

Nurses' Remaining in Everyday Nursing Practice—A Comprehensive Model

SAGE Open Nursing
Volume 5: 1–10
© The Author(s) 2019
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/2377960819866343
journals.sagepub.com/home/son



Margareth Kristoffersen, PhD¹

Abstract

Previous theoretical and empirical models of nurses' remaining in everyday nursing practice are explained by elements such as intent to stay and desire to stay. This study provides a model that expands or expresses an increased understanding of the comprehensiveness of the issue by pointing to the qualitative worth of different desires. The aim of this study is to describe a comprehensive model of nurses' remaining in everyday nursing practice. This study was designed in three sequential stages: first, the empirical foundation of the model; second, the development of the model; and third, the description of the model. The described model is derived from a previous qualitative study's comprehensive understanding of empirical findings. That original study was based on a hermeneutical approach, the aim of which was to understand what is of significance for nurses to remain in everyday practice. The collected data consisted of qualitative interviews and qualitative follow-up interviews with 13 nurses. The research context was the primary and secondary somatic and psychiatric health service. The present comprehensive model is stated in a simple structure, which nonetheless provides a relevant framework for constituent elements of nurses' remaining in everyday practice. Horizons of identity and self-understanding have been identified as constituent elements or key concepts involved in remaining. By focusing on a deepened and broader understanding, the model highlights that remaining may be constituted through a process of identification and taking standpoints, which in turn has a potential to empower nurses to realize themselves.

Keywords

desires of worth, intent to stay, nurses, self-realization, remaining in everyday nursing

Date received: 30 March 2019; revised: 30 June 2019; accepted: 6 July 2019

Introduction

Nursing research demonstrates a growing awareness of what exerts influence on nurses' remaining in everyday practice (Chan, Tam, Lung, Wong, & Chau, 2013; Gilmartin, 2012). This study informs the issue by describing a comprehensive model focusing on the qualitative worth of different desires. Several theoretical and empirical models have been developed to describe in detail the theoretical premises behind remaining as a practicing nurse (Boyle, Bott, Hansen, Woods, & Taunton, 1999; Cowden & Cummings, 2012; Tourangeau & Cranley, 2006). Boyle et al.'s (1999) primary interest was to focus the manager's influence on nurses' remaining. These models have emphasized that characteristics of the nurse, organization, managers, and work seem to have influence (Brewer et al., 2016; Brewer, Kovner, Greene, Tukov-Susher, & Djukic, 2012; Carter

& Tourangeau, 2012; Cowden, Cummings, & Profetto-Mcgrath, 2011; Chen, Perng, & Chang, 2016; Engeda, Birhanu, & Alene, 2014; Tourangeau & Cranley, 2006). These characteristics include elements common to the available models' mentioned earlier, such as age, autonomy, career opportunities, education, job satisfaction, job stress, education, leadership/management practices, opportunity elsewhere, organizational commitment, work group cohesion, and work status (Cowden & Cummings, 2012).

¹Department of Care and Ethics, Faculty of Health Sciences, University of Stavanger, Norway

Corresponding Author:

Margareth Kristoffersen, Department of Care and Ethics, Faculty of Health Sciences, University of Stavanger, 4036 Stavanger, Norway.
Email: margareth.kristoffersen@uis.no



