to accurately describe how millennial nurses
connect with patients as seen through the eyes of participants. Data analysis was ongoing and
sequential after each interview and follow-up text messages with participants.
Colaizzi’s Seven Procedural Steps. Colaizzi’s seven procedural steps are a frequently used method for phenomenology. Phenomenological analysis involves a search for common patterns among the data collected. The first step is to read all the interviews and acquire a feeling for them. The next is review of each interview and extracting of significant statements. From the significant statements the researcher formulated meanings. Then the researcher organized the formulated meanings into themes. Discrepancies between the themes were noted and themes referred back to the original interview to validate (Polit & Beck, 2012). Themes must be integrated into an exhaustive description of the phenomenon as it emerges. The participants were given the opportunity to review the findings in the analytic process and to clarify meanings. The findings were finally presented to participants for final validation of essence of the phenomenon. Ten participants validated the results of the study.

Strategies to Enhance Scientific Rigor and Trustworthiness

In qualitative research rigor and trustworthiness are established through credibility, dependability, confirmability, transferability and authenticity. Data collection and analysis was conducted through an authentic process to establish and ensure auditability and reliability in the rigor of the study (Polit & Beck, 2012). Credibility refers to the feeling of trust in the data and interpretation by the researcher (Lincoln & Guba, 1985). A study must be conducted so as to enhance believability and demonstrate credibility in the findings (Polit & Beck, 2012). This is the overall goal of qualitative research and it must demonstrate confidence. Credibility was demonstrated through the researchers’ accuracy of documented statements, opinions and explanation of potential bias. Dependability was demonstrated by careful documentation in providing evidence on how themes were constructed and how the researcher linked those themes to the essence of the phenomena. Confirmability was achieved through participants validating
the study’s findings and by the researcher debriefing with her dissertation committee. The researcher provided sufficient descriptive data so that other investigators would be able to determine the applicability of the data to other inquires to establish transferability (Polit & Beck, 2012). Authenticity was validated by the participants when the essence of the phenomena was presented to them for confirmation as a rich description of their lived experience. The researcher documented and identified decisions made throughout the study to increase trustworthiness. Records of interview transcripts, data reduction, field notes, process notes, reflexive notes and drafts of the final report are to be maintained to enhance auditability.

**Personal bias**

Since the researcher considers herself part of the research instrument, it is necessary to describe assumptions and bias. The literature review has informed and shaped preconceived beliefs about a deficit of interpersonal communication skills among millennial nurses. Due to personal experience working as a Generation X nurse in acute care and subsequently a Professional Development Specialist, the researcher brings certain preconceived notions about transpersonal caring relationships and the impact on identity as a nurse. The researcher believes that the transpersonal caring relationship is the essence of nursing. The researcher’s interest in doing this study is to identify any gaps that may exist for millennial nurses in forming transpersonal caring relationships. This study is a blend of the many experiences of millennial nurses describing the transpersonal caring relationship. Frequent debriefing of data with the researcher’s dissertation committee and the validation by participants of the identification of the essence of the phenomena assure trustworthiness and reliability of the study.
Chapter Summary

The purpose of this interpretive phenomenological study was to explore the lived experience of millennial nurses connecting with patients in the 21st century. After obtaining IRB approval and consent, interviews were conducted with participants. Data was collected during semi-structured interviews that were face-to-face and probed by research questions with follow up data collected from the participants for further clarification and confirmation. Data was analyzed using Colaizzi’s seven procedural steps to capture the essence of the phenomena being studied. Exploring millennial nurses’ experience connecting with their patients revealed when they felt that connection, how they achieved it and what does it mean to them as nurses. This research study explored the dimension of how this generation of nurses develops transpersonal caring relationships with patients and the impact it has on how they feel about working as a nursing professional in the 21st first century. It also has the potential to lead to critical nursing education interventions that can improve the transpersonal relationships between nurses and patients. Connecting with patients can lead to improvement in recognition of changes in a patient’s condition, patient satisfaction and nurse retention.
Chapter 4: Study Results and Analysis

Introduction to the Findings

This study illustrated the experience of millennial nurses connecting with patients in the 21st century. The nurses in this study represented millennial nurses working in New York City and Long Island, New York in the United States. The interviews were conducted at public libraries or coffee shops. The data was analyzed utilizing Colaizzi’s seven procedural steps to capture the essence of the phenomena being studied. This chapter reveals the experience of millennial nurses connecting with patients in an environment of technology. A description of the participants, data analysis and essential themes will be discussed in this chapter.

Study Sample

The recruitment of millennial nurses began once Institutional Review Board approval from Molloy College was obtained. Recruitment was achieved through the use of personal connections with peers working in professional staff development and interpersonal relationships with millennial nurses recruiting their peers to participate in the study. Recruitment of research participants was obtained with ease. Prior to the interview, each participant completed a demographic form (Appendix D). Data collected included age, self-identity, cultural group, how many people do they care for at home, highest level of education, how many nursing jobs since graduation from nursing school, marital status, current work position, shift worked, full-time/part time/per diem position, specialty experience, and a chronological order of positions held since nursing school graduation. This information provided further description of the participants enhancing transferability. Interviews were conducted until data saturation was achieved.

The study sample consists of ten female and two male nurses who had all self-identified as millennials. They work in medical surgical and critical care units in hospitals in New York
City and Long Island, New York in the United States. Some of the participants worked for the same employer as the researcher but none of the participants directly reported to the researcher. Average age was 26 years and 11 of the participants currently worked on medical/surgical units and one in critical care. Two of the participants were married and ten participants were single. None of the participants reported taking care of anyone at home and all reported that their highest level of education was a baccalaureate degree. Five participants culturally identified as white, two black, two Hispanic, two Asian and one a Pacific Islander. The participants averaged having two jobs since graduating from nursing school. Five reported having one job since graduation, three reported two jobs, two reported three jobs and two reported having four jobs since graduation from nursing school. All 12 participants reported working full-time. Five participants reported working a 12-hour day shift and seven reported working a 12-hour night shift. A brief demographic of the participants is included and shown in Table 1.0.

**Table 1.0 Demographic Characteristics of Study Participants**

<table>
<thead>
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<td>(2)</td>
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<td>(1)</td>
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<td><strong>Gender orientation:</strong></td>
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<tr>
<td>b. Female</td>
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</tr>
<tr>
<td>c. Other</td>
<td>(0)</td>
</tr>
<tr>
<td><strong>Self-Identified cultural group:</strong></td>
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</tr>
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</tr>
<tr>
<td>b. Black (non-Hispanic)</td>
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<tr>
<td>c. Hispanic</td>
<td>(2)</td>
</tr>
<tr>
<td>d. Asian</td>
<td>(2)</td>
</tr>
<tr>
<td>e. Native American</td>
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<tr>
<td>f. Pacific Islander</td>
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</tr>
<tr>
<td>g. Other</td>
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<tr>
<td><strong>Number of people cared for at home</strong></td>
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Highest level of education completed:

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<tr>
<td>c. Baccalaureate degree</td>
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<tr>
<td>d. Master's degree</td>
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</tr>
<tr>
<td>e. Doctorate degree</td>
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Number of nursing jobs held since graduation:

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<th>3 jobs</th>
<th>4 jobs</th>
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</thead>
<tbody>
<tr>
<td>(2)</td>
<td>(5)</td>
<td>(3)</td>
<td>(3)</td>
<td>(1)</td>
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Marital status

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<tr>
<td>Married</td>
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Current work position

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<tr>
<td>Critical Care</td>
<td>(1)</td>
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Current shift worked

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</tr>
<tr>
<td>Night Shift 7p-7a</td>
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</table>

Full-time, part time or per diem

<table>
<thead>
<tr>
<th>Type</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Full-time</td>
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</tr>
<tr>
<td>Part-Time</td>
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<tr>
<td>Per-Diem</td>
<td>(0)</td>
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</table>

Specialty experience

<table>
<thead>
<tr>
<th>Experience</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical/Surgical</td>
<td>(11)</td>
</tr>
<tr>
<td>Critical Care</td>
<td>(1)</td>
</tr>
</tbody>
</table>

Data Collection

A total of 12 interviews were conducted from March 14, 2018 until April 2, 2018. Additional data was collected by texting with participants to follow up on the original data collected. The additional follow-up data was collected from the participants April 24, 2018 to May 5, 2018. Before each interview, the researcher asked each participant if they identified themselves as part of the millennial generation and if they currently had a license as a registered professional nurse to screen for inclusion criteria. Each participant chose a time and place for the interview. Each participant preferred contact via text message to set up their interview date and time. A text message for confirmation of time and location was provided to each participant and each participant preferred this method of communication to make interview arrangements.
Follow-up questions were conducted by texting with participants, which was their preferred method of communication.

All interviews were face-to-face and took place in a private location that was agreeable to both participant and researcher that allowed the participant to be comfortable and for audio recording to be optimal. At each interview, the researcher provided each participant with an approval letter from Molloy College IRB (Appendix B) and a definition of transpersonal caring relationship (Appendix F). Written consent was obtained from all participants (Appendix C) and all participants were informed that confidentiality would be protected by using a pseudonym to preserve their privacy. After completing the informed consent process, a demographic questionnaire (Appendix D) was completed by each participant. Collected information was shared only with the chair of the dissertation committee. The researcher asked participants for contact information and informed them of the opportunity to review the findings in the analytic process and opportunity to clarify meanings. All participants wished to be notified by text message via the phone number that they provided.

The interviews took place in public libraries or coffee shops. Responsive interviewing was utilized to build trust between the researcher and participant by employing a tone of questioning that was friendly, non-confrontational, and flexible (Rubin & Rubin, 2012). The researcher had prepared a list of questions and probes from the interview script (Appendix G) and began each interview with, “How do you form a transpersonal caring relationship with a patient?” and continued with other questions as it related to the response from the participant and evolved during the conversation. The length of the interviews ranged from 40 minutes to an hour. The interviews varied based on the participant; some had a lot to say and others were quiet and needed to be probed. All participants were willing to share their experiences connecting with
patients. Each participant was asked at the end of the interview, “Is there anything else you would like to add?” All of the participants declined and stated they did not. At the conclusion of each interview, each participant was thanked for their time and their generosity for sharing their experiences.

Two digital recorders were used during each interview in case of technical problems. New batteries were placed in both recorders prior to each interview and the recorders were tested for function and sound quality. Both recorders were placed in front of the participant and locations were selected to provide the participant with an environment in which they could feel comfortable sharing their experiences and allow for optimal audio collection. All interviews were transcribed verbatim immediately after each interview by the transcriptionist and observational field notes were recorded. Digital information, hard copies of interviews and field notes were kept in a locked file cabinet. All data collected related to this research study will be retained for a period of time as specified by the Institutional Review Board.

Field Notes

Field notes signify the researcher’s attempts to record data describing observations during the data collection (Polit & Beck, 2012). Data about objective descriptions by the researcher immediately after each interview provided details to capture the rich description of the interview. This narrative collected by the researcher serves as additional data for analysis. Field notes should not be written in the field, as they can divert the researcher from intense observation (Polit & Beck, 2012).

Field notes were recorded immediately after each interview to capture descriptive and reflective data about the participants. Significant words or phrases and nonverbal cues were recorded after the interview. Additional notes were taken as the researcher listened to the audio
recordings. The data obtained was utilized along with the interview transcripts during the data analysis. Developing meaning from this data assisted the researcher in coding and theme development. The following participants are described using pseudonyms.

**Description of the Participants**

Each of the 12 participants are introduced to provide a vivid picture of the detailed data analysis that follows the introductions. Each participant clearly understood the importance and purpose of the study. All were able to clearly describe their own nursing perspective. Many also chose to offer comments on how they perceived their colleagues to interact on a transpersonal level. Some were now preceptors who had developed a skill at interpersonal connections and were trying to help novice nurses find their way to connect with patients.

**Sarah.** Sarah is a 28-year-old female registered nurse whom the researcher met in a public library for the interview. We sat in a private room with the door closed. She identified herself as white non-Hispanic. She is single and reported that she cares only for herself at present. She has been employed at the same hospital and unit since graduation from nursing school six years ago. Presently she works a full-time, twelve-hour day shift position in a medical surgical unit. She was still dressed in her nursing uniform since she was coming from work. She seemed very confident and eager to speak to me. She gave the impression that she is quite happy with her career thus far. Her intonation and passion for transpersonal caring relationships captivated my own passion for the topic. She was not familiar with the term transpersonal caring relationship but verbalized understanding when I provided her with a definition. Making a connection with a patient was something that was taught at her nursing school. She explained that the focus was on how to communicate with patients and connect with them. The class was something that she was excited to share with me. That is where she learned about nonverbal
communication and how to be empathetic and connect with patients. She stated, “We were told that this was a big piece of nursing practice. That it wasn’t all technical skills. That really helped me”. She spoke about her frustration with her peers when it came to forming transpersonal caring relationships. She informed me that she is a preceptor for new nurses and found that she is often the first nurse to focus the new nurses on making caring connections with their patients. She spoke with amazement that she can walk into a patient’s room with an orientee and she can feel the chill that seems to come from the new nurse. They report to her that they are uncomfortable and she observes that they don’t make a lot of eye contact and that the focus is on the completion of technical tasks. She whispered, while offering a facial expression of horror, that she often gets the impression that she is the first person to educate and focus these young nurses on the importance of connecting with their patients. Sarah explained that most new nurses focus on the technical skills and seem unaware that connecting with patients is part of caring for the patient. She has observed that new nurses did not seem happy and many had multiple jobs since graduation from nursing school.

She shared a story about a new nurse on orientation whom she was precepting. She described the new nurse as cold and uncaring. The new nurse was able to handle her patient assignment, but Sarah sensed that she was not communicating empathy and compassion for the patient. Sarah sat with her orientee and shared her observations and spoke about how important communicating that you care is to both patient and nurse. The orientee expressed how uncomfortable she was just to talking to a patient. Sarah asked her orientee an important question, “Do you feel like a nurse?” To her amazement, the nurse shook her head no but that she was new. She was full of empathy for her orientee when her voice changed to one filled with kindness in explaining how important that aspect of nursing care is in conjunction with all the
technical tasks. She encouraged her orientee to just stand in the room and listen and respond to the patient. If there is silence, then that was fine. She explained there should be no pressure to fill the air with noise. Sarah reported that her orientee had great success after she started to take time and engage with the patient more personally.

During our conversation, Sarah was passionate about finding time to connect with patients. She views forming transpersonal caring relationships with her patients as part of her job. Every time she is with a patient, she is aware that communicating caring is just as important as taking a blood pressure. She did find the time can be a challenge when her unit is understaffed or if a patient is unstable. However, forming transpersonal caring relationships is a focus for her in providing nursing care to her patients, so she makes it a priority to find time.

Meg. Meg is a 30-year-old female registered nurse who is married and has no children at present. She reported that she does not care for anyone at home. She is presently employed by the same hospital and unit where she started once she graduated from nursing school seven years ago. She works a full-time, twelve-hour day shift position in a medical surgical unit. She identified herself as white non-Hispanic. The researcher met with her at a public library on her day off from work for the interview. We sat in a private room with the door closed. She was personable and happy to share her stories with me. Meg stated that she has never heard of the transpersonal caring relationship but had no issue in recognizing what it was when provided with the definition. She spoke about how in nursing school connecting with patients was a main focus of her first nursing clinical through graduation. She expressed gratitude for having been educated about it. She was animated on how important learning every aspect of communication was because she had never realized how important it was going to be in
providing quality nursing care. Her voice filled with amazement because she has observed that some of her peers did not receive the same foundation in learning how to connect with patients.

She expressed how important it was to spend extra time with patients while doing ordinary tasks so as to get to know them and build a connection. She also expressed frustration when speaking of her peers and her observation of their limited efforts to build transpersonal caring relationships with their patients. She commented that other nurses seem to be solely focused on completing certain tasks like documentation. She even suggested that they tend to hide behind their computers so they don’t have to engage with the patients. As a preceptor for new nurses, Meg stated that many new nurses don’t realize the non-verbal communication they give off to patients. “I don’t think they realize they are being observed and how they might come across to people, you know”. Meg shared an emotional story of connecting with a patient and how that made her feel. She had a patient that received a poor prognosis. Her eyes filled with tears as she told me that story and her empathy and compassion for this patient was apparent.

Meg said the patient put on a façade for his family because he wanted to spare his family his grief. He relied on his connection with Meg to show his true feelings and felt safe talking and sharing with her. Meg felt special that she was able to really help her patient through such a difficult time and encouraged him to share his feelings with his wife. Meg was very passionate, pressing her hand on the table as she spoke about connecting with patients and what she has observed. Meg stated that she makes the effort to connect with her patients because if she doesn’t, she isn’t providing nursing care. Her voice became elevated when she spoke about witnessing part of nursing practice becoming lost because of all the tasks that are placed on clinical nurses. She has observed some nurses not putting in any effort to demonstrate caring with patients when the unit gets busy. She believes that “there is a piece missing with them or
they just don’t care”. Meg expressed that many of the tasks nurses are expected to finish during a shift leave little extra time to spend with patients. Every moment counts and one of the important qualities of a good communicator, according to Meg, was hearing what people say to you. Meg explained that hearing is receiving information and reacting to it. Making patients comfortable in an uncomfortable environment was about hearing what each individual needed from her. She felt strongly that new nurses needed not only education on how to communicate empathy and compassion to patients but also performance studies so the focus remains on caring as a quality indicator.

**Philip.** Philip is a 25-year-old male registered nurse who is single and cares for no one at home other than himself. He has been employed in the same position, at the same hospital since graduation from nursing school three years ago. I met with him at a coffee shop near his home. We sat at a table far from the register to avoid noise from the line for coffee. Philip works a full-time twelve-hour day shift on a medical surgical unit and requested to meet after work. Philip identified himself as Pacific Islander. Philip was unfamiliar with the term transpersonal caring relationship but understood the definition provided. Philip was energetic and responded to questions with passion. He told me how important forming transpersonal caring relationships were to him as a nurse. As he described what it felt like to make a connection, his voice was filled with joy. He said how good it felt to make a connection, that it was what he should be doing as a nurse. When he makes a connection it makes him feel fulfilled as a nurse. He said, “this is why I began a nurse…to make a difference…you feel lighter…no matter how heavy it can be”. Philip explained that connecting with patients is a part of his job and this was something he learned very early in nursing school. He recalled with a smile on his face the class and how his perception of how a nurse communicates with a patient changed after he finished
that class and how it has stuck with him during his transition to practice. He felt that he learned a lot because he was scared at first when entering into a patient’s room. He said he was communicating with the patients but he fell short of truly engaging the patient.

His voice changed to despair when explaining that what he learned back in his earlier nursing school class made him realize that his behavior in the patient’s room was distant and the patient did not feel cared for. He indicated that expressing caring is a different skill and one where you need to be aware of how you send messages through your body language. He said how lucky he was to have that education. He believes that many of his peers have not been given that opportunity. Philip shook his head and his voice was frustrated when he spoke about his peers and their struggle to connect with patients. He reported that many just don’t realize that they are not caring for the patient when they only focus on the technical skills of the job. Philip stated that he felt that making a connection with his patients was important to him to feel fulfilled as a nurse. He was concerned that failure to connect with patients might lead some nurse to leave the profession. He has observed frustration and a sense of fulfillment among his peers. He believes that they focus on all the physical tasks because they are unaware of how to communicate caring with their patients. He spoke about how the nursing workload can be heavy at times and it was the transpersonal caring relationships he shared with patients that have allowed him to rise above the pressure he feels working as a nurse.