One model is the complex theoretical model as described by Cowden and Cummings (2012). Based on two systematic reviews of published articles between 1985 and 2011, they have put forward previous models described by Boyle et al. (1999) and Tourangeau and Cranley (2006). The model is seen as statistically testable and has a theoretical foundation for understanding nurses' intent to remain (Cowden & Cummings, 2012). Focusing on "clinical nurses' intentions to stay in their current positions," it expands on the previous models by including nurses' "affective and cognitive responses" to work and these responses' effect on nurses' intent to stay. To capture nurses' affective response of their work environments, the elements "desire to stay," "job satisfaction," "joy at work," and "moral distress" were introduced. The elements "empowerment," "organizational commitment," "quality of care," and "opportunity elsewhere" were included as cognitive responses to work. That model adds a new element or variable "desire to stay," which is described as the positive feelings a nurse has toward remaining in his or her current position (Cowden & Cummings, 2012). In turn, positive feelings may contribute to the development of nurses' intention to stay. It is postulated that a desire to stay is antecedent to intention to stay, implying that the concept "desire to stay" is differentiated from the concept "intent to stay." The "intent to stay" is described as the stated probability of an individual nurse staying in their current position (Boyle et al., 1999). It is noteworthy that nurses' intent to leave can be a precursor to actual leaving (Lee, Chiang, & Kuo, 2019) and connected to cognitive and behavioral interaction processes determined by individual needs, work-related feedback, and work climate (Leone et al., 2015). However, it has also been questioned whether nurses who are leaving their current position leave the profession or the organization (Simon, Müller, & Hasselhorn, 2010).

Nurses' remaining in everyday practice has relevance for several reasons. They play a critical role in health promotion, disease prevention, and delivering health care (Henderson, 2012) and influence, for example, hospital mortality (Aiken et al., 2014; Griffiths et al., 2019). There is a worldwide and dramatic increase in the demand for nurses (Chan et al., 2013; Cho, Kim, Yeon, You, & Lee, 2015; Roxvaag & Texmon, 2012; World Health Organization [WHO], 2014). This demand represents a pressure on health-care services, as the shortage of nurses is expected to have a serious impact on the quality of nursing care (De Cooman et al., 2008; Gilmartin, 2012). For example, within a Norwegian context, one in five nurses has left health-care services 10 years after graduating with their bachelor's degree (Skjøstad, Hjemås, & Beyrer, 2017). The pressure on health-care services is also heightened because of demographic changes—Lower fertility leads

to an older population (United Nations, 2017; WHO, 2014). In Norway, within 15 years, there will be more people older than 65 years than people aged younger than 19, and within 40 years, the number of people older than 70 will be doubled (Leknes, Løkken, Syse, & Tønnesen, 2018). In turn, this impacts on the need for nursing care.

While a considerable body of nursing research provides insight into issues related to their remaining and the existing models give clarification, the content of these models may be too contextual and specific to give an understanding of what constitutes nurses' remaining. There thus appears to be a need to expand understanding of the comprehensiveness of this complex issue. This study will contribute to our understanding of what constitutes nurses' remaining by presenting a model grounded in an original study's comprehensive understanding of empirical findings (Kristoffersen, 2013). This model re-contextualizes that comprehensive understanding into a larger picture and clarifies concepts or constituent elements which place remaining in everyday nursing practice into an appropriate theoretical context. It is concerned with the qualitative worth of different desires and that nurses' awareness of their desires impacts on whether they remain or not.

Aim

To describe a comprehensive model of nurses' remaining in everyday nursing practice.

Method

Design

This study was designed in three sequential stages: (a) presentation of the empirical foundation of the model, (b) development of the model, and (c) description of the model.

Empirical Foundation of the Model

The model is derived from a previous qualitative study (Kristoffersen, 2013), which used a hermeneutical research design (Taylor, 1999b). The aim of that original study was to understand what is of significance for nurses to remain in everyday practice. The sample in that study was based on nonprobability method and the participant selection criterion was a minimum of 2 years' nursing experience in full or almost full-time work. The participants were 13 nurses aged from 26 to 62 years (median 51 years) with varying work experience within the primary and secondary somatic and psychiatric health service. Their work experience ranged from 2 to 40 years in full or almost full-time work. Many

participants had been attached to the same ward for 10 years or more. The data consist of qualitative interviews and qualitative follow-up interviews (Kvale & Brinkman, 2009; in all 27 interviews) which were used to collect data about day-to-day experiences of caring for patients.