He spoke about how important his role as a preceptor to new nurses has been in helping to educate his peers on the importance of connecting with patients. His tone was empathic towards nurses who do not realize what they are missing when they do not make connecting a priority. Philip was distressed telling me that half of the new nurses who started out with him at the hospital where he works have left for other jobs because of what he described as burnout.
Philip’s tone of voice changed to happiness when talking about his orientees. His eyes lit up when he spoke of when they first make a connection with a patient and realize how special and meaningful it is to them and the patient. He observes that it is not a skill that is learned immediately. It takes time, but once a nurse feels that connection with a patient, they learn to make that a priority.

**Molly.** Molly is a 28-year-old female registered nurse who works a twelve-hour full-time night shift in a critical care unit. She has had the same position since graduating from nursing school six years ago. She is married without children and she reported she doesn’t care for anyone at home. She agreed to meet with me on her day off at a public library near her home. We sat in a private room with the door shut. She identified herself as white, non-Hispanic. Molly was very happy to speak with me and thanked me for having her participate. She was very relaxed and confident as she shared her stories with me. She was not familiar with the term transpersonal caring relationship but understood the definition provided to her. She was emotional when describing for me how important connecting with patients was for her. She described how she was not easily accepted into the critical care unit as a new nurse. The ability to form transpersonal caring relationships really helped her in her new position because she felt unwelcomed by her peers as a new nurse starting out in critical care. She spoke with passion about her focus remaining on demonstrating empathy and compassion to those in her care despite being overwhelmed during her first year working as a nurse. She told me that learning to make connections with patients was one of the first lessons she learned about in nursing school. The focus on connection was an important thread or train of thought that she remains focused on. She reported that some of her peers just focus on technical things and are unaware of the transpersonal caring relationship. Her voice turned to disgust when she reported that some of her
peers sound automated when they speak to patients. She felt strongly that most don’t know how to connect with their patients. Her voice changed to amazement when telling the researcher that some are coming into the unit with multiple job experiences and believe that being surrounded by all the high technical equipment will be the right fit for them.

She spoke with pride that she became a preceptor and was able to educate nurses on the importance of connecting with patients. She spoke with empathy when telling me about a nurse she was precepting in critical care. Molly believes that because she is a preceptor, she is able to get through to the new nurses orientating on her unit. She said most of her orientees are scared to talk to patients or family but fearless when it comes to the equipment and monitors. She focuses on giving feedback on how they are being perceived by patients and family. She believes that the new nurses who have her as preceptor will be satisfied because she is teaching them how to make transpersonal caring connections. Molly said she was happy to be able to help another nurse find fulfillment as a nurse. She takes pride in reporting how much she enjoys seeing her orientees connect with their patients and family. She spoke about how important making time to build transpersonal caring relationships was and that due to the demands of the job, it can be difficult at times.

**Sue.** Sue is a 27-year-old female registered nurse who has held the same position since she graduated nursing school five years ago. She works a full-time twelve-hour night shift in a medical surgical unit. She reported that she is single and doesn’t care for anyone at home. Sue met with me at a library close to her home on her day off from work. We sat in a private room with the door shut. She identified herself as white non-Hispanic. She was very happy and excited to speak with me. She didn’t recall knowing what a transpersonal caring relationship was but understood the definition provided. She was very warm and personable when sharing her stories
with me. Sue explained to me that forming transpersonal caring connections is about getting to know the patient as a person. People need to feel special, Sue stated with passion; that it is how she communicates that she cares about them.

She recalled with happiness a moment she had where she felt a connection with a patient. She told me how she looked forward to coming to work to be able to care for her patients. She was very passionate when she spoke about how the connection with a patient affects the quality of care. She described that when her patients open up to her, she is better at anticipating their needs both physically and emotionally. Sue informed me that her patients often open up to her about things or questions that they feel uncomfortable asking their physician. The transpersonal caring relationships she creates with her patients allow her to move past barriers patients may put up.

Sue mentioned that she had learned about making connections with patients from a class she took in nursing school. She looked puzzled when she reported that some of her friends who are nurses find making connections with patients difficult. Her voice was defensive when explaining that they are good people and that their intentions are in the right place. She gave a big sigh and said, “They have trouble making small conversation sometimes”.

She felt that the focus on the physical aspects of nursing care overshadow what is most important and that is forming transpersonal caring relationships.

Sue spoke about how difficult it can be to make connections with patients when the staffing ratios are short. She seemed disheartened speaking about having to rush to complete tasks and that it was hard to hide how busy she was in front of patients. She was adamant that having time was a factor in nurses connecting with patients.
Peter. Peter is a 25-year-old male registered nurse who has had two jobs since graduating from nursing school three years ago. He works a full-time twelve-hour day shift position on a medical surgical floor. He reported that he is single and doesn’t care for anyone at home. I met him in a café close to his home. We sat at a table far away from the noise at the counter where people were waiting for their orders. He identified himself as white, non-Hispanic. Peter was quiet at first but then opened up when speaking about his experiences connecting with patients. He had never heard the term transpersonal caring but was able to understand the definition and respond to questions. He spoke that when he first started as a nurse, he didn’t understand connecting with patients. He spoke almost as though he were confused when he said he knew something was missing but could not seem to discover what that was.

When he first started as a nurse, he was focused on completing all the physical tasks but once he achieved a certain level of competence he suddenly felt empty. He said, “I didn’t feel great about it… I wanted to be a nurse to help people and I didn’t feel I was totally… helping them”. Peter explained that he thought that communication with the patient was asking the questions he needed to for assessment and he was successful at completing the technical requirements of the job but felt unfulfilled. He explained that he made his first connection with a patient by accident. He said he was uncomfortable engaging in conversations with the patient. When patients started asking him questions about himself and shared stories about themselves, Peter realized that the patients were more than just tasks to be completed. He spoke with relief about how remaining in a patient’s room and talking about random things can help overcome any awkwardness he might have felt before.

Peter spoke about how the technical tasks of nursing are still his priority but connecting with patients is a close second. He shared that patients told him that multi-tasking made him
appear distant and uninterested in them as people. He was surprised by the comments but he reports that he has slowed down and when he does connect with patients it makes him feel complete as a nurse.

**Peggie.** Peggie is a single 25-year-old registered nurse who works in a medical surgical unit. She works a twelve-hour full-time day shift and doesn’t care for anyone at home. She has had three jobs since graduating from nursing school three years ago. I met her at a local library close to her home for the interview. We sat in a private room with the door shut. She identified herself as Hispanic. She was off from work and happy to engage with me in sharing her stories. She had never heard of transpersonal caring relationship but easily understood the definition and meaning. She spoke about how learning to connect with patients had to be learned as on-the-job training and that it took her a while to understand its importance. She spoke about how she was good at completing the technical requirements of nursing but that something was missing. She didn’t feel happy so she went from job to job looking for the right fit. During the interview, she looked around the room and then at the researcher, and she said in a low voice, “I don’t know… I felt… not bored but disappointed.” She thought at first that nursing was not what she expected it would be. She thought at first it might have been that she was not challenged enough. At her current position, another nurse pulled her aside and told Peggie to slow down, to stop doing many things at once and give the patient her full attention. Peggie reported that her relationships with patients changed from that point and for the first time she felt like a real nurse. She moved closer to the researcher as she told the researcher as if she were afraid someone would overhear us despite the fact that we were in a private room.

Her voice and manner changed to joy and relief when she started talking about her experience connecting with patients. She was no longer concerned that someone might overhear
our conversation. She spoke with excitement about how just learning to interact with patients helped her connect with them and made a difference for her. Learning to make eye contact and be more present with the patient helped patients open up to her and she now feels comfortable talking with patients.

Her voice changed to sadness when she spoke about her priorities. She told me that all the technical parts of the job are the priority because if they didn’t get done in a timely manner, it is possible to get behind and not catch up. She was passionate when she spoke that nurses really need instruction and evaluation in learning how to connect with patients. She informed me that she knew people from nursing school who have had multiple jobs but could not find satisfaction from being a nurse. She shared that she thought that they didn’t know how to connect with patients the way that she did but was hopeful that they would find their way like she did.

Mary. Mary is a 27-year-old registered nurse who has had two jobs since she graduated from nursing school five years ago. She works full-time twelve-hour night shifts in a medical surgical unit. She reported that she doesn’t care for anyone at home and that she is single. She identified herself as black non-Hispanic. I met her in a public library close to her home in a private room with the door shut. She was not familiar with the term transpersonal caring relationship but understood the definition that was provided. She was soft spoken and eager to speak with me. She spoke with warmth when she told me how important it was to see the patient as human. She described her first nursing position as just a job. She didn’t feel that nursing should be like that and she needed to feel that she was making a difference. At her last job, she said she was successful at doing the work but that it felt too much like just a job and left her wanting more. Her voice was filled with surprise when she shared that she didn’t expect being a
nurse to feel like just a job. She wanted to feel good about what she contributes to society and that was part of the appeal of being a nurse.

She reported that her preceptor at her current position made a difference for her in educating her on caring for the patient. Mary felt that by completing all the technical aspects of the nursing care that she was caring for the patient. Once her preceptor started to focus her on caring for the patients as people and not tasks then the response she got back from patients changed her perspective about being a nurse. She said “a real game changer you know…like I’m a real nurse”. Mary felt strongly that many nurses do not realize that caring for a patient is not just technical tasks but also caring tasks. She seemed frustrated telling me that time can play a part in the amount of caring that takes place between herself and patients. She explained that some days she barely can even ask patients about basic things, so getting to know her patients in order to connect can be a challenge. She was passionate when she spoke how important it was for nurses to receive education on making connections with patients especially when they are busy. She felt strongly it could make a big impact on nursing satisfaction.

**Rose.** Rose is a 24-year-old female registered nurse who works a full-time twelve-hour night shift in a medical surgical unit. She told me she was single and reported that she did not care for anyone at home. We met in a café close to her home. We sat at a table far away from the counter where people were standing in a line waiting for coffee. Her current position is her third in the two and half years since she has graduated from nursing school. She identified herself as Asian. She was not familiar with the term transpersonal caring relationship and stated that she understood the definition when it was given to her. Rose seemed tired but she reported that she had not worked the night before our meeting.
She described technical tasks when I asked her to describe how she connects with patients. She spoke about how she connected with one patient who had engaged her. She explained that the patient was nice to her and engaged her by asking questions about herself. The patient was very grateful for the care Rose was providing. She spoke with surprise when she told me that she looked forward to talking with this patient. She reported that connecting with patients depends on how comfortable she is with a patient. She felt strongly that the ability to connect came with experience. The amount of technical tasks can be a distraction from having time to connect with patients. Rose reported that she still feels awkward at times talking with patients. She was very passionate when telling me that she really needs to focus on some tasks for patient safety. Then suddenly she seemed lost when speaking about if nursing was what she thought it was going to be like. She stated that it was hard at first because she felt concerned that she needed to keep up with the fast pace. Rose stated that multi-tasking was critical to her success at keeping up with the fast pace of the floor. But when she left work each morning she felt somehow incomplete. In the effort to get things done she felt perhaps something was missing. She looked off in the distance like she was looking for something to appear when she asked the question “Am I really helping anyone?” Silence filled the air and the researcher could feel her despair. She suggested that perhaps she might not have found the right job for her and that making connections was a bit confusing. She felt that training and education were necessary for her to fully develop the skills to be able to connect with patients.

Maria. Maria is a single 27-year-old female registered nurse. She works a full-time night position in a medical surgical unit. She is single and reports that she doesn’t care for anyone at home. Maria reported that she has had four different jobs since graduating from nursing school four years ago. She identified herself as Hispanic. She was very cheerful and eager to speak to
me. The researcher met her at a local public library close to her home. We sat down in a private room with the door shut. She reported that she worked the night before but that she took a nap before coming to the interview. She did not know the term transpersonal caring relationships but reported that she understood the definition when it was provided to her. Maria reported that a friend at work instructed her to slow down and talk more with the patients to learn how to connect more with them. She spoke with excitement about how it felt to connect with patients. It was the first time she felt like she was a nurse. It was a feeling that she had been searching for throughout her short career. Her eyes looked into the distance and her expression on her face was relief that she understood what had been missing. She described the experience of connecting to patients as turning on a light.

Maria appeared to still struggle with making transpersonal connections with her patients. She communicated that it was important to her but she couldn’t explain how she connects with patients. She laughed nervously when asked how she formed transpersonal connections. She gave the researcher the impression that she knew where she needed to be in forming connections with patients but she wasn’t confident in how to do it. Her focus was still on getting her tasks done and connecting with patients was important but not her priority.

Maria reported that she switched jobs trying to find one where she felt like she was a real nurse. She explained that she was very busy at all of her former jobs. She received good evaluations from her supervisors but after a time she felt like she wasn’t making a difference. She wanted to be a nurse to make a difference in people’s lives but did not feel that she was doing that at all. The stress and the fast pace left her searching for the job that would fulfill her. She spoke about how difficult it can be to find time to connect with patients. She explained that she felt great pressure to get all the technical tasks completed before she could really spend time
communicating with patients and building relationships with them. She described nursing as an
profession that focuses on completing the technical tasks. She never realized that something was
 missing until she connected with a patient. She explained that since the focus is on all the
technical aspects of the job that the caring tasks are a second priority. She felt strongly that
nurses need education on how to connect with patients and that just because they are nurses
doesn’t mean that they know how to express to patients that they care. She left the discussion
with a look that she was finally at peace in her search to bring meaning into her life.

Kate. Kate is a 24-year-old single female registered nurse. She stated she doesn’t care for
anyone at home and that she has had two jobs since graduating from nursing school two years
ago. She works a twelve-hour night shift full-time in a medical surgical unit. She identified
herself as Asian. We met at a public library near her home in a private room with the door shut.
She reported that she did not work the night before and she was excited to be there speaking with
the researcher. She was full of energy and happy to speak with me. She had never heard of the
term transpersonal caring relationship but reported that she understood the definition when
presented to her. She compared forming transpersonal caring relationships to obtaining
intravenous access. The researcher found this analogy interesting. She explained with confidence
the steps in obtaining intravenous access in a patient but reported that she did not know the steps
in forming a transpersonal caring relationship. The tone of her voice was one of amazement that
this had been omitted from her education as a nurse.

She spoke about how important it can be to make a connection. That it is the only thing
that excites her about being a nurse. She felt that learning how to make connections was left to
chance and experience. She spoke with warmth when she told me about a patient experience
where she felt that she had connected with the patient. Any confusion that she might have had
earlier seemed to disappear when she was talking with affection about this patient. She stated that this was the first time she felt like a real nurse. It was the first time she had cared for both the physical and emotional aspects of caring for a person. Kate felt that she was doing her job well as a nurse at all her former positions but felt disappointed. Her voice seemed lost when she was speaking about why she left her other jobs. She spoke with emphasis that she needed to be happy in life and that those positions were stressful. Suddenly her voice came alive when speaking about her current job. She was happy to have made a connection with a patient and thought perhaps that the skills needed to form transpersonal caring relationships came with her experience as a nurse. She felt strongly that she should be educated in the skills needed to making transpersonal caring relationships. She expressed interest in learning how to feel more comfortable with patients to bridge gaps in time when she is busy and can’t spend the amount of time she feels is necessary to form connections with her patients. She left the same way she entered the room, happy and full of energy.

Anna. Anna is a single female registered nurse who is 25 years old. She reports that she does not care for anyone at home and she works a full-time twelve-hour night position in a medical surgical unit. She identified herself as black non-Hispanic. She has had three jobs in the past four years since she graduated nursing school. I met her at a library near her home. We sat down in a private room with the door shut. She was happy to talk and full of animation when she shared her stories with me. She reported to have never heard the term transpersonal caring relationship but told me she understood the definition when it was provided. Anna shared that she feels uncomfortable at the bedside talking to patients because they are unfamiliar to her. She said as she was holding her head in her hands that she felt awkward attempting to start conversations. She folded her arms across her chest and told the researcher that in her previous
two jobs that she was successful in her employment but that the positions didn’t live up to her expectations. Her voice filled with anguish as she described how incomplete she felt as a nurse. The researcher could feel the misery fill the air as Anna fell silent and voices could be heard down the hall. After a long sigh, she reported that she became a nurse to help people but she didn’t feel she was helping anyone. Her job performance was satisfactory as evaluated by her supervisors. She thought about leaving the profession but she feared being seen as a failure by her mother, so she kept searching for the right job. Her hands found their way back to holding her face as she spoke.

Then suddenly with delight, clasping her hands together with a smile she shared how her preceptor at her current position really changed her outlook on nursing by focusing her on how to communicate better with the patients she was caring for. She reported with disbelief that her preceptor commented to her that she came across as cold and that she needed to be more personable. She never saw herself as anything but warm and personable but when the preceptor pointed certain things out and gave her some direction, she started to feel more comfortable talking with patients and less in a rush to finish everything.

Anna explained with sadness that time was a factor on her ability to connect with patients. She felt that when she had so many tasks to complete, it left her with little time to make a connection. She spoke about a time when she was caring for a patient with an infection which got worse and that she was so busy she really didn’t have the time to connect with that patient who was withdrawn. She felt bad because if she had connected with the patient she might have been able to pick up on her deterioration sooner.

Summary of Participants

All participants were enthusiastic in sharing their stories with the researcher. None of
the participants had ever heard of the concept as termed, transpersonal caring relationship. All participants stated that they understood the meaning when explained. Some readily recognized the idea of connecting with patients from an undergraduate nursing class. They continued to share their thoughts with the researcher by responding to text messaging after the initial interview. The analysis of all the data collected follows. The participants gave the researcher a strong impression that instant feedback was required to maintain a dialogue with them. The longer it took the researcher to respond to face-to-face communication or text message, the longer it took for participants to respond back to the researcher.

Data Analysis

The process of analyzing the data obtained for this research study started with listening to each interview immediately after its conclusion. Details of the participant’s nonverbal communication and significant words or phrases were recorded as field notes immediately after each interview to capture descriptive and reflective data. Each recording was listened to again after each transcribed interview was received by the researcher and additional notes were taken. The researcher contacted participants to follow up on comments made in the initial interview by texting. The data obtained was utilized along with the interview transcripts during the data analysis.

Data coding commenced after each interview was transcribed. Coding involves gathering data into smaller categories of information seeking evidence for the code from different sources of evidence and then assigning a label to them (Creswell, 2013). The data generated in this research study was analyzed using Colaizzi’s (1978) strategy for analytic methods. All research transcripts were reviewed and re-read to acquire a general feeling for them. Significant statements were extracted and organized into categories. The categories were formulated into
meanings and cluster themes (Phillips-Pula, Strunk & Pickler, 2011). General themes were integrated into exhaustive description and reduction. Statements were placed into themes that were the best fit despite the fact that they could have fit into other themes. Identification of the essence of what the transpersonal caring relationship means to millennial nurses emerged and was validated by the participants in the tradition of the hermeneutic circle of understanding (Polit & Beck, 2012).

Written transcripts were sent to this researcher’s dissertation chairperson, a qualitative methods expert. Categories and their meanings were condensed into eight essential themes after de-briefing with the researcher’s dissertation chairperson. The themes identified in Table 1.1 are the findings sent to participants for their feedback.

**Table 1.1: Primary Themes & Critical Elements**

<table>
<thead>
<tr>
<th>Primary Theme</th>
<th>Critical Elements</th>
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<tbody>
<tr>
<td>The Void: Into the Darkness</td>
<td>Uneasiness, unawareness of the need for connecting with patients by expressing empathy and compassion.</td>
</tr>
<tr>
<td>Unconnected: Unable to Find the Light</td>
<td>Possible alienation from the essence of nursing and feelings of guilt of a job not completed.</td>
</tr>
<tr>
<td>Uncomfortable: Patients as Strangers</td>
<td>Painful feelings when engaging in face-to-face communication with patients outside pertinent questions regarding physical care.</td>
</tr>
<tr>
<td>Art of Caring: Not A priority</td>
<td>The essence of the profession is sacrificed when too many administrative tasks are assigned to one nurse. The priority for millennial nurses is to complete the technical tasks at the expense of communication of empathy and compassion.</td>
</tr>
<tr>
<td>Becoming: Real RN</td>
<td>The feeling of the essence of the nursing profession creates joy from within oneself.</td>
</tr>
<tr>
<td>Fulfillment: Receiving Through Giving</td>
<td>Passionate association of communicating empathy and compassion to patients and one’s own well-being.</td>
</tr>
<tr>
<td>Enlightenment: Turning on the Light</td>
<td>Education and focus on how to communicate empathy and compassion in a challenging healthcare environment is needed.</td>
</tr>
<tr>
<td>Guidance: Educational Needs</td>
<td>Educational needs during nursing school and during transition to practice.</td>
</tr>
</tbody>
</table>

The themes that emerged were: (1) The Void: Into the Darkness; (2) Unconnected: Unable to Find the Light; (3) Uncomfortable: Patients as Strangers; (4) Art of Caring: Not a Priority; (5) Becoming: Real RN; (6) Fulfillment: Receiving through Giving; (7) Enlightenment: Turning on the Light; and (8) Guidance: Educational Needs.
Emerging Themes

Eight themes emerged in the analysis of the data collected. The themes illuminate the phenomenon of how millennial nurses connect with patients in the 21st century in their own voices. These themes describe the complexities of forming transpersonal caring relationships with patients from a generation of nurses who have self-described as millennials. Together, these eight themes represent the experience of millennial nurses forming transpersonal caring relationships with the patients they care for. All themes can be differentiated from one another but collectively, they stand together as one voice for the phenomenon being studied. The themes are presented in the order noted on Table 1.1: Primary Themes & Critical Elements. Each theme is significant in expressing the experience of the participants. These themes emerged by reading and re-reading the data collected multiple times, dwelling with the data, and reaching a conclusion on how the themes connected to the data. Transcript excerpts have been chosen as examples to support each theme related to their critical elements.

Theme 1: The Void: Into the Darkness

“Do you feel like a nurse?”

In the following theme, participants voiced observations of their peers or their own feelings of previously being unaware of the importance of forming connections with patients. They described the empty experience of just completing technical tasks of nursing care. The unawareness of connecting with patients by being able to express empathy and compassion left many searching for the art of nursing.

Sarah spoke with disbelief as she shared a story about a nurse that she was precepting. She folded her arms in front of her chest and slowly shook her head looking out the window.
It was with a patient who had suffered an MI, young patient and my orientee was very cold, very clinical and minimal eye connect. She completed her assessments fine and was able to really handle most of the patient assignment. Still asking questions about certain tests and stuff but could physically do the job. But she wasn’t providing empathy and a sense that she cared for him as a human being. So I sat her down and talked to her about what nursing is. That she was doing really well with all the technical skills but she came across very cold and uncaring to the patient. The most important piece is communicating that not only are we caring for them physically but also emotionally as well.

The orientee expressed to Sarah how uncomfortable she was to just stand there and talk to people when she felt she had so many other things on her mind. Sarah has observed that new nurses after a year or two leave because nursing wasn’t what they thought it would be. Sarah believed that it’s because they didn’t communicate compassion for the patient. They didn’t get anything out of just performing technical tasks. So she asked an important question to the orientee.

Do you feel like a nurse? And she stared at me for a long time. I said do you feel like this was what you imagined? She said, ‘no but I’m new; it will get better’. I said when you go into the patient’s room, when you are doing the assessment and you have asked the questions that you need just remain there for a moment and look at the patient. Say how are you doing? There may be silence or they may only say ok but tell them that you are here for them. They might not open up right away but each time you enter the room you chip away at any wall that might be there. She did that and the patient started talking to her about how scared he was and all the changes he was going to make. My orientee was on fire, she was skipping out of that room, she was beaming, she was like wow that is a
great feeling, I feel like a nurse, like this is what I expected, and you know, she still works with me; she didn’t leave.

Meg described with sadness that she has observed a loss of connection between nurses and patients. She said that you still see it with older nurses but not so much with younger nurses. “Some nurses don’t make the effort; they just complain. They have no time but I have the same amount of time and I get it done. So there is a piece missing with them or they just don’t care.” Her voice changed to disgust when sharing her observations of younger nurses. She said:

They are clueless on how to just talk to people. They go in, ask direct questions, a quick smile and that is it. I don’t think they know what caring is. They are very technical, some of these new nurses. If nurses don’t get that caring is both physical and emotional, then that’s the issue.

Philip was concerned about his peers in nursing. His voice sounded worried as he shared with the researcher his observations.

They are frustrated a lot; they seemed unsatisfied with their job and from what I have observed they just don’t realize that they are not caring for the patient. They think that if they complete the physical stuff, then that’s the job. But it’s not and nursing is heavy at times. It can be draining so if you don’t connect, I don’t think you will survive long as a nurse.

In a follow-up text message Philip was asked what he meant by the term “survive” in the previous statement. Philip responded: “I don’t believe you can work as a nurse and not get something special out of it.” Philip reported that his manager picked him to precept new nurses because he has a positive attitude. His caring attitude about his peers and how passionate he was in explaining how he teaches nurses to connect is exemplified here.
I mean it’s hard when you are trying to organize yourself to take a patient assignment but there are always moments where you can seize those moments and connect with people. First they have to spend just a few extra moments with the patient even if they have nothing to say and try not to appear rushed because then they won’t talk to you because you are telling them that you don’t have time. I tell them just to stop and focus on the patient in front of you. It can be difficult especially when you are new because you think you are not going to get done, but you will. I have seen so many not be focused into connecting, you know, just get the job done; but they don’t realize what they are missing.

I started out with twenty new grads and like more than half left because they were like burned out after a year which is unbelievable to me. I felt bad for them because they seemed lost like no one connected with them as students. I think older nurses just think because you say you want to be a nurse that you have this magical ability to connect with patients. It doesn’t work like that. Most of the nurses I work with are scared when they walk into the room. They don’t feel comfortable when the conversation goes off script. They don’t realize nonverbal communication, especially the perception of what rushing around and doing lots of things looks like for the patient.

Molly appeared chilled when talking about observing the absence of her peers making connections. She said:

I see so many of my peers struggling with this; they seem so cold. They just complete the technical things. I don’t see them connecting. I think that’s why they are always so miserable, always so tired, the way they talk about the patients, it’s so technical. I feel they really don’t know how to connect. For some of them, it’s like their third job. They keep telling me that nursing wasn’t what they thought it was going to be.
In a follow-up text message Molly was asked what some of her peers thought nursing was going to be like. She replied: “They thought they would feel good and enjoy the job.”

Sue’s voice became defensive when talking about the unawareness of her peers in connecting with patients. She said:

I have had friends who are nurses that find that a difficult thing. It’s not like they are cold people or that they are not interested. They have trouble making small conversation sometimes or they feel that nursing care is all about technical tasks and it is not. I can see that they get unhappy with just doing the technical things, but if they do make a connection, it happens almost by accident, then they get it. But they don’t know how they got there. Does that make sense? It’s a struggle.

In a follow-up text message, Sue was asked why she thought it was a struggle for her peers to connect with patients. She replied: “They don’t have natural skills interacting with people.”

Peter spoke of his own journey in feeling empty inside when he first started working as a nurse. He was unaware of forming transpersonal caring relationships with patients. He said: “When I first started, I was doing my job. You get good at completing tasks; I didn’t feel great about it. I wanted to help people and I didn’t feel I was helping them.”

He continued to speak with shock, shaking his head when describing himself.

I didn’t know about connecting with patients like this. I thought if I went in and asked the questions I needed to assess the patient, it was all good, but it just didn’t feel like I was doing what I needed to be doing. I didn’t realize until I first became close to a patient; then I wanted to connect with all of the patients like that, but didn’t know how to really do that, you understand? I thought that by getting my stuff done, I was a nurse. I didn’t really know too much about talking with patients; beyond direct questions. I
wanted to get the technical stuff done, that is the job and it’s what people measure you by. That’s what is in your head. You don’t think let me bond with the patients, no one seems to care. A patient reminded me of someone I knew, so I guess I saw the person, not a task to be completed. So the challenge for me was realizing what taking the time to care meant to me.

Peggie shared about making the transition to nursing and at first feeling accomplished but how that quickly evaporated. She kept looking to fill the void by leaving one job for another. She said:

I was a nurse, but after a while, I don’t know… I felt not bored but disappointed. I would talk with other nurses and they would say maybe this isn’t the right fit for you, so I was like I need to be happy. It didn’t feel good, you know, so I tried another position and it was challenging at first but once I knew how to organize myself to get it done, I had the same disappointed feeling.

Mary expressed puzzlement at why she didn’t feel fulfilled as a nurse. When she shared the following story, the emotion from confusion to joy reminded the researcher of an amusement park ride.

At my last job, I was successful at doing the job but it felt like a job. I didn’t think nursing was going to be a job. I wanted to be a nurse so I could feel good about my job. Like I was doing something good for everyone. It didn’t feel that way so I looked for any job because I can’t stay somewhere if I can’t feel good about what I’m doing. I thought maybe being a nurse was not what I thought. You think you are really going to make a difference, but that’s not how I felt. So I thought maybe if I tried a different job, it would be different. And it was my preceptor who really took the time to tell me it’s not just
about the technical stuff which I could do well enough. I wasn’t really caring for the patient, which was strange because I thought I was caring for the patient. I thought caring for the patient was all the technical stuff I was doing. Asking them the right questions so I could do my assessments. But she told me I was really cold and she was nice about it. She told me I was doing all these tasks really well and that maybe I was preoccupied by the tasks. I was trying to be professional and she was awesome; she said just stand and listen. Sit if you can but just listen and smile; look at them. She was right.

When Rose spoke about her transition from student nurse to nurse, she sounded as though she was still lost in the void struggling to find the path to being fulfilled. She said:

When you are a student, you have one patient and it’s exciting because you are learning all these important things like how to start an IV, why we give patients certain medications. You learn about different diseases and you really feel you are going to make a difference. That is why I wanted to be a nurse. But it’s hard at first. It was all I can do to keep up and I was worried about doing things correctly. Because if you fall behind, it can be really bad. So you have to learn to multi-task. I’m really doing well. I get my job done and I go home but I feel sometimes like there’s more to it. I don’t think I’m really helping anyone. I’m just getting things done.

Maria explained to the researcher that she was now on her fourth nursing position and passionately explained that she needs to feel like she is making a difference. She was searching for fulfillment as a nurse. She shared the following with the researcher.

I changed positions four times now, but I think it is getting better with this job. I have some time where I can just chill with my patients so I think they like me more which makes me feel good like I’m helping them. The other jobs I was just so busy but I was
doing a good job. I mean I’m a really good nurse, but I need to feel that I’m making a difference for someone. That is what I thought nursing was going to be, but it can be just a job, which is not what I want to do.

In a follow-up text message, Maria was asked what she thought nursing should be like. She replied, “I should feel good about myself.”

Kate seemed exhausted to the researcher as she was explaining the emptiness she felt at her first job and how making a connection at her current job is helping her to feel fulfilled. She said:

It can be overwhelming some days. I do my job well. I get what I need to done. But I need to connect more with my patients. I guess it will come with more experience. My last job was really busy. It was very overwhelming for me. I tried really hard and I got the job done, but I just felt very disappointed. It was just a job. It wasn’t what I thought I was going to do so, it wasn’t the right fit. I left and this job was ok but I think when I had that connection with a patient, it made this job more of what I really thought it would be.

Anna’s voice was filled with emotion as she described her long search for meaning as a nurse.

This is my third job and I think I’m getting it now. In my two other jobs, I did what I was supposed to do; it’s not like they asked me to leave or anything like that I just felt incomplete. I was starting to think that nursing wasn’t for me, that I made a mistake. I really wanted to help people, but I didn’t feel like I was connecting with patients. I was doing everything I was supposed to do but it felt really stressful and such a grind. I thought about leaving nursing, to tell you the truth.
The participants have shared how lost they and some of their peers are when they do not know how to connect with patients. They paint a picture of nurses not understanding that connecting with patients enables nurses to care for the whole patient, not just the physical aspects of nursing care. Participants who were unaware of connecting with patients when they first transitioned into nursing described being lost in the darkness and unable to find the light to see the patient. Many thought nursing wasn’t what they had imagined and that their career choice was a mistake before experiencing that first connection.

**Theme 2: Unconnected: Unable to Find the Light**

“I felt empty inside.”

The participants expressed feelings of failure or guilt when they failed to form a transpersonal caring relationship with patients. This alienation from the essence of nursing and feelings of guilt of a job not completed weighed heavily on these young nurses. Some participants shared moments when patients did not choose to connect with them. For others, they described how they felt when they failed to connect because of lack of time.

When sharing a story about an experience she had where she failed to connect with a patient, Sarah became quiet and reserved for the first time during her interview. The patient chose not to connect with her despite her efforts. She said:

I had a patient who was in a car accident and they had to do a below-the-knee amputation of his left leg. I tried to talk to him, but he kept staring out the window. He barely talked; of course I realized he was in grief about the loss of his limb. He was clearly depressed. We had a psych consultation, but I didn’t feel complete as a nurse. I didn’t feel good. It felt heavy, like I wasn’t doing my job, like I wasn’t a nurse. I was sad about that and it stayed with me.
Meg leaned across the table. Her voice was heavy with regret as she shared the following with the researcher.

I had a really busy day. I had a patient that went bad and had to be transferred to critical care. I had two patients being discharged that still needed education on diabetes and I had an admission. She was being admitted with pneumonia. I did a quick assessment and completed the admission documentation. I was being called constantly, doctors asking me for updates, my manager asking about the patient that went bad, family members of my discharged patients asking me back with more questions when they came to get their loved ones. So I quickly left the room thinking I would be back. I did get back, but every time I walked in that room, it was like something else is happening and they are calling me. I felt really bad like I was a bad nurse. I should have found the time.

In a follow-up text message Meg was asked why she felt like a bad nurse. Meg replied, “I felt that I should be able to spend time with my patients. I felt I was doing something wrong.”

Philip described an experience where he was busy and he received a patient in the middle of his shift.

She was a transfer in the middle of my shift and I had stuff happening, so I didn’t have the time to go in there and spend time. I felt bad especially when I was giving report to the next shift because I felt empty, like I cheated her out of good care. I felt bad about it. I don’t know what else I could have done. I did all the documentation and gave her the medications but I couldn’t stay long with her just enough time to get what I needed done. I felt really bad about that, you know.

Molly was emotional as she shared a sad experience. The patient was cognitively unable to connect with her.
I had a patient that was in a coma the whole time I had him as a patient and he didn’t make it. He never responded to me. I tried, but I felt lost. It was sad for me. I didn’t feel good, but I don’t know what else I could have done. I didn’t feel that connection from the patient and that can happen when patients are non-responsive. It can be difficult for me because I really need to feel that connection. It really helps me get through the day.

Sue shared an experience where she didn’t connect with a patient and how it became a heavy burden for her. The patient did not choose to connect with her.

I had a young patient, motorcycle accident, left below the knee amputation, very angry.

He blamed everyone, including me. So I felt bad because it’s not like I was doing my job completely. I didn’t feel a connection with him. I totally didn’t look forward to seeing him that is for sure. I understood he was grieving that his life would never be the same.

But caring for him was heavy emotionally for me and the rest of the staff. It was such a negative atmosphere.

In a follow-up text, Sue was asked why this situation was emotionally heavy. She replied: “I just didn’t feel I was doing my job. I wasn’t helping him like a nurse should.”

Peter spoke about experiences where he gets busy and he doesn’t have time to connect with patients. “I feel really bad, I mean, I don’t know what I could do differently. I felt like I wasn’t a good nurse. I was cheating the patients somehow.” Peggie described emptiness when she was unable to connect with patients.

I felt at the time like I’m doing my job but it didn’t feel good to me. I was an imposter. I wasn’t a real nurse. Nursing is supposed to make you feel like you are making a difference, and I felt empty inside and just doing all the tasks doesn’t make you feel like you are making a difference.
Mary shared that when she gets busy on the unit, she doesn’t connect with patients as much and it makes her feel incomplete. “When I’m busy it doesn’t happen as often as I would like. I feel incomplete. It’s like I’m forgetting something.”

Rose explained that making connections can be a struggle with all the demands of nursing. “If I don’t connect with the patients, I feel like I’m not managing my assignment. I definitely want to, but it’s a struggle. It makes me feel overwhelmed when I can’t connect.”

In a follow-up text message, Rose was asked why she felt overwhelmed when she could not connect. She replied: “I just feel frustrated that I’m not doing something that I should be doing.”

Maria shook her head with worry as she spoke about the anxiety she sometimes experiences when she can’t find a connection with patients. “I get stressed when I’m busy and making connections can get away from me. At the end of the day, I wonder why I feel so tired and empty.”

Kate said that she tries to make transpersonal caring relationships, but it doesn’t always happen. “When it doesn’t happen, I feel disappointed in myself like I didn’t really do my job correctly.”

With a heavy heart, Anna shared a painful story of how she felt that by not connecting with a patient she failed her patient.

I was super busy and I didn’t have time to connect to this one patient that was just admitted with an infection. She seemed distant, responded yes or no, nothing much else. But like I said, I was so busy. She ended up being transferred to critical care with sepsis after I left in the morning. I felt really bad about myself like I could have helped her if I had made a connection because something was going on; I could have picked up on it.
When unable to connect with patients, participants felt incomplete as nurses. Once they learned the importance of connecting, not being able to caused an overwhelming feeling of failing the patient. Connecting with patients involves both the nurse and the patient choosing to form a transpersonal caring relationship. Regardless of the patient not choosing to make a connection with the nurse or time being a factor, the feelings of the nurse are the same. Being able to connect with patients allows them to provide holistic quality care to their patients. Feelings of guilt and stress from not being able to provide comprehensive nursing care created stress among the participants.

**Theme 3: Uncomfortable: Patients as Strangers**

“Clueless on how to just talk to people”

In this theme, participants shared observations of their peers or their own feelings of being uncomfortable engaging in communication with patients outside of pertinent questions regarding assessment or physical care. These observations came before nurses were aware of forming transpersonal caring relationships. Participants stated that they were uncomfortable verbally communicating with strangers but did not have issues with their own friends and family. However they did add that most of the communication with their own friends and family was through text messaging.

When orientating new nurses on her floor, Sarah observed some behaviors that she felt were unusual in general but common among new nurses her age.