The empirical findings of the original study largely confirm existing research knowledge about the association of several characteristics of the nurse, organization, managers and work and nurses' remaining in everyday practice (Chan et al., 2013; Gilmartin, 2012). The findings thereby support the general body of knowledge within the nursing discipline, including elements described in theoretical and empirical models (Boyle et al., 1999; Carter & Tourangeau, 2012; Cowden & Cummings, 2012). However, in Kristoffersen (2013), a comprehensive understanding of the empirical findings was achieved by rereading the naïve understanding and validated themes from the thematic analysis of the data in order to reflect on both the aim and theoretical perspectives of the study to obtain an in-depth interpretation (Lindseth & Norberg, 2004). The model described in this study is based on the original study's empirical findings and specifically, the comprehensive understanding of the findings which was formulated as shown in Table 1.

This formulation inspired us to create a descriptive model of what constitutes nurses' remaining in everyday practice. An interest in further expressing the issue in a model also emerged as concepts drawn from the philosophical anthropology of Charles Taylor (1989, 1999a), a leading Canadian philosopher inspired by Aristotelian influence and one of the Hegelian-influenced philosophers of our age (Henriksen, 1997), were utilized to achieve the comprehensive understanding of the empirical findings (Kristoffersen, 2013). Previous research has

Table 1. The Comprehensive Understanding of What Is of Significance to Remain in Everyday Nursing Practice.

Nurses remain in everyday nursing practice because they perpetually deepen and widen their horizons of identity, meaning that they have extended and developed their horizons.

Nurses' self-understanding incorporated moral-philosophical-related notions, such as having confidence in life's renewal processes and wanting something new to be created in patients and their own basic conditions of life. Nurses wanted to contribute to creating something good for the patient, at the same time as creating something good for themselves.

However, the nurses' life condition can change from good to less good or bad or vice versa, related to the fact that the patient, colleagues and society affected nurses and their opportunity to create something good for the patient and themselves.

This implies that nurses have to balance between contrasts in everyday nursing practice: the hypergoods that nurses strive to achieve and the challenges they have to face.

referred to Taylor's philosophy as a rich framework for exploring issues within nursing knowledge and practice (Carnevale, 2013; Lindh, 2010). It has been stated that getting nurses to deliver high-quality nursing care is best understood within a constitutive theory such as Taylor's (Benner, 1994) and his philosophy has been suitable for an understanding of health-care professionals' experiences of moral challenges (Kristoffersen, Friberg & Brinchmann, 2016), nurses' moral responsibility (Lindh, 2010), and moral ethics (Nelson, 2004).

Ethical consideration. The original empirical study was approved by the Norwegian Centre for Research Data. Written information about the study was given and consent was obtained from the participants (Kristoffersen, 2013).

Development of the Model

The model was developed as a schematic model to visualize concepts incorporated (Polit & Beck, 2017), implying it was structured by uncovering linkages between the concepts (Torres, 1985) of the original study's comprehensive understanding (Kristoffersen, 2013). Concepts were chosen as supportive structures, as they evolve from experiences and involve abstract notions that can be used to describe and clarify an issue (Meleis, 2018; Torres, 1985) and in turn can represent the issue of interest figuratively (Öhlen, Carlsson, Jepsen, Lindberg, & Friberg, 2016; Polit & Beck, 2017). This implies creating a model in a readable and understandable form, while at the same time using a minimal amount of words (Polit & Beck, 2017). Models enable communication of complex issues apart from the context in which they occur (Meleis, 2018; Morse, Hupcey, Penrod, & Mitcham, 2002).

In the first stage, we identified key concepts within the formulation of the original study's comprehensive understanding of the empirical findings (Table 1) before the model was visualized (Öhlen et al., 2016). Concepts incorporated in the formulation were considered in combination as relevant to serve as key concepts or constituent elements of the model. Thus, the original study's findings drive the concept selection while the key concepts that structured the model were grounded in the comprehensive understanding. The model can be perceived as rooted in what was expressed in the empirical materials, implying that it is grounded in the nurses' experiences with the issue of interest (Morse et al., 2002) and also recontextualizes the comprehensive understanding into a larger picture by use of central concepts drawn from Taylor's (1989, 1999a) philosophy.