“I felt they would hide behind the computer, just make eye contact when someone spoke to them not necessarily when they were speaking to someone else. They would also be quick to leave a patient room once it was not necessary for them to be present.”
She added that she was the one to teach new nurses about reading body language. It was something she felt they were not attuned to. When it came to listening to a patient express emotions, she stated, “Most seem to stand there but don’t react to the emotion until you tell them it’s importance to connecting, and they say, sorry, I was just feeling uncomfortable.”

Meg shared some insight into her observations of her peers as a preceptor. “They have no clue on how to really talk with patients.” She continued with some more observations of being unaware of their own body language. “I don’t think they realize they are being observed and how they might come across to people.” When speaking of their reaction to listening to a patient express emotion she said “they stand there but you could tell they weren’t absorbing any of it; they seemed preoccupied with other things.” In a follow-up text message, Meg was asked what they were preoccupied with. She replied: “Completing their documentation and giving out medications.”

Sounding disappointed, Philip shared some of his observations of new nurses he precepts on orientation.

When they walk into the room, they don’t feel comfortable when the conversation goes off script. They don’t realize nonverbal communication; especially the perception of what rushing around and doing lots of things at once seems like to a patient. In fact, it is sad to say, but that is something I always anticipate that I’m going to have to teach new nurses. Not all the time, but often.

Molly shared some of her observations of new nurses interpreting body language. “Never dawned on them. As a preceptor I would say the patient didn’t say much, but what did his body language tell us? And I would get silence.” When it came to her observations of new nurses when patients expressed their emotions, she commented, “They receive the info but they don’t
let those emotions in.” In a follow-up text message, Molly was asked why she thought that new nurses didn’t feel the emotions of their patients. She replied: “I think they don’t see the patient as a person.”

Sue’s observations of some of her peers echoed previous observations. “Not seeing the patient as a person just like they are, not into observing mood of the patient not into the details of what makes the person special.”

Peter shared his own experiences related to the difficulty in communicating with patients. I wasn’t into what having a detailed conversation with a patient would bring to the table for me as a nurse; I was focused on getting tasks done, and I didn’t understand the importance as a nurse. I never thought about body language, mine or a patient’s. I don’t know why.

Peggie explained why she felt uncomfortable at first with how to communicate with patients.

I didn’t know what to do really; I wasn’t comfortable, and how is a nurse supposed to communicate? I wasn’t good at just starting a conversation. I would only spend enough time with patients to get what I needed done.

Mary spoke at length about what made her uncomfortable communicating with patients. She said:

I didn’t make eye contact that much- just when I first walked into the room. I was busy clicking and typing information. I didn’t see why I should, outside of the information I needed. So I was uncomfortable engaging my time when I had so many other things that I needed to get done.
In a follow-up text when asked what she was thinking about when patients were expressing their emotions, Mary replied: “I’m thinking of other stuff I could be doing instead of listening.”

Rose spoke quickly and her face turned red as though she might be embarrassed sharing her experiences of feeling awkward when communicating with patients.

Sometimes I feel awkward, like I don’t know what to say and I’m thinking of so many things I have to do, so like I’m trying to organize myself and the patient is talking to me and I didn’t really hear what they said which is embarrassing so I just smile. It can get just so busy at times and some patients really like to talk, so I try not to make eye contact so they know I’m busy so I don’t have to tell them because that wouldn’t be nice. I try to do a couple of things at once and when patients get emotional, I’m thinking of all the other things I need to do. It can be overwhelming.

Maria kept tapping her fingers on the table as she was speaking about how she feels uncomfortable at first when she speaks with patients. She said:

I don’t feel comfortable at first. But I like talking, so when I’m doing the things I need to do to get my job done, I do talk but like I need to get my stuff done so I can’t talk much. In the beginning it was like, I don’t know what I’m getting out of it, but I’m changing. I’m putting it together.

Kate was defensive at times when sharing her feelings about why she was uncomfortable engaging in conversations with patients. She said:

I did everything I was supposed to but I felt uncomfortable standing there trying to make small talk. I mean sometimes I don’t know. The patient makes me feel comfortable and then we connect and I like when that happens but it is hard to explain why that doesn’t happen all the time. Well, I don’t feel comfortable; it’s not like a technical skill. I mean I
need time and I don’t have much and besides asking the questions I need answers to what else should I be saying? It can be scary talking with patients. I feel uncomfortable. I think it can be uncomfortable at times. I don’t know what I should be saying. I don’t want to say the wrong thing.

Anna shrugged her shoulders and shared that she didn’t know why she felt awkward making conversation with her patients. She said:

Being at the bedside and trying to make conversation beyond what I need to know makes me feel awkward. I don’t know why. Sometimes it feels weird or unnatural like why am I doing it? I have said what I needed to say. If it’s the first time I’m with a patient, that is when it is the most uncomfortable for me. I feel a bit awkward. I don’t like being uncomfortable and standing in front of someone. I don’t know, it’s uncomfortable but I have learned to tolerate it and it has led me to care about my patients.

Experiences of uncomfortable feelings when engaging in interpersonal communication and an absence of awareness of non-verbal communication with patients were observed and expressed by participants. The participants felt awkward, unnatural, and weird communicating with patients they considered strangers outside of the prescribed questions needed to complete physical tasks. Those that have become competent in forming transpersonal caring relationships made observations of their peers being disconnected. Those that were competent reported first learning how to connect with patients in nursing school. Participants who struggled initially didn’t feel comfortable connecting with patients until they developed competence in making caring connections. They said it was about two to three years working as a nurse before this happened. Some participants who still have not obtained competency in forming transpersonal caring connections remain uncomfortable after more than two years working as a nurse.
Theme 4: Art of Caring: Not a priority

“I’m sorry; that is not my priority”

Time needed to form transpersonal caring relationships was recognized as a barrier to forming connections to patients by the participants. The essence of the profession is sacrificed when too many administrative tasks are assigned to one nurse. The priority for millennial nurses in this study is to complete technical tasks ahead of communication of empathy and compassion.

Sarah stated that “The challenge in connecting with patients is time. If we are short staffed or we get really busy with a code or admissions, it can be a challenge. It is easier when we have adequate staffing.”

Meg talked with a laugh about time being a challenge to forming transpersonal caring relationships with patients. She said:

I know I just complained about other nurses saying they have no time, but when I say time, what I mean is all the stuff administration wants nurses to do. If they could make it more efficient with all the stuff that we have to fill out, we could have more time when we are doing a nursing procedure to remember to talk to patients. It’s hard because when you do these things you have to remember to fill this out and that and if you don’t do it right away it can get away from you and you appear rushed.

Philip talked with his eyes opened wide and a somber expression on his face as he shared his thoughts. “When you are really busy and you can’t really connect with patients, it is the technical tasks and the documentation that become the priority.”

Molly spoke with a regretful tone in her voice and said:
Time can be a challenge if you have so many things to do; then it cuts down on the one to one time with a patient, and also when you are pressed for time; and if making a connection with a patient isn’t a priority, then it can get lost.

Sue stated with a matter-of-fact tone in her voice about what happens to making a connection with a patient when staffing is inadequate.

You need time if you don’t have proper staffing ratios; it can be impossible to connect with patients. Being able to express caring can fall to the side. I hate to say it, but it’s the first thing to cut; it is not the priority for most.

Peter hung his head toward the table. He spoke in a tone that sounded regretful that he was saying the following out loud.

The priority is the technical. I need to complete my tasks. If I don’t complete them, I will hear from all the other people depending on me to get it done because it affects them. If a patient wants to talk, I’m sorry that is not my priority.

In a follow-up text, Peter was asked why he didn’t believe connecting with patients was a priority. He replied: “The things that you are held accountable for is the priority.”

Peggie looked sad and spoke in a soft voice as she shared the following about what her priorities were.

If we are short staffed, it is impossible really to connect which makes me sad. I’m not proud to say it but you just can’t. There are times when I might only spend time with a patient doing an assessment and that is it unless I have a treatment or I have to give medications out. The day flies because you are going at lightning speed and it’s not a good feeling. When you don’t get to connect, it’s a heavy feeling like you didn’t get to do
really what you were supposed to do. But at the end of the day it’s the tasks that are priority.

Mary stated, “Some days I can barely even ask patients basic things. Well, I have to say you really need to get the tasks done. I mean if you don’t, you don’t have a job so it’s really the tasks.”

Rose was cautious as she spoke about her priorities, shifting her weight in the chair as she spoke about connections with patients when she is busy.

How am I supposed to do that when you are super busy? I mean I do my job. I care for patients and I try to be empathic to patients but in talking with patients in a small amount of time, it’s hard. I need to get stuff done. Getting all my tasks done for sure is the priority.

Maria stated, “Well, time is an issue. You need to have time. It’s like an extra thing that administration never factors in. I need to get the job done first, then I have time to really be with the patients.” In a follow-up text message, Maria was asked if she considered connecting with patients as part of her job responsibilities. She replied: “No, it’s good if it happens but no.”

Kate made no apologies when she shared her priorities as a nurse and stated:

Getting all my tasks done, making sure everything is documented. I mean you need to get your tasks done and done on time or else you can get into trouble. It’s good to try and do multiple things at once because it can save you some time. Because the unexpected always happens so you need extra time for those types of things, so you can still keep everything in control. But everyone always wants you and you can get pushed in a lot of different directions. So you learn that if you are going to survive, you need to be organized and get things done as soon as you can and stay ahead of the wave. So you
may need to sacrifice making a connection with a patient. But that’s the only way to survive.

Anna took a deep breath. She leaned in close and said as if she were confessing to a secret:

I get what I need to done. Make sure that the medication is done; address any issues that need to be addressed. Complete any treatments that need to be done, making sure that the patient is safe. I make sure they receive education on anything that they may need. If I don’t have time to connect with patients, then it doesn’t happen. There is so much to do and things that can’t wait. They need to get done. I don’t care what other people think they do. Connecting with people takes time. You need extra time to stop what you are doing and just focus on the patient and you don’t have that kind of time a lot so you do the best you can do.

Lack of time was reported as the major barrier to forming transpersonal caring relationships with patients by the participants. The need to complete the technical aspects of their patient assignments was something that every participant sensed was their priority. Participants said that if they are short staffed or if their patient assignment is too heavy that making connections became a challenge. None of the participants were proud of this and many stated it left a heavy feeling, like they cheated the patient. Many of the participants made comments that under certain circumstances, it was the only way they could make it through their shift.

**Theme 5: Becoming: Real RN**

“I feel like a nurse”

In this theme, participants described experiences of what it felt like when they first made a transpersonal caring connection and how it impacted their perception of nursing. The first
memories of feeling the power of the essence of the nursing profession were a prevailing theme throughout the data collected.

Sarah spoke of her first transpersonal caring relationship with a patient as though it were a favorite childhood memory she was sharing. She beamed with joy at recounting this experience with the researcher.

I was a nursing student and it was my first clinical experience. The focus was on how to communicate with patients and connect with them. We did simulations in the lab, we learned about nonverbal communication and we were given constructive criticism about how we engaged the patient. I can still remember his face. At first I was nervous but just by listening and making eye contact with him, we starting talking and I could feel this connection to him; we had a bond. It was the first time I felt like a nurse. I was so happy. I felt this is what I want to do. I thought I’m going to be ok, the amount of preparation and sacrifice to complete a nursing program, I can do it.

Meg was smiling as she was sharing her experience of how it felt to first make a connection with a patient. Her voice was filled with joy as she recalled the moment.

I was a nursing student. I was so nervous about doing the vital signs and completing an assessment that I totally forgot about that there was a person in that bed. I believe I looked at her once when I introduced myself. I was documenting and the patient starting talking to me. I glanced up into her eyes and I became engaged with her in a conversation. I became so happy, filled with joy. I became more confident and attuned to her needs. I thought, I can’t believe this feeling. I feel good about myself. It was the first time I felt like a nurse. I was on my way to fulfilling my dream of doing something important with my life.
Philip described his experience of first forming a transpersonal connection with a patient with pride. He laughed a little when sharing his story with the researcher and his smile was wide.

We talked about forming connections in class and I was really focused on that in clinical when I was interacting with patients. I was wondering what that type of connection to a patient would feel like. The patient I was assigned to was quiet. Not really responsive to me so I started looking at the bedside and I saw a photo of a dog so I asked the patient about the photo and all of a sudden we started talking. It made the care I was providing special. I knew her needs. The primary nurse made a comment that she never saw this patient so chatty. I felt like superman. I was totally in the moment with my patient. We were one. It was the first time I felt like I could be a real nurse. It was special moment.

Molly clasped her hands together and described that moment of first feeling the essence of nursing with warmth and clarity.

I was a nursing student when I first made a connection with a patient. It sort of came out of the blue. That feeling of peace. It filled me up. I finally found what I was searching for my whole life. I always wanted to make a difference and it was the first time in my life I really felt like I was. It was the first time I felt like a real nurse. Anyone can put on scrubs and do the physical things, but connecting to another person while completing the physical is what it is all about.

In a follow-up text message, Molly was asked if feeling a connection with a patient made her feel more confident as a nursing student. She replied: “Yes, and I definitely felt more motivated to really apply myself.”
Sue was thrilled to talk about the first time she felt she connected with a patient. As she shared her experience with the researcher, she cradled her legs up on the oversized chair she was sitting on and looked out the window as a smile stretched across her face.

I can remember the moment very clearly. I was a nursing student and I was stressed with all the studying and work. I had been assigned to a patient close to my own age. Our conversation as I was completing an assessment on her came naturally. I felt really at ease with her. The care I was providing to her felt complete in a way that it didn’t with previous patients. I felt for the first time like I was becoming a real nurse. I wanted that connection with all my patients. It made me feel so happy, so accomplished. It is what makes me a real RN. Not some robot.

Peter sat with his arms folded against his chest. He spoke with bewilderment when recalling the first time he connected with a patient. “When I first connected with a patient, it was like a light bulb went off in my head; it felt right, like this is how I should be feeling.” Peter said it took him some time after his transition to practice as a nurse to make a connection with a patient.

It didn’t happen until I started my second job as a nurse. A patient reminded me of someone I knew and he just started opening up to me. For the first time, I felt close to a patient. I cared. I felt like an imposter before in my scrubs but having that kind of connection with a patient made me desire to have those connections with all my patients. I noticed how much happier and complete it made me feel. Finally I’m the real deal, a real nurse.

Peggie moved closer to the researcher as she spoke about her first experience feeling a connection with a patient. She did not make eye contact as she spoke.
It took some time for me to feel that connection. I really focused in on the technical things and being able to handle a patient assignment. When I was able to achieve, somehow I felt burned out which was a strange feeling. So I looked for other opportunities because I wasn’t happy. Finally I just started talking to the patients more and I started to feel this connection to them. It was mind blowing. I finally felt satisfied as a nurse. It felt real. It makes me happy coming to work.

Mary clasped her hands together and bounced up in her chair when she shared her story about when she first formed a transpersonal caring relationship with a patient. She explained that it wasn’t until her second job that she first connected with a patient. Her preceptor at her current position was the one to help guide her to focus on making connections with patients. She said:

My preceptor, who is awesome, told me to slow down and stay with the patient more, make eye contact often and smile. So I thought I would try that and patients started talking to me and I became comfortable talking with them. I feel a connection with my patients in a way that I never did before. It was a total game changer. I felt for the first time, after all that time being a nurse that I was a real nurse. I finally got it. I feel really satisfied now.

In a follow-up text message, Mary was asked if she has applied her interpersonal skills with every patient she encounters. She replied: “Yes, and I’m starting to be able get a lot of information without anyone talking to me.”

Rose was quiet and reflective when speaking about how she felt when she first connected with a patient. She stood up and paced while talking, deep in her own thoughts. She said:

It sort of just happened. I don’t know why. A patient was really kind. She was always engaging me in conversations and I felt really close to her. I just naturally slowed down
for her and I felt so amazing. I felt I was really making a difference. Being a nurse was real. I thought this is how I should feel. This is what a nurse feels.

Maria smiled as she explained that one of the nurses on the unit where she currently works told her that she needed to connect with patients. Despite her vibrant personality, she came across as cold to patients. She said:

All I can say is I finally found what was missing for so long. I took the advice of one of my friends where I work now. I stayed longer in the room and made eye contact more and I just started talking more with my patients. It made me feel really good like I was really being a nurse. I felt less stressed. The job wasn’t as heavy.

Kate spoke rapidly with a smile as she described the first time she formed a transpersonal caring connection with a patient.

Felt awesome. I felt really good like I was really a nurse. Nursing can be so demanding at times. But having a connection with a patient makes you feel better about coming to work. I felt complete. Like this is what I should be doing. For the first time, I felt like I imagined it would feel. I felt like I cared for this patient in every aspect, both physically and emotionally.

Anna spoke with happiness when she shared her story of her first connection with a patient. “It felt really good. What a breakthrough. It made me feel like I made a difference. I felt real. Like I’m a real nurse. I was finally caring for the whole patient. I never realized I wasn’t before.”

The participant’s experiences in how they felt when they first felt the positive energy created through connecting with their patients demonstrates how important it is for millennial nurses to feel like real nurses. It was described as a breakthrough, life changing, and amazing. Some of the
participants experienced this feeling as nursing students. They all described receiving education in nursing school on how to communicate caring connections with patients. For others, it was after a preceptor or peer gave critical feedback on how cold they came across to patients. They received instructions on how to connect with their patients from their preceptor or peers. A few recalled that the moment came by accident, that a patient either reminded them of someone they knew or the patient reached out to them to connect. Those that did not recall being taught in school about how to form caring connections were either taught by preceptors or peers or are still puzzled about how it happens. For participants who were unaware of making connections with patients after graduating from nursing school, it took multiple positions and a minimum of two years working as a nurse to become aware.

**Theme 6: Fulfillment: Receiving Through Giving**

“It really makes me fulfilled as a person, as a nurse.”

Each interview began with questions designed to gather data about how millennial nurses form transpersonal caring relationships with patients. Each participant was provided a definition of transpersonal caring relationship. None of the participants reported prior knowledge of this term. The participants described a passionate association of communicating empathy and compassion with their own well-being. Some participants easily described how they form connections with patients. Some had difficulty expressing themselves. Regardless of their response, the term connection was frequently used in speaking about transpersonal caring connections.

Sarah expressed the importance of connection with her patients with ease and passion. She described how having that connection is not only important for the patients but also to her as a nurse.
It is a special feeling, like you are making a difference in someone’s life. Being admitted to a hospital is scary, to be that sick. To know that you are caring for a patient, providing nursing care to someone in need, it is very rewarding. It’s a tough job and it can be stressful at times, but it is that feeling you have when you connect with patients that makes it something you want to come back to.

Meg explained in detail how she forms these connections with patients. She first learned about making connections with patients while she was in nursing school. She spoke enthusiastically about how she manages during an assessment to make time to get to know her patients on a personal level.

I always make sure that each day I spend extra time when I’m doing the physical assessment to have a conversation with the patient. It is important to make the patient feel comfortable in their environment. I make sure to make eye contact, take time to listen to them and absorb it. Which is important because I will remember these small details when I go back and make sure the patient feels like I really care about them as a person.

She also spoke of a patient’s family member who wanted her to be assigned to his wife because he felt peace when he left to go home. Her awareness of a transpersonal caring relationship she formed with a patient, given a poor prognosis, is reflected in this statement. “It was very sad at times but so special, such a privilege, it really makes me fulfilled as a person, as a nurse.”

Philip smiled as he spoke about what transpersonal caring relationships mean to him as a nurse. He had a far-off look recalling something that clearly touched him in such a positive way as a human being. He said, “It feels good; I feel like when I make a connection with a patient that I’m doing what I’m supposed to be doing. You feel fulfilled inside; this is why I became a nurse, to make a difference.”
Molly explained in a direct manner how she forms transpersonal caring relationships, how she knows that patients have connected with her and what that means to her as a nurse.

Every patient is different and every nurse is different, but you need to make eye contact and respond to what the patient gives you. A nurse must be attuned to what the patient gives you. It is really about being present with the patient. It’s wonderful to connect with patients, and you connect more with some than others, but you still connect. I always make sure my patients feel that I care. I feel really fulfilled and that I have accomplished something. I can’t imagine not connecting. You can see it in the way they look at me, smile, and the way they ask questions, the way they want your advice. It’s a great feeling. I’m totally addicted.

Sue stated that “My big thing with patients is that they can connect with me and I can connect with them. It’s good to make it personal- that way people feel that you care about them as a person.” She described in detail what it feels like when a patient connects with her. “It’s in their voice, it’s that happy voice, and like I’m happy you are here with me. They tell you stories about themselves. You learn what is meaningful to them because you have this connection.” Sue also spoke about how transpersonal caring relationships affect the quality of care. “The quality of the nursing care is affected. It is the connection with the nurse that allows the patient to be honest with what they need or to ask an intimate question. That connection allows me to personalize their care.”

Peter was hesitant in choosing his words. Looking at the researcher as though he was being tested, he took his time before he spoke. He confided in the researcher how he felt about forming transpersonal caring relationships.
I anticipate their emotions, taking time to listen and it feels rewarding. It definitely makes the job better, like I’m doing what I’m supposed to be doing, because I didn’t really know what was missing before. When I first started, I was doing my job and I got good at it, doing the tasks you know? But after you get good at completing what you should be completing, I didn’t feel great about it. I wanted to be a nurse to help people and doing the tasks, I didn’t feel complete. Once I started to connect with them, I became more satisfied with what I was doing.

Peggie was beaming with pride as she spoke about forming transpersonal caring relationships.

Well, I try to take a couple of seconds and focus on patient. I have found from experience in dealing with patients that if you don’t stand still and make eye contact you are never really going to connect with the patient. That was on the job training, took me a while to get it and now I do.

She continued to share how it made her feel when she connects with a patient. She spoke with relief in sharing a story of connecting with a patient.

I had a young patient, who was distant and I thought I could get some magazines for her. I brought them in for her, I felt bad, and she didn’t have many visitors. She was so happy when I gave her those magazines. She smiled and I felt so good. From that point on, she changed. She was happy to see me and she opened up and I was able to help her.

Mary shared how she forms transpersonal caring relationships and what it means for her own well-being.

I try to engage the patient into a conversation; it’s important to talk to people outside of their diagnosis so they feel that you think of them as a person, something other than the
medications. They are a person and they have a family. I believe it helps to break down the wall. It’s a better experience for them and for you.

She continued to speak of a patient with whom she formed a transpersonal caring relationship, with such joy emoting from her voice as she spoke.

I had a patient who was very old and fragile. She could hardly see without her thick glasses; she took off her glasses a lot because she didn’t like to wear them. She said it distracted from her good looks, so she could recognize people from the sound of their voice. She couldn’t see me, but she knew my voice and she would reach out for my hand and grab it, squeeze and hold on to it. She would smile and look at me even though she couldn’t see me that good. It made my day; she was so sweet and I so looked forward to coming to work. The job became such a pleasure; it made me feel fulfilled and complete.

In a follow up text message Mary was asked what she meant by complete in the previous statement. She replied: “I’m no longer just pieces of what a nurse should be; all the pieces have come together.”

Rose described how it felt when she connects with patients. “It feels good. I feel like I’m really doing what I should be doing. It makes me feel good about me. It feels nice that you are helping someone in need.” In a follow-up text message, Rose was asked if connecting with patients fulfills her as a person. She replied: “Definitely yes, it makes me feel good about myself.”

Maria was very expressive holding her hands over her heart when speaking about transpersonal caring connections. “This is what nursing should be about. Sometimes all the tasks and things can get heavy, so this connection thing really brings in the sunlight. It makes me feel good about myself.”
Kate beamed with a smile as she spoke of a connection she shared with a patient. “I just felt close to the patient we connected; I really was invested. I was comfortable with this person. I feel like I’m doing what I should be doing and I’m happy, even excited to come to work.” Anna shared how it makes her feel as a nurse to connect with patients. “It feels good, like I’m doing something right.”

The feelings described by the participants illustrated how important forming transpersonal caring relationships is to their well-being. The participants felt good about themselves and that this is what nursing should be about. Often, they felt for the first time comfortable with patients. Some described seeing the human being for the first time. In a profession that is challenging, both physically and emotionally forming connections with patients sustains the passion to help and care about other human beings. The participants spoke about how they connected and how that connection made them feel good as nurses. Their voices are a powerful attestation that the altruistic values that nurses have maintained for centuries are intact and being carried into a new generation of nurses.

**Theme 7: Enlightenment: Turning on the Light**

*“They need to teach caring connections”*

Throughout the interviews, participants identified either a need for more knowledge on how to form transpersonal caring relationships or a need to educate others they have observed to be partially aware or unaware of how to connect with patients.

Sarah felt that many of the new nurses she precepted were unaware that the focus should be equally on the technical and caring tasks. She said:

They need to be taught how to communicate with patients and they need to learn about caring because many think that by completing their physical tasks, they are caring for the
patient but they aren’t completely. I learned in school but maybe healthcare organizations should make it an educational focus. They are big with slogans and scripts on caring, but educators can help new nurses connect to patients. They can teach them the importance. But I have never had any kind of class with demonstration and simulation when it came to expressing caring to a patient except in school. I don’t think a lot of schools are focusing on communicating caring. It’s falling through the cracks.

In a follow-up text message Sarah was asked to describe what she meant by the preceding comment, ‘it’s falling through the cracks’. She replied: “How to communicate caring to patients; it is becoming a forgotten art.”

Meg also voiced the need for education to focus on caring skills. “I think they really need to be educated. It needs to be a focus just as important as all the technical things and people need to be observed and given real-time information on how they can improve.” She also suggested how educators can instruct this new generation.

They need to be educated with case scenarios and simulation. Educators can help them see the patient’s point of view, give them feedback on how they communicate, perhaps observe that in orientation on the floor and it should be something that we do every year to keep the focus on it. I think it would help a lot and nurses could be happier too if they connected more with patients.

Philip stated, “They really need to be taught what that is and why it’s important to their job. I thought everyone got instruction on interpersonal communication skills, but I was so wrong. It doesn’t seem like that happens.”

Molly spoke with great passion when explaining the need for education among new nurses.
I think they need to teach caring connections and I found it really helpful to practice in simulation lab when I was in school. Nurse educators in hospitals should be really assessing this. They assess everything else and handing a script out or sending an eLearning module isn’t going to do it justice. They need to engage nurses and have a class, simulate caring skills and keep at it until it sinks into the culture. If educators don’t lead the way, then I don’t know what will happen.

Sue also resonated the previous participant’s sentiments about the need for education. I mean you really need to teach how to communicate caring. It should be mandatory for every nursing school. You really need nurse educators to focus on this because not everyone gets it. The technical piece and the caring piece; it’s two different things.

Caring skills is not the focus in acute care. I can tell you that during orientation all they care about is whether you can handle a patient assignment without harming anyone. You get eLearning modules; no one is interested in developing interpersonal skills. Administration sends out a script to follow. The managers talk about the script at the briefs. You really need to teach this in orientation and it should be part of mandatories. I think educators just assume that either it’s been taught or that because you became a nurse you know how to communicate caring, that it comes natural to anyone who is a nurse.

Peter shared how at first he was unaware that caring for the whole patient requires both technical and caring skills.

I didn’t realize that physically taking care of a patient was different from caring for the patient on a more emotional level. I didn’t realize that for a long time. I felt so unhappy with nursing early on. After you master getting things done, what else is there? It would
have been good for someone to point out that caring isn’t just physical. It should really be a focal point of nursing education; how to communicate with a patient.

Peggie’s voice was fervent in sharing how learning how to communicate caring was important to herself and her peers.

Nurses really need to be taught how to communicate and connect with patients and it is something that needs to be evaluated like a skill. I really need to be educated. There is a lot I still don’t understand. Educators really should teach this and then do like an assessment and give feedback. Everyone can improve on this.

In a follow-up text message, Peggie was asked what she meant by her previous statement ‘there is a lot I still don’t understand’, She replied: “Sometimes I don’t know what to say to patients when I’m busy and I’m torn between listening and getting stuff done, if I don’t get stuff done it’s stressful how I manage all that.”

Mary shared that education on expressing caring could have helped her find fulfillment as a nurse.

Nurses should get education on how to communicate caring. It would be really good to start out knowing how to do that and to have someone observe and give feedback so you can work on it because we don’t spend a lot of time with face-to-face conversations anymore; it’s not a natural thing. If I had been educated on that I think I could have found happiness as a nurse sooner. They can teach me how to connect when I’m really busy. No one really zeroed in on that in school or in orientation until my second job when my preceptor did.

Rose voiced the importance of receiving education on communicating caring to patients. It was something she felt strongly about.
I would really like to learn how to talk to patients and feel comfortable all the time. I would also like to know how to talk to patients who don’t talk to me. How can I communicate that I care? Training and education would really help me.

Maria’s expression was solemn when she shared how education on expressing caring could help her.

I need education about communicating caring with patients. We need to know why that is important and demonstrate those skills. We need help on interpreting other people. I need some help. My preceptor really helped me. You know, just try to stand there, so they know that you are making time for them. But I really need more advice so education would be really good for all of us.

In a follow-up text message, Maria was asked what advice in particular she thought she needed. She replied, “I don’t really understand, like I should know how to communicate that I care and still focus all the stuff I need to get done. I really would like to learn more on how to communicate better with my patients.”

Kate spoke with frustration when speaking about the lack of education she received in communicating compassion and empathy to patients.

No one really talked about how to communicate with a patient. You went in and asked the right questions that was it. No one really explains what the best ways to connect are. Am I still professional? At school we learned what questions we should be asking to complete an assessment. But we never got a communication class. When I have been hired for a job they don’t teach you how to communicate caring or how to connect. Do they think I know? I guess maybe I should already know if I’m a nurse. A lot of my
friends are nurses and this is not something that we just know. It should be taught to us so we get it. I guess you are supposed to learn it on the job.

Kate added in a follow-up text message a thought on how this can be accomplished. “I felt I really learned things when we were taught with simulation and I believe so should communication. It is really important because I want to be a real nurse every day.”

Anna sat at the table and ran her hand through her hair and pulled it on top of her head, looking frustrated as she turned her head to look out the window as she spoke of connecting with patients. “Can they teach us how to do that so I really know what I’m doing? It’s hard to learn something when you don’t get feedback on how you are doing. You can’t survive long as a nurse without it.” Anna shared that in school the conversations about patients was limited to specific diagnosis and interventions. She offered this interesting observation about functioning as a nurse without forming transpersonal caring relationships with patients.

You can function without it. I mean look at me. I was functioning without it. I had good performance evaluations and I can tell you I was functioning but I was very unhappy. I thought nursing might not be for me. My whole world changed when my preceptor started teaching me about this stuff.

In a follow-up text message, Anna was asked what kind of support she needed to continue to develop her interpersonal skills. She replied: “I really believe I need a class and simulation training. It would be a relief to communicate with patients the way I see some other nurses do.”

Education on the skills needed to form transpersonal relationships is needed to help nurses realize that technical skills are only part of the care they should be providing. Nurses need to be taught how to form caring connections with patients. The participants felt that this should be a mandatory skill that is evaluated both in nursing school and in practice. Understanding
nonverbal communication and why that is important to the care of patients was a need enunciated by the participants.

**Theme 8: Guidance: Educational Needs**

“I would definitely benefit from a simulation class on how to connect with patients.”

The participants described what their needs were for learning how to make caring connections with patients. They shared how education can make a difference and break the cycle of unawareness of the art of nursing. The data that formed this theme was in response to follow-up text messages regarding what their educational needs were.

Sarah responded that education was very important not only in nursing school but also in practice. She talked about learning about connecting in school but because there is so much focus on technical skills. She thought it was not a driving focus for students and said, “Nurse educators in hospitals really need to provide some guidance with communication and showing to patients that you care. We need classroom time off the floor and stimulation every year so people can develop their skills.”

Meg also spoke about learning to communicate empathy and compassion in school and that it became a focus for her because she enjoyed making connections with patients. “I don’t think it is the focus for most nurses at first when you start your first real job; nursing education should teach a class with simulation every year so it is a focus and nurses become aware of connecting.”

Philip remarked that connecting with patients was always important because he made that first connection in school and during his transition into a nursing position that didn’t change. “I feel the class I had with the simulation along with the focus of my instructor at clinical is an education I don’t think everyone gets.” He felt strongly that nursing education in hospitals
should do the same for orientees and said: “It may be too much too soon to get how to make a caring connection in school. A class and simulation is needed as initial skills training when they onboard you.”

Molly felt that after she made that caring connection as a student, it became something that was very important to her. She said: “Hospital organizations really need to provide classes and simulation and explain how to communicate caring. It should be something they do every year, like a mandatory skill.”

Sue felt that she was the exception regarding making connections with patients when she was in nursing school and said: “I really think that it may be too much too soon for nurses in school to really grasp.” She thought that a more in-depth effort on transpersonal caring at the hospital level was needed. “We need skills training with communication. It should be a simulation class where we can get feedback on how we come across to patients.”

Peter struggled making transpersonal connections when he first transitioned into nursing practice and said: “I don’t recall being taught how to connect with a patient.” He describes what education he felt would have benefitted him early in his career. “I always learned a lot from simulation, because we debriefed after we completed a skill. That is what nursing education should do at work.”

Peggie echoed Peter’s remarks about struggling when she first became a nurse. “I was oblivious to connecting.” Peggie also remarked that she felt simulation was a way in which she learned best. “I would definitely benefit from a simulation class on how to connect with patients. I could really use the feedback on how I come across to patients.” She also added that “Nursing education should really have simulation classes for us at least once a year so we can really learn and grow.”
Mary spoke about the need for blended learning to assist her in forming transpersonal connections. “I need blended learning to really become good at it.” She stated that one method of teaching was not enough. “I need classroom, simulation and hands-on training. To really understand something that is verbal, nonverbal and about touch, you really need education that covers all the bases.” She added that “The nurse educators at the hospital where I work should provide simulation classes so we can improve our skills and they should have them at least once a year like mandatory skills.”

Rose informed me that simulation was how she learned best.

Simulation is how we should be educated about connecting with patients. Classroom can be boring. Simulation you are on your feet and you get to participate. Everyone gets to learn from other people’s mistakes and you get instant feedback. Plus I would feel more at ease in a sim lab than with a patient to try new things. It’s always good to practice. This is something that we should be doing every year with our mandatories. I think it would really help me be a better nurse.

Maria said this:

Simulation would be a great way to learn about connecting, I don’t think you could sit for long in a classroom and not get bored listening to someone talk about it. I just feel when I’m active I learn more and you are always active in simulation; it’s fast-paced learning which is great. The educators in the hospital should have simulations classes for us. I think everyone would benefit.

Kate added that simulation was how she learned best.

I need a sim class to learn how I can connect better with patients. That’s how I learn best. I can’t really sit in a classroom and listen to an instructor for long. It would be a waste of
time if the class were not simulation. I don’t think I would learn anything. I need to see something demonstrated and then I need to do it and I need feedback to really know what I’m doing. It should be done at the hospital where I work. We can do it with skills training.

Anna commented that:

For me, simulation works best. I like to be hands on and you get immediate feedback which is great because you really learn so much better than when you are sitting down just listening to someone talk. Of course it depends on who is the one talking, but generally it’s boring and I know I wouldn’t really learn how to connect. This is something that the nurse educators should be doing with everyone.

The participants felt bored with traditional classroom learning. All identified simulation as a way to really learn about forming transpersonal caring connections. They described being more engaged with learning when hands on with immediate feedback on how they are communicating verbally and nonverbally. All felt that this should be done annually with mandatory skills to help them develop their communication skills. Some participants felt that learning to make a connection was too difficult to learn while still a student but that it should be part of their transition to practice training.

**Follow-up Data Collected**

Follow-up data was collected by text messages. All but one participant responded to the researcher. The researcher would re-read the participants’ transcripts and their text messages so as to provide more depth and clarify statements identified throughout the manuscripts. Review of the text messages placed an emphasis on educational needs as seen in theme eight. One theme developed based on the follow-up data collection regarding educational needs.
Chapter Summary

The participants expressed their thoughts, feelings and experiences through their participation in the interviews and follow-up text messages. The information provided by millennial nurses’ experiences is vibrant, personalized and multifaceted. A better understanding of the complex nature of nursing practice as seen through the view of millennial nurses provides a new foundation of awareness.

The emergence of the eight themes from the data obtained from the 12 participants in this study expands the knowledge and illuminates the experience of the millennial nurses’ connecting with patients in 21st century. Chapter five includes an overview, discussion of the findings, limitations, significance to nursing and implications for nursing education, practice and future research.

Chapter Five: Discussion

Overview

In this chapter, the phenomenon of the experience of the study nurses connecting with patients in the 21st century will be discussed. A summary of the findings will be presented. An integration of the findings with reviewed literature will also be presented. This will include literature reviewed both prior to and after data collection and analysis. The remainder of the chapter will include limitations of this study, implications for nursing education, practice, policy and research. Personal reflections and a summary of the study will conclude the chapter.

The purpose of this phenomenological study was to explore and identify what connecting with patients means to millennial nurses through their lived experiences. An extensive review of the literature on connection, transpersonal caring relationships, communication, generational
groupings, baby boomers, generation X, millennials, millennial nurses and transition to practice was completed. There were limited quantitative and qualitative studies focusing on millennial nurses. There were no studies conducted on the experiences of millennial nurses connecting with patients. The findings of this study contribute to the evidence and knowledge of how millennial nurses connect with patients.

Millennials have had a reputation for formulating their own social values and workplace values. Technology has had a unique impact on this generation. Constant visual and auditory stimulation has prompted their brains to seek instant gratification (Small & Vorgan, 2008). Constant technological stimulation has led to multi-tasking and shorter attention spans. Millennials are good at visual stimulation, filtering information and multi-tasking but less skillful at face-to-face communication and interpretation of non-verbal cues (Small & Vorgan, 2008). An examination of how this generation of nurses connects with patients given the potential barriers of communicating empathy and compassion is relevant to the preservation the art of nursing practice. The experiences of the participants shed light on the issues millennials face in connecting with patients in modern healthcare.

An interpretive phenomenological approach was conducted in this study to explore the experience of millennial nurses connecting with patients. Exploring millennial nurses’ experience connecting with their patients revealed when they feel that connection, how they achieve it, what it means to them as nurses and what barriers they face in forming connections. “Phenomenologists investigate subjective phenomena in the belief that critical truths about reality are grounded in people’s lived experiences” (Polit & Beck, 2012). This approach to studying how millennial nurses connect with patients was useful because the phenomenon was
not understood. Data was analyzed using Colaizzi’s seven procedural steps to capture the essence of the phenomena being studied.