It was essential to explore the structure of the model by uncovering linkages between the concepts (Torres, 1985) and thereby highlight how the concepts or

elements constituting nurses' remaining in everyday practice were interrelated to give a more systematic view of the issue. The linkage between the concepts was represented figuratively through the use of ellipses which are perceived as interrelated. However, the concepts are not seen as linked to one another in a logically ordered deductive system. They were nonetheless related through the use of definitions. Definitions are understood as a way of explaining or assisting in developing interrelationships and describing the model's concepts sufficiently so that the abstract notions involved became explicit to a large degree (Torres, 1985). To prevent misinterpretation, concepts alone were of little assistance in describing what constitutes nurses' remaining in practice and can lead to misunderstanding of the model.

We arranged several workshop sessions to develop and examine tentative models. Reflective questions were asked, for example, what is the structure of the model?, what are the key concepts or constitutive elements?, is the model readable and understandable?, what is necessary?, what is unnecessary?, what should be added to form an understandable model?, what should be added to form understandable linkages between concepts?. We focused on the commonalities and differences between our tentative models and the original study's comprehensive understanding before specifically focusing on verbalizing the concepts and linkages between them (Öhlen et al., 2016). Thus, the final model described here was based on the tentative models.

Description of the Model

To describe the model "Elements constituting Nurses' Remaining in Everyday Nursing Practice" (Figure 1), the last stage involved verbalizing the concepts

structuring the model, meaning we elaborated on the constituent elements and proposition that specify the linkages between them (Meleis, 2018; Öhlen et al., 2016). Two key concepts were identified: nurses' horizons' of identity and self-understanding. These were placed in the two largest ellipses, with self-understanding contained within the ellipsis of nurses' horizons of identity. Nurses' horizons of identity were also linked to resources such as language, culture, and society. Other concepts included in the model (Figure 1) were as follows: strong evaluations, standpoints, identity, hypergoods, and self-realization. These relate to the two key concepts but primarily relate to self-understanding and are therefore placed in smaller ellipses directly linked to each other within the larger ellipsis. As the model's key concepts have been described in detail elsewhere (Kristoffersen, 2013; Kristoffersen & Friberg, 2015; Kristoffersen, Friberg & Brinchmann, 2016; Kristoffersen & Friberg, 2018), they will only be briefly described in the following section.

Verbalization of key concepts

Horizons of identity. The model (Figure 1) makes evident that remaining in everyday nursing practice has been explicated as partially rooted in the nurses' horizons of identity. This means a framework or background picture which plays a role in the human being's life (Taylor, 1989, 1999a). Perceived as a key concept in the model, horizons of identity were incorporated in the original study's comprehensive understanding (Table 1), which demonstrated that nurses' remaining in everyday practice involved perpetually deepening and widening horizons of identity, meaning that they extended and developed their horizons. The nurses' horizons of identity were influenced by the fact that the

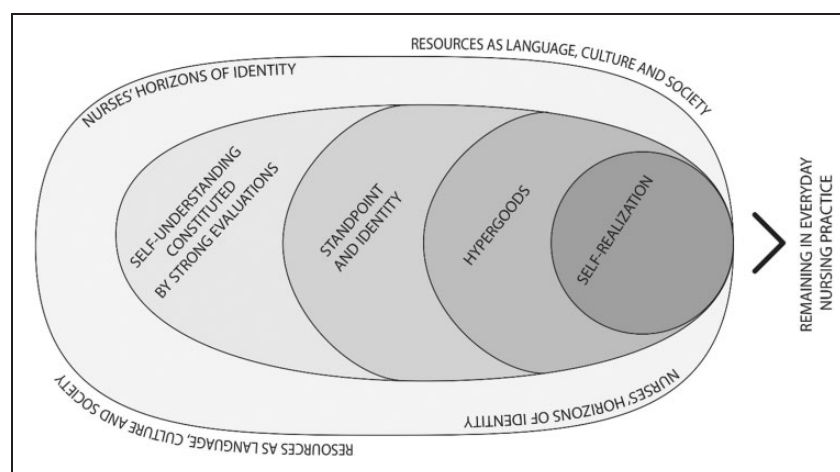


Figure 1. Elements constituting remaining in everyday nursing practice.