This research is based on the experiences of 12 millennial registered professional nurses with at least two years of professional nursing practice. All participants were from the New York City and Long Island, New York region of the United States and self-described as belonging to the millennial generation. The age of the participants ranged from 24 to 30 years of age. Face-to-face interviews were conducted with follow-up questions communicated through text messaging. All face-to-face interviews were digitally recorded and transcribed verbatim. All text messages and field notes were transcribed into written format for inclusion in the data analysis.

The themes that emerged were (1) The Void: Into the Darkness; (2) Unconnected: Unable to Find the Light; (3) Uncomfortable: Patients as Strangers; (4) Art of Caring: Not a Priority; (5) Becoming: Real RN; (6) Fulfillment: Receiving through Giving; (7) Enlightenment: Turning on the Light; and (8) Guidance: Educational Needs. The data obtained was descriptive and rich, allowing the experiences of millennial nurses to shine through and inform. All participants shared that they chose to become a nurse to make a difference in someone’s life. Five participants stated that they experienced a strong focus to connect with patients while in nursing school and received formal education on this. The other seven participants did not report having any formal education either in nursing school or through their respective healthcare organizations on communicating empathy and compassion to patients.

Millennial nurses will shortly become the largest generation among registered professional nurses. The shared experiences of the participants highlight how important formal education on communicating empathy and compassionate is to this generation. The data obtained from this research study may benefit nurses, nursing administrators, nurse educators, and allied
health professionals in understanding how millennial nurses connect with their patients. This study may also guide safe staffing polices and nursing education program development.

**Theory of Human Caring**

Watson’s Theory of Human Caring is essential to knowing what nursing practice encompasses. Carative factors, the transpersonal caring relationship and the caring moment are the major components of Watson’s theory (Cara, 2003, p. 51). Watson’s theory represents the humanity of the professional that potentiates therapeutic healing processes through relationships that affect both nurse and patient equally (Watson & Woodward, 2010, p.324). Through their connections with patients, nurses assist people beings to face their lives with dignity. The aim of nursing practice is to care for the whole patient and see their humanity. “Nursing as a human caring science and the human caring process in nursing is a significant humanitarian, ethical, philosophical, and epistemic endeavor and cultivated practice that contributes to the preservation of humanity” (Watson, 2007, p.37).

**Carative Factors**

The humanistic-altruistic, instillation of faith and hope and cultivation of sensitivity to the self and others are the carative factors that form the foundation for Watson’s Theory of Human Caring (Smith, Turkel & Wolf, 2012, p.147). The humanistic-altruistic carative factor represents the evolution of a person that values receiving through giving (Smith et al., 2012, p.148). The study participants expressed that until they made a caring connection with a patient, they felt unfulfilled as nurses or as if they were imposters in the profession. Some were unable to connect with patients when they first transitioned into professional nursing because they were unaware that forming transpersonal caring connections is equally important as physically caring for the patient. Many participants shared stories of feeling lost or that a piece was missing. They
changed jobs in an attempt to find that missing piece. After learning how to connect with patients the participants felt that they were no longer imposters. Feeling that connection for the first time was the moment that they felt like a real nurse.

The second carative factor of faith-hope represents helping others to gain more understanding, control and healing regardless of the illness (Watson, 2007, p.73). The participants shared feelings of failure or that they somehow cheated the patient when they were unable to connect. They were aware that they were unable to treat the whole person from a place of dignity and respect. They did not pay attention to their patients and their humanity.

The third carative factor of cultivation of sensitivity to the self and others represents the feelings of empathy nurses use to develop the self and employ in their practice of nursing (Smith et al., 2012, p.151). Self-development is facilitated by learning through life experiences and developing empathy for others from your own relationships. The participants acknowledged emotional distance from patients when they were either unaware or too busy to make connections with patients. The participants were unable to develop the self when they were not engaged in a transpersonal caring relationship with their patients. The participants expressed that physical tasks were their priority when time did not allow them to form connections. They reported that they had a heavy feeling when they failed to grow as nurses by not fully developing or actually eliminating compassion from their practice.

**Transpersonal Caring Relationship**

“A transpersonal caring relationship connotes a special kind of human care relationship, a connection/union with another person, a high regard for the whole person and their being in the world” (Watson, 2012, p.75). A caring moment is when human caring is created (Cara, 2003, p.53). It is a moment in time when a nurse and patient are conscious of each other as human
beings (Sitzman, 2016, p.24). Caring moments develop into transpersonal caring relationships. The common experience of millennial nurses who were interviewed and emerged from the data was that of empathy, detachment or being bio passive. The participants either observed this among their peers or participants were informed that they were projecting those characteristics towards patients. Watson (2012) defines bio passive as “Life neutral; nurse apathetic and detached (just doing the job)” (p.45). The millennial nurses interviewed communicated that forming transpersonal caring relationships was learned either through formal education or from being educated by their peers or preceptors on the job. The skills necessary to form connections were not innate to the participants. According to Watson (2012), “The word nurse is both a noun and a verb” (p.65). Nursing can only take place when nurses go beyond treating the physical body alone (Watson, 2012, p. 65). The participants were unaware until they were informed that nursing care is not just technical skills; it is also forming connections with patients. More than half of the participants have had more than one nursing position since graduation from nursing school. Many described a feeling that something was missing. They were unfulfilled in previous positions and left in search of a position where they hoped to find fulfillment. Disharmony is experienced if there is a separation between the self as perceived and one’s actual experience (Watson 2012, p.68). A person who falls short of expectations of the self is left feeling disappointed and confused. The participants felt that becoming a nurse would fulfill their need to contribute in a positive way to society. When they did not feel that they were contributing in a meaningful way through nursing, they were left with feeling of disappointment in themselves. The expectations of the participants in choosing a nursing career were to help others. Without awareness of forming transpersonal caring relationships with patients as an integral part of nursing care, many participants felt anxiety and despair. If there is incongruence between the self
as perceived and a person’s experience, there is disharmony within the soul leading to feelings of threat, inner turmoil and a sense of dread (Watson, 2012, p.68). In the absence of forming connections with patients, some participants remarked that nursing wasn’t what they had envisioned it to be. Some participants reported leaving multiple nursing positions in search of finding a position that fulfilled them. The monitoring of a patient’s physiological state was the focus of the participants especially when they faced inadequate staffing or time issues. Human caring is often unrecognized by hospital administrators because it is something that is not measured. When nurses do not fully understand how to form connections with their patients it becomes lost.

All participants reported that they have experienced a transpersonal caring relationship with patients and that it made them feel not only fulfilled as a nurse but also as a person. When experiencing that connection for the first time, the participants felt like they had finally transitioned into a real professional nurse.

**From Novice to Expert**

Benner’s (1984) stages of professional nursing skill development using the Dreyfus Model of skill acquisition assist nurse educators in monitoring the growth and development of nursing professionals. The five stages of development start with novice, which is a nurse who has no experience in performing nursing care. The second is advanced beginner where nurses are in the same job for their first year up until their second year. They can follow procedural checklists but heavily depend on coaching from more experienced nurses. The third stage is competent, which is typified by a nurse in the same job for two to three years. At this stage a nurse should be able to employ therapeutic interpersonal relationship skills. Proficient is the fourth stage where a nurse can anticipate patient response as events unfold. Nurses usually
achieve this level of performance at three to five years. The final stage is expert where the nurse is intuitive because of the vast experience and skill set (Benner, 1984, p.34). Watson’s transpersonal caring relationship is not incorporated into Benner’s stages of competence. The development of transpersonal caring relationships is not a focus of assessment by educators using Benner’s Dreyfus Model of skill acquisition to measure competence of nurses in practice. Knowledge and intervention of adverse physiological changes is the focus. It has also been the traditional focus of academic education in nursing.

The participants reported that they had between two and six years of experience working as professional nurses. Seven of the twelve participants reported having more than one job and only five had maintained the same nursing position for more than two years. These five participants also reported learning about making connections with patients and experiencing that as nursing students. During their interviews, they demonstrated competence in employing therapeutic interpersonal relationship skills through their descriptions of interacting with patients. Only these five participants seemed to have achieved Benner’s stage of competence. The key wording in the definition of competent is consciously aware (Benner, 1984, p.26). What a competent nurse lacks in speed and experience is compensated in their ability to cope. That ability to cope is directly related to nurses feeling, as described by participants in this study, that they are a real nurse. When nurses are consciously aware of incorporating transpersonal caring relationships with technical skill in their nursing practice, the burden of caring for the vulnerable begins to dissipate.

**Integrating Findings with Reviewed Literature**

The review of the literature revealed eight studies which concentrated on millennial nurses. These studies represent what has been observed and measured about the millennial generation of
nurses. Studies found that this generation views the nursing profession as ideal for making a
difference in society. Other studies measured burnout, negative affectivity and job dissatisfaction
in greater numbers among the millennial generation of nurses. More studies observed that
millennial nurses were anxious when interacting with patients and families and preferred to stick
to a script when communicating with them. However, another study observed that millennial job
satisfaction increased when they developed close relationships with patients and families. The
data that emerged from this study on how millennial nurses connect with patients reflect and
confirm some of the findings from the previous studies. Several findings from this study were
not found in the literature review conducted for this study.

In a study by Price et al. (2013), 12 millennial nursing student participants described
choosing nursing to make a difference in people’s lives. In that interpretive narrative study of
career choice, participants reported imagining nursing as an ideal profession. In this study the
participants reported that they chose nursing to make a difference in the lives of others.
Participants in this study also reported that they wanted to do something meaningful with their
lives and felt strongly that nursing was a profession where they could positively contribute to
society. This sentiment was echoed strongly throughout the interviews by all participants.

A quantitative study by Kelly et al. (2015), which surveyed direct care nurses, found that
millennial nurses were experiencing career burnout in significantly greater numbers than
previous generations. Lower levels of compassion satisfaction among millennial nurses were also
reported. In this study, more than half of the participants reported leaving a previous nursing
position because of fatigue in not feeling they were making a difference in people’s lives. When
unaware of transpersonal caring relationships, the participants in this study were left unfulfilled
as nurses and sought other nursing positions looking for that fulfillment.
A qualitative descriptive study by Andrews (2013) revealed that millennial nursing students have anxiety about interacting with families. That study focused on expectations of nursing students transitioning into practice. This study found that participants were uncomfortable when interacting with patients and families. Some of the participants in this study identified interpersonal communications as an area where they lacked strong skills. The interaction outside of prescribed assessment questions made them feel uncomfortable.

A study conducted by Olson (2009) found that millennial nurses felt uncomfortable introducing themselves to patients. That qualitative phenomenological interpretive longitudinal study followed millennial nurses through their first year in practice. Participants in that study also felt that they had too much to do in a short time. The participants in this study used the same word, “uncomfortable”, when speaking about how they felt when communicating with patients. The participants also felt that at times they had too much to do and therefore would skip personal interaction with patients to save time and be able to complete their technical tasks and documentation.

Millennial nurses were found to express the highest levels of negative affectivity among all generations in a quantitative longitudinal study of generational differences among newly licensed nurses (Keepnews, Brewer, Kovner, & Shin, 2010). In this study, most of the participants reported they were unaware of the importance of connecting to patients and the residual benefit to themselves for more than two years post transition to practice.

In a quantitative explanatory correlation study that looked at how the work environment affects millennial nurses, Gotschall (2010) found a strong positive correlation between comprehensive psychological strain and physical psychosomatic strain among millennial nurses. The investigator concluded that millennial nurses were less satisfied with their jobs and reported
higher levels of job workload when compared to a mean score of an American national aggregated survey sample of nurses. This study found that participants did report that their workload was high and that it did similarly influence whether they felt they had the time to connect with their patients when they were aware of transpersonal caring relationships. When they failed to connect with patients, whether intentionally or not, they were experiencing low satisfaction with their job (Gotschall, 2010, p.85).

In a descriptive phenomenological study that focused on millennial nurses’ satisfaction with their job, Anselmo-Witzel, Orshan, Heitner and Bachand (2017), found that millennial nurses seek close relationships with patients, families and coworkers to fulfill satisfaction. In this study, the participants reported that when they were aware of the importance of caring connections they found satisfaction with nursing because they felt connected to their patients and families.

A quantitative observational study of nursing students by Dunnington and Farmer (2015), explored caring behaviors demonstrated during simulations. The study found that less than 10% of subjects encouraged the patient’s communication of feelings and they stuck to a prescribed script of the patient’s primary health concern. Any caring behavior was in response to patient, initiated requests for caring behaviors (Dunnington & Farmer, 2015). In the current study when the participants shared stories of being uncomfortable with patients, it was prior to being aware of the need to establish transpersonal caring relationships. Prior to learning about and feeling a caring connection with a patient, the participants felt that if they asked the right questions regarding doing a physical assessment, then that was all the communication needed with the patient.
Integrating the Findings with a Secondary Literature Search

A secondary literature search was conducted after interviews and follow-up data was collected. There were some findings in this study that were not reflected in the initial review of the literature that was conducted prior to enrolling participants in the study. This secondary search was conducted to unearth any research studies that incorporated the data analysis of this study. A search was also conducted to find any new literature that was published after the original review of the literature. Four new studies were found since the original review of the literature. One study was by Price, Hall, Murphy and Pierce (2018); a second study was by Erlam, Smythe, & Wright-St Clair (2018); a third study by Ng, Schweitzer, and Lyons (2010); and the fourth study by Toothaker and Taliaferro (2017).

In a narrative study that reported findings from the first stage of a longitudinal study of the professional experiences of millennial nurses preparing for graduation and transition to practice, three themes emerged (Price et al., 2018). These themes were: Real Nursing: Making a Difference, The Good Nurse: Defined by Practice and Creating Career Life Balance. The first theme, Real Nursing: Making a Difference was described by those participants as finding a career choice where they felt that they were going to positively impact other people’s lives. The second theme, The Good Nurse: Defined by Practice, described the participants wanting to view themselves as delivering holistic quality nursing care to patients. In this theme, participants stated that achieving this level of nursing care depended upon the environment in which it was being carried out. Staffing ratios and supportive working environments were vital to achieving holistic quality nursing care. The third theme, Creating Career Life Balance, described how the participants felt strongly that their careers must be in harmony with their personal lives. They stated that part of being able to provide holistic quality nursing care was not only being happy at
work but also at home. Those participants felt that happiness in their personal life made them better at handling the heaviness of the physical and emotional aspects of nursing practice.

In this study, the participants expressed some of the same sentiments about choosing the nursing profession, the importance of adequate staffing and wanting to find happiness at work. Participants in this study echoed the participants in the Price et al. (2018) study by stating that they also chose nursing as a profession to make a difference in other people’s lives. They also expressed that if staffing and acuity were not appropriate they could not provide holistic quality nursing care and that made them feel bad about themselves as nurses. They also described a need to feel happy about their job. When left unfulfilled, they left nursing positions to seek out happiness for themselves, which was a major concern for them.

In an action study by Erlam, Smythe, and Wright-St Clair (2018), 161 undergraduate millennial nursing students who asked for changes in the current simulation environment participated as co-researchers. Data was collected over a 24 month period incorporating focus groups, pre and post simulation tests, participant verification and evaluation of student performance using the Laster Clinical Judgment Rubric in three action cycles.

In cycle one, two focus groups generated challenges to simulation development. Millennials in that study desired supportive learning environments where educators are standing next to them, assisting them hands on while coaching them. Feedback needs to be friendly and constructive. In the second cycle, a pre and post simulation questionnaires were used with revised simulation education based on data collection from cycle one. Data from cycle two included the need for collaboration with other simulation leaders for clearer simulation plans. Cycle three included pre and post simulation written tests. All participants completed three scenarios while maintaining one of four roles.
The study identified five elements that supported millennial nursing students in simulation. These elements included: facilitator presence in simulation room, brief but supportive feedback, role modeling of expected performance, the opportunity to repeat the performance and communication tools. The study suggested that effective communication skills be taught in the clinical setting since most millennials avoid face-to-face interactions (Erlam et al., 2018).

In this study, the participants expressed feelings of being uncomfortable with engaging in face-to-face interactions with their patients. Anything that was not taught, such as effective interpersonal communication skills, was not a focus area when providing nursing care to patients. Participants in this study also resonated with the study by Erlam and colleagues (2018) when they stated that they learned how to communicate empathy and compassion after role modeling their educators during simulation training or their preceptors at work. They needed guidance on how to better develop their face-to-face communication skills. This was accomplished by quick constructive feedback from preceptors while on orientation or educators during simulation training.

In a large quantitative field study of Canadian millennials’ career expectations, Ng, Schweitzer and Lyons (2010) found that this generation considered work-related attributes to be important to job choice. Data for that study were obtained through a national survey of millennial undergraduate Canadians. Millennials were noted to be looking for more than money from employment. They were seeking a career that fulfills them and want to contribute to society in a meaningful way through their career choice (Ng, Schweitzer & Lyons, 2010).

In this study, the participants expressed that they chose nursing as a profession in which they can make a positive impact in patients’ lives. Some did voice confusion at first during their
transition to practice by not knowing how to form transpersonal caring relationships. Once the participants started to connect with their patients, their choice of career became satisfying and meaningful to them. None of the participants in this study spoke of salary as important to them in career choice. The choice for pursuing a career in nursing was both meaningful to their contribution to society and fulfilling to themselves as people in society.

In a phenomenological study of millennial nursing students and their perceptions of traditional pedagogies, Toothaker and Taliaferro (2017) identified five themes (p.345). Thirteen interviews were conducted with millennial nursing students. One of the themes was Physically Present, Mentally Dislocated. The participants expressed feeling like a number, not a student. They felt mentally dislocated because most of the other students were distracted by multi-tasking rather than participating in class. In another theme, Passive Learning / Surface Learning, the participants described just learning the material to be able to pass a test. The participants felt they were just memorizing facts that had no connection to how to utilize the information as a nurse. In another theme, Wanting More from Professors / Disengaging Professors, the participants expressed feeling disconnected from their nursing professors. The participants felt their professors did not use technology enough and they did not feel engaged as students.

In this study, some participants expressed the need for academic nursing programs to focus on both technical and caring nursing skills. The participants stated that they did not understand how to engage the patient beyond the technical questions in a personal manner. They articulated that engaging them through the use of simulation training allowed them to learn in an environment similar to the environment where they would need to interact with patients. Receiving immediate feedback on their interpersonal skills would be greatly beneficial.
Major Findings

**The void: into the darkness.** For those in this study who lacked the communication skills necessary to convey empathy and compassion to patients, nursing became a disappointment. The participants described observing a lack of fulfillment in other nurses or experiencing it themselves when providing nursing care if transpersonal caring relationships are absent. Some participants changed jobs looking for the right fit where they could feel good about themselves because they were helping others. The participants described that the focus for new nurses was on the technical nursing skills. Once technical nursing skills were mastered, new nurses seemed lost, wondering what was missing. For those participants who learned early on how to form transpersonal caring relationships, the transition to practice was smoother. They also struggled to adjust to clinical practice but found comfort and perseverance from their connections with patients. Participants noted that they or new nurses that they were precepting didn’t realize that they were not caring for the patient when only providing technical nursing skills. Some of the participants explained that they changed positions on multiple occasions looking for the nursing position that made them feel that what they were doing was important to society. Until they were given constructive criticism on how they engaged patients, many new nurses were ignorant that they were not providing holistic nursing care to their patients.