patient, colleagues, and society affected nurses and their opportunity to create something good for the patient and themselves (Kristoffersen, 2013). The empirical findings demonstrated that the nurses had to adapt to the health-care organization's frameworks, for example, new public management or demands on efficiency, but they took great pleasure in relating to patients and appreciated their professional collaboration (Kristoffersen, 2013). Constituted as human beings by the language and culture of the community and society they are part of, the nurses are what they are and prioritize what they do because they live in a continuous stream of development where the larger context is a resource which plays a role for them. Horizons of identity contributed to focusing on a broader meaningfulness which not only maintained and renewed the individual nurse's remaining but also the entire culture, communities, and societies to which the nurse belongs.

Self-understanding. The model (Figure 1) makes evident that remaining in everyday nursing practice is explicated as partially rooted in the nurses' self-understanding. Self-understanding relates to a capacity of the self which rests on emotions and cognition described as mutually constitutive of each other, giving the human being a more certain capacity: to attribute imports to things (Taylor, 1989, 1999a). Seen as a key concept in the model, self-understanding was incorporated in the original study's comprehensive understanding (Table 1), which demonstrated that nurses' self-understanding included moral-philosophical-related notions. This implies that the nurses used their capacity to attribute import to things and articulate what is of significance in life.

Thus, the model (Figure 1) illustrates that nurses' self-understanding was constituted in strong evaluations. A strong evaluation is "an evaluation concerned with the qualitative worth of different desires" (Taylor, 1999a, p. 16), implying that "in strong evaluation the alternative must be contrastively described" (Taylor, 1999a, p. 21). For example, in Kristoffersen (2013) the empirical findings demonstrated that when nurses helped a patient with his or her needs and the patient's despair turned to joy while disaster reactions disappeared, such moments made the nurses think they did not need monetary remuneration. This means that the meetings with patients were considered to be of more qualitative worth than other desires such as higher pay and contributed to remaining in nursing practice.

The model (Figure 1) consequently further illustrates that strong evaluations constituted the nurses' identity and standpoints and vice versa. Identity is an expression of "what I am as a self," implying "knowing who I am" (Taylor, 1989, p. 35) while standpoint also includes that to "know who I am is a species of knowing where

I stand" (Taylor, 1989, p. 27). In Kristoffersen (2013), empirical findings demonstrated how remaining in everyday nursing practice involved taking a stand which provided a horizon for the nurses' identity. An example is when the nurses hoped to make life as good as possible for the patient but also wished to improve themselves as human beings—to become better persons. They believed that the situation with the patient could be better tomorrow, so they never stopped wondering about the fact that something new can always be created. The nurses also stated that they had the capacity to work closely with patients while distancing from them at the same time, enabling them to have a calming effect on agitated patients. Awareness of what they as nurses must be in contact with gave them horizons for critical reflections, making it possible to keep a distance when other desires with less worth arise. In other words, standpoint and identity enabled the nurses to discriminate and recognize what was really of worth or hypergoods.

Hypergoods are goods or desires of most categorical worth or the qualitative distinctions between goods inherent in a particular situation (Taylor, 1989, 1999a). This means "goods which not only are incomparably more important than others but provide the standpoint from which these must be weighed, judged, decided about" (Taylor, 1989, p. 63). Explicating hypergoods in the model (Figure 1) is possible, as the comprehensive understanding in Kristoffersen (2013) based on empirical findings formulated the moral-philosophical-related notions of categorical worth in the nurses' everyday practice. These were (a) having confidence in life's renewal processes and wanting something new to be created in patients and in their own basic conditions of life and (b) wanting to contribute to creating something good for the patient, at the same time as creating something good for themselves (Table 1). These notions contributed to clarifying the desires of worth inherent in nurses' remaining and provided standpoints from which remaining was decided about. It is possible to see that nurses wanted to contribute to creating something good for the patient and themselves. Making hypergoods evident in the model is directly relevant, as the articulation of desires of worth is linked to opening up to deepening and widening horizons of identity.