In a qualitative descriptive study that used focus groups to explore palliative and end of life care among novice nurses, one of the themes that developed was “training wheels in connectedness”, which reflected lessons about the process of death and best communication practices (Hendricks-Ferguson, Sawin, Montgomery, Dupree, Phillips-Salimi, Carr & Haase, 2015). Novice nurses expressed that being paired with an experienced nurse and being able to
observe and model their communication skills with debriefing after each patient encounter greatly enhanced their ability to connect with patients (Hendricks-Ferguson et al., 2015).

The distress felt by participants in this study is linked to how they perceived their role and were unable to fulfill it. Once they were able to connect to their patients, they reported that their distress dissipated. Some participants also expressed that they were able to develop their communication skills by observing and following their preceptor’s advice on how to connect with patients. Demonstration of interpersonal communication skills was voiced as a need from participants in this study to enhance their skill level.

**Unconnected: unable to find the light.** The participants in this study described feelings of emptiness when they failed to connect with their patients. Transpersonal caring relationships required both nurse and patient to choose to connect with one another. When patients chose to remain aloof or are cognitively impaired, the participants didn’t feel complete as nurses. The participants also stated that sometimes their patient assignment was too heavy to be able to spend the time to establish a connection with a patient. When they were unconnected, participants described nursing as heavy and exhausting. They needed that connection with patients to feel that they were helping someone, that they were making a difference in someone’s life.

All of the participants stated that they became nurses to contribute to society. Without caring connections, the meaning in their work evaporates. Feelings of failure or cheating the patient out of holistic nursing care weighed heavily on the nurses. Regardless of the reason for not connecting with patients, when nurses were aware of forming transpersonal caring relationships and they were unable to do so, it caused moral distress among participants.

In a quantitative literature review of moral distress experienced by nurses, Oh and Gastmans (2015) stated that moral distress is associated with emotional exhaustion and
depersonalization (p.24). It is exhibited by nurses feeling guilt, shame and self-blame which leads to nurses removing themselves from patient care. Moral distress is linked to nurses leaving the profession or switching jobs as a negative coping mechanism (Oh & Gastmans, 2015).

Participants in this study expressed the same feelings when they were unable to connect with patients. It led them to seek other job offers. Participants in this study stated that they had left nursing jobs because they did not feel like they were contributing in a positive way to their patients and they were searching for a job where they could feel good about themselves. They did not feel that they were nurses until they learned how to form transpersonal caring relationships with patients.

**Uncomfortable: patients as strangers.** This theme describes observations of new nurses by participants or observations about themselves being uncomfortable in communication with patients outside of pertinent clinical questions, prior to being aware of how to connect with patients. The participants described themselves as being unfamiliar with observing nonverbal communication. They stated they did not know how to react to a patient’s emotion and it made them feel uncomfortable. Any information the patient shared that was not a clinical response was something that was not recognized as something that they needed to respond to and show empathy towards the patient. Some participants reported that they didn’t make much eye contact with patients or didn’t really hear what patients were communicating to them because they were thinking about multiple things at once. They were too absorbed in their own thoughts and priorities.

The participants described feeling as though the discomfort came from being put in a situation where they received no direction on how to respond. Because they had no direction, they did not feel that they were accountable for providing emotional support as part of their
nursing care. Some of the participants learned early in their career to form transpersonal caring relationships while still in nursing school. Those participants did not have multiple nursing positions. Other participants who struggled or continue to struggle with connecting to patients have had multiple nursing positions.

A qualitative study by Rodriguez, Spring and Rowe (2015) used focus groups to explore the experiences of nurses communicating with hospitalized patients who are unable to speak. One theme emerged that aligned with this study. “Focusing Beyond the Physical” was a theme that reflected nurses’ perceptions that they were not better at deciphering nonverbal communication than other staff members. Nurses expressed that they were focused on the patient’s physical well-being. They spoke about their experiences assessing and caring for a patient’s physiological needs (Rodriguez et al., 2015).

The participants in this study also articulated aloofness when talking about nonverbal communication. They communicated that physiological needs were their focus. Communication skills are taught in nursing schools typically within a classroom lecture (Deane & Fain, 2016). Absence of communication between patient and the nursing student was evident as they tended to focus on the task and were not comfortable engaging the patient in conversation or observing non-verbal communication from the patient (Deane & Fain, 2016). The body always communicates even when silent. The language of the body is overlooked in nursing education (Winther, Grøntved, Kold, Gravesen, & Ilkjær, 2015). Nurses must be provided with a foundation of learning to read body language. Nurses learning to care for patients need to develop the knowledge of interpersonal and non-verbal communication skills. The importance of
communication skills is equally as important as the skills necessary to care for patients physiologically.

**Art of Caring: not a priority.** All participants stated that completing technical nursing tasks was the priority when time was limited with patients. They described an unsafe staffing matrix and high acuity as reasons why they do not always have time to connect with their patients. Technical nursing tasks and documentation are priorities because participants said they are held accountable if they are not completed. They described that to form genuine connections with their patients, they needed extra time so they did not feel rushed. Some of the participants spoke about administration not factoring the time needed to create caring moments when creating staffing ratios. Being able to survive the shift by completing the documentation and tasks of patient care was the focus of the participants. They expressed remorse when not being able to have the time to connect with patients. When transpersonal caring relationships became a challenge because of time, it was the first thing to be cut from the nursing practice of the participants. This left the participants feeling bad about themselves because they knew it was not the right thing for their patients or themselves.

In a narrative inquiry, Chan, Jones, and Wong (2013) examined the relationships between communication, care and time on registered nurses’ work. Five nurses were interviewed three times for a total of thirty hours of data. Three themes emerged from the study: 1) Time and nursing work: lack of time gets in the way of getting to know patients and families; 2) The priorities of nurses and nursing and working collegially; and 3) Opportunistic communication with patients. In the first theme, time and nursing work, nurses reflected that their work was task orientated. Nurses valued completing tasks, not connecting with patients (Chan et al., 2013). Nurses did not view the patient as a person until they made a connection with the patient or
family. In the second theme, the priorities of nurses and nursing, they expressed appreciation for peers who completed their tasks and did not leave extra tasks to be passed on to the next shift. The importance was not on connecting with patients but on completing their tasks (Chan et al., 2013). The burden of administrative tasks also left nurses feeling that they had limited time to engage on a personal level with patients. The third theme of working collegially and opportunistic communication with patients described the experiences of nurses when excessive demands on their time impacted how they worked together to focus on task-orientated goals (Chan et al., 2013). They described how they helped each other to accomplish task-orientated goals when a colleague was overwhelmed.

In this study, participants also described focusing on completing tasks as a priority especially when they felt overwhelmed by administrative tasks. Focusing on the patient was also viewed by the participants in this study as something that could wait until they felt they had time to spend personally connecting with patients. Completing task-orientated goals remained the priority but at the expense of the participants not feeling good about themselves.

**Becoming: Real RN.** The thrill of the moment when a person first feels that they have realized their dream is one that is never forgotten. Participants shared these special moments of first feeling like a real nurse with the researcher. Overwhelmingly, participants described with joy when they found what they had been searching for since they made the decision to study nursing. For some participants, this feeling was first felt as nursing students. For other participants, it came after multiple nursing positions. All participants reported feeling like a real nurse after experiencing a transpersonal caring relationship with a patient. That first connection made them feel as though they accomplished something special.
All participants spoke about wanting to become a nurse to help other people. Many became lost along the way until they first connected with one of their patients. Sheer joy and relief that they did make the right decision for themselves in becoming a nurse could be seen and felt by the tone of their voices. They described how the nursing care they were providing became more individualized. They were able to anticipate the needs of their patients more readily once they made a caring connection with them. This was a breakthrough moment for participants. Participants discovered the essence of their profession and how powerful having a caring connection is to provide quality nursing care. This was the moment whether it was as a nursing student or nursing professional that these millennial participants truly transitioned into the art of nursing practice.

In their narrative inquiry, Chan, Jones, and Wong (2013) also found that nurses valued time to connect with patients. They expressed that it greatly enhanced the quality of the care that they were giving to patients. When they learned how to incorporate connecting with patients into other tasks such as wound care, they felt that they were providing the care they could be proud of. Participants in this study also expressed that once they had established a transpersonal connection with a patient that the quality of care was improved and they felt that they were making a difference in someone’s life.

**Fulfillment: receiving through giving.** Participants expressed a deep feeling of fulfillment when able to express empathy and compassion to patients. Being able to feel like they were making a difference in someone’s life is what the participants said sustains them in a career that can be challenging. In describing times of hardship and grief, it was a feeling of helping someone who could not help themselves that provided a euphoric feeling for the participants. They described forming caring connections with their patients as something that motivated them
to come back to work. Transpersonal caring relationships were described as accomplishing something special and unique. One participant commented that the feeling was totally addicting. Participants shared that they felt good about themselves when they were able to connect with patients. They felt that they were providing quality nursing care and it made them feel good about themselves and their profession. Once they were able to form a caring connection with a patient, participants no longer described feeling uncomfortable when speaking with patients. The illustration by participants on the importance of forming transpersonal caring relationships demonstrates how important they are to their well-being. The altruistic values that have been the traditional guiding light to professional nursing values are maintained when transpersonal caring relationships are formed. These caring connections are what the participants credit in their sustainment of quality nursing care.

According to Williams (1998), therapeutic effectiveness is achieved through quality nursing care. In her grounded theory study that looked at the delivery of quality care, therapeutic effectiveness was a mark of quality of care. Therapeutic effectiveness can only be achieved when nurses and patients have a constructive relationship that benefits both (Williams, 1998). Positive relationships were characterized by the formation of a connection between nurse and patient. The stronger the connection to the patient, the easier it was for the nurse to perform a precise assessment and intervene on behalf of the patient.

In this study the participants expressed that when they established a transpersonal caring relationship with a patient, they felt they were providing quality care to their patients. In providing quality care to patients, the participants felt good about themselves as nurses. They felt fulfilled in a profession that they chose because they wanted to help others. When they have
those feelings of fulfillment, they were satisfied with their current positions and chosen profession.

**Enlightenment: turning on the light.** The participants either stated that they observed a need for other nurses to learn how to connect with patients or that they themselves had a need. Some participants spoke of learning how to communicate with patients in school and that interpersonal communication skill was a major focus in their curriculum. Those participants constantly reflected back to nursing school during their interviews. They first felt like a nurse was when they first connected with a patient during a clinical class. They have observed other young nurses not having the same set of communication skills to engage patients in a caring connection. Those participants expressed concern about some nurses not being aware of the importance of transpersonal caring relationships in providing quality nursing care. They spoke of the burden of teaching young nurses on the job about spending time listening to patients and reacting to their emotions to express their compassion and empathy. Other participants shared that they were unaware that nursing care is both technical and caring skills combined. They shared that it was a learning gap in their education where the focus was on technical nursing skills.

All participants expressed the need for academic nursing programs and professional staff development programs to focus equally on both technical and caring nursing skills and develop competencies for interpersonal communication skills. Some participants felt that communication with patients consisted of clinical nursing questions that didn’t take into account observing nonverbal communication or knowing how to communicate empathy and compassion to patients. Education and development of the skills critical to forming transpersonal caring relationships are necessary for young nurses to understand that technical skills and technical communication is only part of the care that is provided by professional nurses. The skills necessary to form caring
connections with patients should be part of lifelong learning that is developed over a nurse’s career. The seeds should be planted and nurtured in nursing school and further developed and assessed by professional nursing development specialists. The participants felt strongly that this was necessary to help them fulfill the altruistic needs that originally drew them to the nursing profession.

A study by Vandenhouten, Kubsch, Peterson, Murdock, and Lehrer (2012) sought to identify influencing factors on nurses’ perceptions of their application of Watson’s theory of transpersonal caring in their clinical practice. The study was a comparative cross-sectional design. In a convenience sample 242 nurses completed the Carative Factors Scale and Transpersonal Caring Scale. The study revealed that both the mean carative factor score and mean transpersonal caring score were statistically different between those familiar with Watson’s theory and those who were not (Vandenhouten et al., 2012). The study showed a difference in perceived professional caring behaviors between those nurses familiar with Watson’s theory and those that are not (Vandenhouten et al., 2012). A nursing curriculum that focuses on technical science may fail to emphasize the caring aspects of nursing (Clark, 2016). Caring practices need to be taught alongside technical nursing skills in order for nursing students to be able to practice these basic communication skills. Without experience, nursing students cannot form transpersonal caring relationships in the workplace (Clark, 2016). If caring competencies are not used or encouraged in practice, they can be lost. New nurses must be supported by professional development specialists in the workplace to maintain competence (Vandenhouten et al., 2012).

None of the participants in this study were familiar with the term transpersonal caring relationship. Some knew that Jean Watson was a nursing theorist, but only one could state that her theory was associated with human caring. Some of the participants did state that they
experienced learning how to connect with patients early in their professional training as a nurse. These participants were the most fulfilled as they had emerged feeling like a real nurse because of their ability to not only connect with patients but understand the importance to themselves and their patients.

**Guidance: educational needs.** Educational needs cannot be met if the learner is not engaged in the content. The millennial generation, known for being the first generation to grow up in a world surrounded by technology, must be engaged using technology to create a learning environment that embraces what is familiar to them. Participants overwhelming identified simulation as how they learn best. The hands-on-training and the immediate feedback on their performance was what all participants expressed as the best environment to engage them in learning.

Some of the participants shared that they first learned how to involve patients in interpersonal communication in nursing school during simulation training to prepare them when they started their clinical training in the field. These participants shared that their first caring connections with patients happened while they were still in nursing school. Being aware of both the science and art of nursing left those participants better prepared when transitioning into practice to find refuge in caring moments with their patients.

Participants who learned about forming transpersonal caring connections while transitioning into nursing practice felt that they could greatly benefit from simulation training on interpersonal communication. Feedback from preceptors and coworkers helping participants learn on-the-job how to communicate and connect with patients left some participants yearning for a more structured learning environment. These participants craved special attention to their performance in developing caring connections with patients. Once aware of transpersonal caring
relationships, these participants identified simulation training as the teaching method that could best address their learning gap in making caring connections with patients.

In a descriptive quantitative study to evaluate the effectiveness of simulation in reducing anxiety, promoting self-confidence and caring ability among nursing students, Khalaila (2014) found that when students were instructed using simulation, their self-confidence and caring abilities increased. They received immediate feedback on their skills and were given constructive criticism on caring abilities. In this study, participants stated that simulation training was the best learning method. Participants wanted hands-on training where they felt challenged and engaged with an instructor. The participants stated that they needed immediate feedback on their performance and direction in the moment on how to improve their communication skills.

**Implications for Nursing Education**

The future of nursing education must be guided by changes and challenges of healthcare in the 21st century. The future depends on both academia and the profession to evolve and change how nursing students are educated and the content they are educated on. Millennials are proficient at visual stimulation and filtering information but lack interpersonal communication skills and interpretation of body language (Small & Vorgan, 2008). Nurse educators must be focused on teaching and assessing how nursing students form caring connections with patients. Nursing students choose the profession to help other people but they don’t realize it starts with being able to form transpersonal caring relationships with their patients. Participants in this study identified simulation and hands-on learning as how they learn best. Educators must emphasize throughout nursing student preparation for practice that technical skills are equally as important as caring skills. Nursing students should have to develop and maintain transpersonal caring skills throughout their studies.
Residency programs and preceptorships are an important part of helping new nurses transition into practice. “Transitioning to the real world with the accountability for patients who are acutely ill is starkly different than that of the protected educational setting” (Robinson & Dearmon, 2013). The complexity of patients continues to grow and the preparation of nurses must change. “The intricacies of care coordination are not adequately addressed in most prelicensure programs” (Institute of Medicine, 2011, p.191). Nurses often learn on the job. As nursing schools may add layers of content, nursing students would be better served working with nurses in residency programs. “Nurse Residency programs are planned comprehensive periods of time during which nursing graduates can acquire the knowledge and skills to deliver safe, quality care that meets defined standards of practice” (Institute of Medicine, 2011, p.120). Nursing students must work on interpersonal skills with patients and learn how to connect with them in a supportive environment such as a residency program while they are still a student. The preparation of nursing students to seamlessly transition into practice depends on the amount of time spent in a clinical environment that mirrors what they are being taught in the classroom.

The Joint Commission is a United States-based nonprofit organization that accredits health care organizations. In 2002, it recommended the development of nurse residency programs (Institute of Medicine, 2011). Integration of classroom and clinical is essential to the successful transition of nurses into practice. It is even more important for interpersonal communication skill development. A residency program is longer and less stressful than orientating on a unit. Registered Professional Nurses typically spend six weeks in orientation that includes classroom time. A residency program is for a semester which lasts about four months and is hands-on experience. The easier the transition for a nurse, the more time they will have to spend with patients and connect with them.
Professional Development Specialists must assess and help nurses maintain caring competencies. As a nurse transitions from student to professional, connecting with patients needs to be taught, simulated and assessed annually. Educators using Benner’s Dreyfus Model of skill acquisition to access the competence of nurses transitioning from orientation to independent practice must be mindful of nurses being consciously aware of forming connections with their patients. This is an opportunity to discuss with orientees and preceptors. Discussion of particular moments where they felt they were able to form transpersonal caring connections with patients and opportunities for improvement in their comfort and skill in connecting with patients is paramount to truly fulfilling the level of competence for independent practice. Preceptors were identified by participants in this study as very important to learning how to engage the patient in interpersonal communication and the importance of understanding how to express caring and empathy to patients. Training of nurse preceptors in formation and development of transpersonal caring relationships during orientation may assist new nurses in the crucial development of these skills.

**Implications for Nursing Practice**

The nurses in this study indicated that when the floor is understaffed, they are unable to take the time to provide caring moments. In a climate where healthcare budgets are being cut, caring moments seem to be dispensable. Technical nursing tasks without caring connections can be completed with a bigger patient assignment in a shorter amount of time. Nurses coming into the profession will not stay at the bedside if the work environment is toxic to their well-being. The essence of the nursing profession is transpersonal caring relationships. However, these relationships do not seem to factor into budget discussions. Healthcare administration has increasingly subjugated the practice of nursing into a business plan (Watson, 2006). The business
focus of modern healthcare is unable to find a solution to nurses leaving bedside nursing positions. A poor work environment is a primary motivation for nurses to seek positions away from the bedside (Morrison & Korol, 2014). The environment at the bedside must transition into an environment of caring to reverse millennial nurses high burnout rate (Kelly et al., 2015). The absence of the essence of nursing has a devastating effect not only on the nursing workforce but also on the creation of a healing environment of care.

Healthcare administrators have attempted to address retention by offering salary increases, tuition reimbursement, and conference time (Watson, 2006). But because they approach this problem from the perspective of business, they fail to address the diminishing presence of caring as a cause. “These dominant business or economic models that are devoid of caring have short term solutions to patient care needs and to the crisis of nursing shortage in the United States” (Watson, 2006, p.48). Those who chose nursing as a profession know that caring is a moral commitment to preserve human dignity. The transpersonal caring relationship reflects the work of love that nurses value and care about. When nurses are unable to fulfill the moral obligation of caring in their work, they may face moral distress and leave the profession.