Finally, the model (Figure 1) points to realization of self and that remaining in everyday nursing practice can be understood as an expression of realizing oneself as a nurse. Self-realization means a fulfillment of hypergoods or desires of most categorical worth and thus, being fully free involves that "one has effectively determined oneself and the shape of one's life" (Taylor, 1989, 1999a, 1999b, p. 213). In Kristoffersen (2013), the comprehensive understanding demonstrated how remaining involved balancing between contrasts in everyday nursing practice: The hypergoods nurses strive to achieve

and the challenges they have to face (Table 1). Thus, explicating realization of self in the model is relevant, as the nurses had hypergoods they were trying to achieve or fulfill in life. They acted in a way that incorporated strong evaluations and exercising self-understanding shaped by horizons of identity, such as when balancing the challenges related to their life condition, something that implies the patient, colleagues and society affected the nurses and could change their life condition from good to less good or bad or vice versa (Table 1). Consequently, opportunities for self-realization might be of concern in relation to remaining in everyday practice. It revolves around opportunities for taking control over and shaping one's own life as a nurse.

Discussion

The Added Value of the Model

The model "Elements constituting Remaining in Everyday Nursing Practice" (Figure 1) described in this study contributes to our understanding of nurses' remaining in their current position as practicing nurses by pointing to two key concepts: horizons of identity and self-understanding. To clarify, the model (Figure 1) has added value, as these constituent elements of remaining differ from the previous models (Boyle et al., 1999; Cowden & Cummings, 2012) which describe characteristics of the nurse, organization, managers, and affective and cognitive responses to work. The characteristics of the nurse include elements as desire to stay (Cowden & Cummings, 2012) or intent to stay (Boyle et al., 1999); however, these elements do not include the worth of the nurses' desire to stay or intent to stay. The formulation of the original study's comprehensive understanding (Table 1) based on empirical findings opens up to explicating how remaining in everyday practice goes beyond such characteristics and can be argued as concepts incorporated in the formulation and structure of the comprehensive model (Figure 1) and elements. The model's structure helps visualize how the key concepts of nurses' horizons of identity and self-understanding constituted by strong evaluations are linked to their identity and standpoint. This means that by using their capacity to evaluate between goods or desires of worth, nurses distinguished between senses of what the good life is.

Thus, the specific added value of the current model (Figure 1) is that remaining in everyday nursing practice is understood as an expression of realizing oneself as a nurse by contributing to creating something good for the patient at the same time as creating something good for themselves (Table 1). Having these kinds of hypergoods or moral-philosophical-related notions about realizing worth is quite different from having a desire described

as a positive feeling toward continuing in one's current position (Cowden & Cummings, 2012) or an intention described as the stated probability of an individual staying in the current position (Boyle et al., 1999). The comprehensive model's (Figure 1) underlying philosophical premises (Taylor, 1989, 1999a) describe emotions and cognition as mutually constitutive, giving the human being a capacity to attribute imports to things. Taylor states that "we are selves only in that certain issues matters for us" (1989, p. 34). Attributing imports to certain issues that matters for us differs from "a sentiment or attitude possessed by a private individual" (Benner, 1994, p. 141) or from a cognitive and behavioral interaction processes determined by individual needs, work-related feedback, and work climate (Leone et al., 2015). The difference is linked to the qualitative worth of desires or goods which are also embedded within horizons of identity and awareness of the impact of realizing different desires (Taylor, 1989, 1999a). This means that the desires of most categorical worth or hypergoods constituted in the nurses' standpoints and identity provide strong evaluations which have the effect of pushing a nurse forward to acting in a way that involves realizing of self while balancing between contrasts to actually achieve what they strive to practice in everyday nursing care (Table 1). Remaining can therefore be understood as a priority or a preference and not a standstill without making any progress. Instead, it implies being free to take control over and shape one's own life within community and society, for example, in realizing oneself by remaining or leaving everyday nursing practice.

Limitations of the Model

It may be a controversial approach to outline remaining in everyday nursing practice as linked to a more self-oriented concept, such as self-realization. Self-realization is often described as something self-oriented understood as selfish (Kristoffersen, 2013; Kristoffersen & Friberg, 2015; Rognstad, Nortvedt, & Aasland, 2004; Taylor, 2000). The model (Figure 1) thus utilizes a concept that nurses might not be familiar with. They may not recognize self-realization in the model as constituting remaining in the profession by drawing attention to themselves as nurses and not solely caring for the sick (Benner, 1994; Henderson, 2012; Nightingale, 1984). For example, the American nursing theorist Professor Patricia Benner (1994, 2011) considers more self-oriented notions as sources of nursing care which will objectify, if not devalue or pity, the one cared for. Clearly, objectifying the patient is a risk if nurses are simply drawing attention to themselves. However, such a risk may primarily be considered related to boundlessness, described as taking responsibility for what is beyond a nurse's responsibility

to control in relation to the patient (Kristoffersen & Friberg, 2017; Kristoffersen, 2019). Realization of self does not necessarily involve such a risk when connected to nurses' horizons of identity and self-understanding. The described model (Figure 1) is based on a comprehensive understanding (Table 1) of empirical findings which demonstrated that taking care of oneself as a nurse did not exclude a notion of wanting to contribute to creating something good for the patient (Kristoffersen, 2013).

It should nonetheless be noted that the model does not highlight the priority of remaining as absolutely requiring nurses to be "perfect human beings," always striving for hypergoods or realizing desires of worth. It is proposed that not taking a stand nor being engaged in fulfilling hypergoods can hardly be understood as realization of self as a close link to worth may be unexploited. Consequently, the self can be realized in a way which has hardly a reference to what is perceived as of worth within the discipline of nursing. In nursing, care or caring for the patient is not "a self-possessed choice to care or not to care" (Benner, 1994, p. 141) but includes "a pervasive notion of the good" (Benner, 1994, p. 153). Furthermore, realizing of self is neither in tension with rationality emanating only from inner feelings (Cowden & Cummings, 2012) nor presumed as of importance in itself. Rather, it incorporates that nurses have a capacity to attribute imports to things and know in which direction the good life lies (Kristoffersen, 2013; Kristoffersen & Friberg, 2015; Kristoffersen, Friberg & Brinchmann, 2016; Kristoffersen & Friberg, 2018). Thus, claiming that remaining in everyday nursing practice does not relate to opportunities to realize oneself as a nurse runs the risk of disvaluing what the nurses experienced as manifestly related to their everyday practice.

Furthermore, it may be controversial that the described model (Figure 1) outlines remaining in everyday nursing practice as linked to achieving hypergoods or desires of worth. In the view of the Russian-British philosopher Isaiah Berlin (1994), such desires can be understood as something distinguished from believing that human beings solely form the world in which they live through their emotions and cognition. Nevertheless, thinking in terms of hypergoods can give the priority of remaining a language and, more promisingly, gives nurses opportunities to draw attention to realizing their desires of worth and thereby fueling their commitment to remaining (Kristoffersen & Friberg, 2015; Kristoffersen & Friberg, 2018; Lindh, 2010; Nelson, 2004; Sarvimäki & Stenbock-Hult, 2008). In turn, this may be important to nurses, particularly when having to face challenges in relation to their everyday practice (Table 1). This has also been documented in previous nursing research with important insights, namely, that several factors

such as leadership and organizations are relevant to nurses' remaining (Chan et al., 2013; De Milt, Fitzpatrick, & McNulty, 2011; Gilmartin, 2012; Kristoffersen & Friberg, 2016).

The model has cultural limitations, as it was derived from an empirical study conducted in a Western Society. This limitation means it may not be generalizable across countries and populations (Rognstad et al., 2004). Moreover, while the described model (Figure 1) is relatively simple and stated in the most basic of structures, the included key concepts are not very simple, as they are drawn from the philosophical anthropology of Taylor (1989, 1999a). Although the model was based on a small sample size from the original study (Kristoffersen, 2013), the sample was of good quality in terms of the participants having long and varying work experience within the health-care service, and the data having been collected in interviews about everyday experiences of caring for patients.