Healthcare administrators and nursing leaders must create an environment that actively integrates Watson’s Theory of Human Caring into practice. The application of the Human Caring Theory would create a balanced work and healing environment. It is important for nurse administrators and managers to form transpersonal caring relationships with staff members. Connecting with staff and implementing changes that are important to the work flow of the healthcare environment creates a caring and healing place for patients to restore health. Nurse leaders from both the discipline and practice of nursing must continue to seek further knowledge and integrate research that supports the importance of the moral commitment through caring to
protect human dignity. By valuing the moral commitment of caring by nurses, healthcare administrators honor and respect the contribution of nursing care to patients.

Creating a caring environment for both nurse and patient is the way to preserve human dignity in healthcare. “Nurses are torn between the human caring model of nursing that attracted them to the profession and the task oriented biomedical model and institutional demands that consumes their practice time” (Watson & Foster, 2003, p.2). Workplace demands on bedside nurses must be examined and restructured. Nurses must have an appropriate staffing matrix to not feel overburdened to create transpersonal caring relationships with patients. When nurses experience anxiety about a heavy patient assignment, they may not be able to feel present with a patient. This will not only fulfill their moral commitment as nurses but also help them find joy and happiness in their career choice.

**Implications for Nursing Policy**

Millennial nurses already have the highest burnout rate compared to previous generations of nurses (Prince, Hall, Angus, & Peter, 2013). Forming transpersonal caring relationships does require nurses to have adequate staffing. Without adequate staffing, nurses may experience anxiety and may not be able to be mindful of being present with their patients and developing caring connections. This will not only impact the quality of nursing care and outcomes but will also erode self-fulfillment.

Multiple safe nurse staffing legislative bills have been introduced into the American Congress in the last decade. None have been brought to a vote in Congress. The latest is H.R. 2392 Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act of 2017. This bill would mandate that institutions receiving Medicare reimbursements from the American government would set minimum nurse-to-patient staffing requirements for direct-care registered
nurses. According to Cimiotti, Aiken, Sloane, and Wu (2012), high nurse burnout is associated with heavier patient loads. Research has found that an increase of just one patient in a nurse’s workload can increase urinary tract infections and surgical site infections (Cimiotti, Aiken, Sloane, & Wu, 2012). As hospitals continue to see decreases in Medicare reimbursement and rises in advanced illness, they will struggle to meet their financial budgets. Nursing is the biggest labor force in acute care settings that will likely be stretched in the face of a nursing shortage and hospital budget cuts. Safe patient staffing legislation is urgently needed to protect nurses at the bedside and prevent a mass exodus of millennial nurses.

Nursing deserves funds from Medicare to support the creation of more nurse residency programs. Typical American nurse residency programs involve senior nursing students who complete six to twelve months of training with clinical nurses. These programs help new nurses transition into clinical practice. In such programs, practicing expert clinicians provide clinical instruction and students are on a one-to-one basis with their assigned preceptor for an entire semester. Faculty members are resources for preceptors and ensure quality of the educational experience. The American federal government must contribute and invest the same funding in nursing education as it does in medicine. “Medical residencies are funded largely by Medicare, and in 2008, totaled approximately nine billion for graduate medical education” (Institute of Medicine, 2011, p.169). Once nurses graduate and pass the licensure exam, their transition to practice is anything but smooth. Nurses typically receive six weeks of training depending on the unit. Healthcare institutions are paying these new nurses a regular salary and have high expectations that they will be able to function in the clinical setting. Healthcare institutions are looking for ways to reduce their budgets. With an influx of nurses who were prepared for practice through the use of nurse residency programs, the cost of orientation might be less.
Reimbursement from the government for the time and use of its employees to train nursing students can add value to any healthcare organization. Many health care organizations might consider joining with academia in creating nurse residency programs that would financially benefit them. Many new graduates have never given medications to more than one patient at a time. Time for caring is as important as time for any technical procedure. It is critical to the development of nurses transitioning into practice to be given an opportunity to complete a residency in the area that they will be working in prior to being hired.

**Implications for Nursing Research**

There are signs from this study that further nursing research is indicated. There is a need to further investigate the unique communication needs of the millennial nurses and perhaps the following generation of registered professional nurses. As technology continues to grow and seamlessly integrate into the growth and development of human beings, the effects on face-to-face communication cannot be ignored. As face-to-face interactions decline, so may the skills of interpersonal communications. Caring relationships are built through nurses communicating empathy and compassion to patients. Nursing fulfillment is deeply connected to transpersonal caring relationships. If nurses struggle or are unable to form transpersonal caring relationships, the essence of the profession will be lost.

Caring connections is what fulfills and sustains nurses and benefits the quality of care rendered to patients. The importance of the development of interpersonal communication skills among younger generations affected by the influence of communicating through technical devices has never been more evident. There is a need to further investigate and assess the knowledge of millennial nurses on how to form transpersonal caring relationships. This would serve to help design survey tools to identify those individual nurses who lack the interpersonal
skills necessary to develop transpersonal caring relationships. This may lead to the development of education and interventions that can assist nurses in forming transpersonal caring relationships. It is important to conduct more qualitative studies to broaden the understanding of what it means for millennial nurses to form transpersonal caring relationships. This can be accomplished through a grounded theory approach.

**Limitations**

This phenomenological study was a small sample size of twelve participants from New York City and Long Island, New York. It may make findings inapplicable to the larger population of millennial nurses. Face-to-face interviews may have inhibited the participants from sharing their true experiences connecting with patients. Follow-up questions were conducted by text messages, which inhibited the researcher from obtaining nonverbal data from participants. The researcher’s novice skill level of interviewing may also have limited the data obtained. Those who came forward and volunteered may have cared for or been interested in this topic. There may have been bias in interpreting the data because of the researcher’s 20-year history of working as a registered nurse. All participants were baccalaureate degree nurses. This may limit findings to the larger population of millennial nurses. The researcher considered herself an instrument in the data collection and analysis; therefore, bias could not be totally eliminated. However, bias was minimized by bracketing any preconceived ideas of the phenomenon being studied.

**Personal Reflections**

The researcher’s experience working in professional staff development assisting new nurses’ transition to practice led to an observation of younger nurses being unsatisfied in their chosen profession. Younger nurses in the millennial generation appeared distant and not engaged
with patients. That led the researcher to review the literature. Gaps in studies that focused on caring among millennial nurses steered the researcher to study the phenomena of how millennial nurses connect with their patients. I felt privileged to sit and spend time with millennial nurses who gave their time to the researcher to share their experiences connecting with patients. The participants moved the researcher with their stories. The stories the participants shared ranged from the emotional gamut of happiness to emptiness. As the researcher dwelled with the data, the faces and the vivid description of stories emerged constantly. The researcher felt that the participants were relieved to share their stories and they were grateful that someone was interested in their perspective.

**Conclusion**

This study highlighted the importance of forming transpersonal caring relationships. Without caring connections, these participants were left feeling unfulfilled as nurses. Older generations may not have considered the impact of technology on the interpersonal communications skills of younger nurses growing up using technology to communicate with others. The application of interpersonal and non-verbal communication skills must be demonstrated and practiced in simulation training throughout the nursing curriculum. Changes in technology create subtle changes in how human beings grow and develop certain skills depending on how the technology has changed our activities of daily living. It is important for educators to teach nursing students using technology to engage and instruct them on content that they can use after demonstrations and receive immediate feedback on their performance.

We must be mindful of the needs of nursing students and nurses in obtaining and maintaining caring competencies. Educators must convey that transpersonal caring relationships occur when full attention is directed at another human being (Sitzman, 2016). Despite the
dominance of technology in modern healthcare, the communication of empathy and caring is necessary to provide holistic nursing care. Being able to communicate caring doesn’t need to be time consuming. Taking time when completing technical tasks to make eye contact or to just listen to a patient is meaningful and powerful in developing transpersonal caring relationships. Changes to the way we educate and train our emerging professional nurses about caring competencies must be implemented. Caring competencies must be taught and demonstrated in conjunction with technical nursing skills so that both skill sets become blended. Forming transpersonal caring relationships needs specific instruction, simulation and observation by educators of how to express empathy and compassion to patients. The essence of the nursing profession must be valued and maintained by both academia and practice. It is time for the art and science of nursing to merge equally into the professional practice of nursing that must continue to change and evolve in the 21st century.
References


Appendix A: Study Announcement

Volunteers Needed for Research Study

Research Title: Millennial Nurses Connecting With Patients in the 21st Century: A Phenomenological Study

Hello,

I am a doctoral candidate in the PhD program in nursing at Molloy College in Rockville Centre, New York. I am conducting a research study on how millennial nurses connect with patients. This study is going to satisfy the requirements to complete my doctoral degree.

Eligible participants are:

- Acute care nurses with at least 2 years of experience working in an acute care facility
- Nurses born between 1982 and 2000

The required commitment to participate in this study includes:

- One to two (1-2) hour interviews conducted at a mutually agreed upon place.
- Willingness to offer perspectives on the questions in the interview.
- Interviews will be audio recorded and the researcher will take notes.
- Privacy and confidentiality will be assured.
- Informed consent given to participate.

To participate in this research please phone, text or email the researcher: Heather Caramanzana

Phone: (631) 495-2764 or Molloy email: hcaramanzana@lions.molloy.edu
Appendix B: Letter/Statement to Participants

Date________________

Dear_________________

Thank you for your interest in participating in the research study about how millennial nurses connect with patients. My interest in this study is generated by my experiences as a professional staff development specialist working to transition new nurses to the bedside. I am conducting this research study as a PhD candidate at Molloy College in Rockville Centre, N.Y. The purpose of this research study is to explore, identify, and learn how millennial nurses connect with their patients. In addition, this researcher hopes to gain insight into how millennial nurses may benefit from education about communication.

Volunteers will be interviewed and asked about how they connect with patients using Jean Watson’s definition of transpersonal caring relationships. There will be one to two interviews that will last approximately 1-2 hours and be audio taped. In addition the researcher may take notes to aid in data analysis. Names and any other personal information will not be used or shared. Pseudo-names will be used during data collection and within any written papers to preserve confidentiality. Direct interview and follow up interview may be via email, telephone, or direct contact.

Interview questions will focus on how you connect with patients. Your perspective will be explored. You will be provided a consent form that must be read by you and signed by you prior to your participation in the interview process. After reading the informed consent please let me know if you have any questions about the study. Thank you for your consideration in participating in this study. I appreciate your input and perspective on this important topic.

Sincerely,

Heather Caramanzana, MSN, BC-BC, CRRN
Molloy College
1000 Hempstead Ave., Rockville Centre, NY 11571
Hcaramanzana@lions.molloy.edu
Appendix C: Informed Consent

Title: Millennial Nurses Connecting With Patients in the 21st Century: A Phenomenological Study

Researcher: Heather Caramanzana, MSN, RN, BC, CRRN

I am a doctoral student at Molloy College and my interest in this study is generated by my experiences as a professional staff development specialist working to transition new nurses to the bedside. You are being asked to join a research study to answer specific questions. This consent form will explain:

- The purpose of the study
- What you will be asked to do
- The potential risks and benefits of participating in this research study

You should ask questions before you decide to participate. You can also ask questions at any time during the study.

Purpose of the Research: The purpose of this study is to use phenomenological research methods to explore and identify how millennial nurses connect and develop meaningful relationships with those that they care for. This approach will assist the researcher in gaining a rich understanding of the perception of how millennial nurses feel they make a connection with patients. In addition this researcher hopes to gain insight into the educational needs of millennial nurses to develop transpersonal caring relationships.
**Expected Duration of the Study:** This research study is expected to take place over approximately 3 months. Within the timeframe approximately 8-10 participants will be interviewed.

**Description of Procedures/Methodology:** If you agree to participate in this study, you will discuss how you connect with patients. You will be asked to express the experience in your own words and feelings. After reviewing and signing the consent you will be given a copy of it to keep. You will also be given a demographics form to complete which should not take longer than 10 minutes. You will be asked to participate in 1-2 interviews lasting approximately 1-2 hours each. You will choose a time and place for your convenience to participate in these interviews. A semi-structured interview guide will be used for the interview process. You may ask to review these questions prior to the actual interviews. The interviews will be audio taped and later transcribed verbatim to written form by a professional transcription service. In addition the researcher may take memos to aid in the data collection. Your confidentiality will be maintained by only using pseudo-names (not your real name). An additional contact with you will be requested for clarification and validation of interview analysis by telephone or email for your convenience. The data collected from all participants will be analyzed by interpretive phenomenological methodology.

**Possible Benefits to Participants or to Others:** There is no direct benefit to you from participation in this study. However the study results may provide insight into educational changes to current caring practices for millennial nurses.

**Reasonably Foreseeable Risks or Discomforts:** There is no direct risk to you from participating in this study. You will be asked to share personal insight and feelings. There is a potential for strong emotions to surface during the interview process. If at any time you feel
discomfort or distress you can choose to take a break or discontinue the interview. The researcher will offer a referral to supportive services which will be available to the participants if needed. You always have the option to withdraw from the study at any time. You can also choose to have any part of your data deleted at any time.

**Cost/Compensation:** There is no cost to participate in this study. After completion of the interviews a $5 gift card will be offered.

**Confidentiality:** Your Interview will be kept confidential. Your name will not be used in the interview data or audio-recordings. You will be identified by a number and a pseudo-name. All data will be stored by the researcher in a locked box and only those individuals involved with the research (researcher, faculty dissertation committee and transcriber) will be able to review the data. None of your personal identification such as name, address or place of employment will be used to identify you within the study data. No personal identifying data will be used in any final written document or publication.

**Contacts for questions about the research:** If you have any questions about the study, you may contact:

Heather Caramanzana at hcaramanzana@lions.molloy.edu
Or Susan Vitale PhD RN PNP ANP-C Professor
Molloy College, Division of Nursing
1000 Hempstead Ave., Rockville Centre, NY 11571
svitale@molloy.edu or (516) 323-3000

An explanation of the procedures to be employed in this study, in which I have voluntarily agreed to participate, has been offered to me. All of my inquiries concerning the study have been answered to my satisfaction. I understand that the information collected will be held in
confidence, and that my name will not in any way be identified. I understand that additional information about the study results will be provided, at its conclusion, upon my request. I know that I am free to withdraw from the study without penalty at any time.

The above information has been provided to me (check one): ___ In writing ___ Orally

Signature of Participant ______________________________ Date __________

Signature of Researcher ______________________________ Date __________

If you wish to receive a copy of the study results please complete the following:
(Please Print)

Name: ______________________________

Address: ______________________________
(Number & street)

____________________________________________________
(City) (State) (Zip code)

Telephone: __________________________

Please indicate the preferred time to call you __________________

Email: _____________________________
Appendix D: Demographic Inventory

Please fill in the blank or circle the appropriate answer

1. What is your age?______

2. How do you self-identify? (please circle):
   a. Male
   b. Female
   c. Other

3. Which cultural group do you identify with? Please check next to the group or groups with which you most identify (please circle):
   a. White (non-Hispanic)
   b. Black (non-Hispanic)
   c. Hispanic
   d. Asian
   e. Native American
   f. Pacific Islander
   g. Other (Describe if more than one or other not listed)

4. How many people do you care for at home?______

5. Highest level of education completed (please circle):
   a. Diploma
   b. Associates degree
   c. Baccalaureate degree
   d. Master's degree
   e. Doctorate degree

6. How many nursing jobs have you had since graduation from nursing school?______

7. What is your marital status?__________________________

8. What is your current work position?____________________

9. What shift do you work?__________________________

10. Do you work full-time, part time or per diem?__________________________

11. What is your specialty experience?__________________________

12. As best as you can recall please list in chronological order the positions held and dates since nursing school graduation

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Thank you for your participation!
Appendix E: Transcriptionist Confidentiality Form

This document is to verify that each transcriptionist hired for this study will agree to confidentiality prior to and throughout the transcription process.

I am aware that the following information contained in each study interview transcript belongs to the researcher of this study, Heather Caramanzana MSN, RN, BC, CRRN, and that the privacy and confidentiality will be maintained by me during and after my work in transcribing these interviews. I will destroy all data at the behest of the researcher at the end of the study.

Researcher signature: ___________________________________

Transcriptionist signature: _______________________________

Transcriptionist (please print): __________________________

Date: __________
Appendix F: Jean Watson’s Definition of Transpersonal Caring Relationship

“The nurse enters into the life space of another person, is able to detect the other person’s condition of being, feels this condition within themselves and responds to the condition in such a way that the recipient has a release of subjective feelings and thoughts they were longing to release” (Watson, 2007, p.63).

A transpersonal caring relationship depends on several factors:

1. A moral commitment to protect and enhance human dignity, wherein a person is allowed to determine their own feelings.
2. The nurses’ intention to affirm the subjective, spiritual significance of the person.
3. The nurse’s ability to realize and accurately detect feelings and the inner condition of another.
4. The ability of the nurse to access and realize another’s condition of being in the world and feel a human-to-human connection with another.
5. The nurse’s own experiences, culture, background, and opportunities of having lived through or experiences one’s own feelings and various human conditions and of having imagined others’ feelings and various human conditions. (Watson, 2007, p.63)
Appendix G: Interview Script

The research question to be investigated will be “What is the experience of millennial nurses forming transpersonal caring relationships with patients?” The participant will be provided with a definition of Transpersonal Caring Relationship as follows: The nurse enters into the space of another person (patient) and can be mindful of the other person’s condition of being, feels this condition within themselves and responds to that condition in a way that is felt by the other person so that intersubjective communication takes place between both.

The research questions will be:

How do you form a transpersonal caring relationship with a patient?

What does it feel like to form a transpersonal caring relationship with a patient?

How do you know the patient has connected with you?

What are your expectations in making connections with patients?

What are the challenges in forming transpersonal caring relationships with patients?

Several probing questions may be asked to help the researcher refocus the participant on the phenomena being examined:

What are your priorities as a nurse when caring for a patient?

Describe qualities required to be a good communicator.

What is important to you in communicating with patients?

What do you need to build a transpersonal caring relationship?
Appendix H: IRB Approval Letter

Institutional Review Board
1000 Hempstead Avenue
Rockville Centre, NY 11571
www.molloy.edu
Tel. 516.323.3801
Tel. 516.323.3711

Date: March 5, 2018
To: Heather Caramanzana
From: Kathleen Maurer Smith, Ph.D.
Co-Chair, Molloy College Institutional Review Board
Patricia Eckardt, Ph.D., RN
Co-Chair, Molloy College Institutional Review Board

SUBJECT: MOLLOY IRB REVIEW AND DETERMINATION OF EXPEDITED STATUS
Study Title: Millennial Nurses Connecting with Patients in the 21st Century: A Phenomenological Study
Approved: March 5, 2018
Approval No: 08030118-0305

Dear Heather:

The Institutional Review Board (IRB) of Molloy College has reviewed the above-mentioned research proposal and determined that this proposal is approved by the committee. It is considered an EXPEDITED review per the requirements of Department of Health and Human Services (DHHS) regulations for the protection of human subjects as defined in 45CFR46.101(b) and has met the conditions for conducting the research. Please note that as Principal Investigator (PI), it is your responsibility to be CITI Certified and submit the evidence in order to conduct your research.

You may proceed with your research. Please submit a report to the committee at the conclusion of your project.

Changes to the Research: It is the responsibility of the Principal Investigator to inform the Molloy College IRB of any changes to this research. A change in the research may change the project from EXPEDITED status that would require communication with the IRB.

Sincerely,

Kathleen Maurer Smith
Patricia Eckardt, Ph.D., RN