Implications

The model (Figure 1) in this study highlights the need to have opportunities to draw attention to realizing oneself as a nurse—An implication also pointed to in previous studies (Kristoffersen, 2013; Kristoffersen & Friberg, 2015; Kristoffersen & Friberg, 2018). A specific responsibility for promoting nurses' remaining is linked to leadership and organizations (Boyle et al., 1999; Brewer et al., 2016; Cowden & Cummings, 2012). Leaders can contribute to reflecting on and helping nurses to articulate their realization of self and take actions which can bring into focus both the patient and the nurses themselves related to everyday practice. The presented model (Figure 1) can be used to problematize, guide, and advance reflections of what realization of self means for the nurses and their remaining. Put otherwise, leadership and organization can promote that nurses remain in practice by facilitating structural empowerment. Structural empowerment occurs when nurses have access to support and opportunities to learn and grow (Stewart, McNulty, Griffin, & Fitzpatrick, 2010).

Moreover, the model (Figure 1) can be quite useful in stimulating further empirical research. As a schematic model, it contributes to clarifying concepts and their linkages, enabling researchers to place a specific research problem into an appropriate theoretical context. In particular, the model can advance research that explores gaps in nursing knowledge about why nurses remain in everyday practice. As self-realization was found to have an effect on the issue, further investigation would be justified and could include what self-realization is related to and how having opportunities to realize oneself provides adequate ground for remaining in everyday nursing

practice. Investigation could further include strategies leaders utilize to promote such a priority. In turn, more specific leadership strategies may be developed, for example, a strategy for how leaders in their teamwork can invite nurses to finding words needed to articulate opportunities (Cowden & Cummings, 2012; Gardulf et al., 2005) to realize oneself as a nurse. Furthermore, investigation could include to develop and test a measurement instrument. What might be measured are nurses' opportunities to focusing on patients and themselves in their everyday practice.

Conclusion

The present comprehensive model is stated in a simple structure, which nonetheless provides a relevant framework for constituent elements of nurses' remaining in everyday practice. Horizons of identity and self-understanding have been identified as key concepts or constituent elements involved in remaining. By focusing on a deepened and broader understanding, the model highlights that remaining may be constituted through a process of identification and taking standpoints, which in turn has a potential to empower nurses to realize themselves. Nevertheless, this leads to further questioning of how realizing of self, as based in nurses' horizons of identity and self-understanding, can be a powerful resource for remaining in everyday nursing practice, and the question of what this means will be elaborated upon in an upcoming research project.

Acknowledgments

I wish to thank the nurses who made it possible to carry out the empirical study drawn on in this study. I also thank Professor Febe Friberg for having supported me and contributing her thoughts on the development of the comprehensive model and the manuscript. She has given valuable comments on the draft. Many thanks to Anita Sheno for her excellent work in editing this article.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: The author received financial support for the publication of this article from the University of Stavanger.

ORCID iD

Margareth Kristoffersen  <https://orcid.org/0000-0002-0800-1169>

References

- Aiken, L. H., Sloane, D. M., Bruyneel, L., Van den Heede, K., Griffiths, P., Busse, R., . . . for the RN4CAST Consortium (2014). Nurse staffing and education and hospital mortality in nine European countries: A retrospective observational study. *The Lancet*, *9931*, 1824–1830.
- Benner, P. (1994). The role of articulation in understanding practice and experience as sources of knowledge in clinical nursing. In J. Tully (Ed.), *Philosophy in an age of pluralism* (pp. 136–155). Cambridge, England: Cambridge University Press.
- Benner, P. (2011). Formation in professional education: An examination of the relationship between theories of meaning and theories of the self. *The Journal of Medicine and Philosophy*, *36*(4), 342–353.
- Berlin, I. (1994). Introduction. In J. Tully (Ed.), *Philosophy in an age of pluralism* (pp. 1–3). Cambridge, England: Cambridge University Press.
- Boyle, D. K., Bott, M. J., Hansen, H. E., Woods, C. Q., & Taunton, R. L. (1999). Manager's leadership and critical care nurses' intent to stay. *American Journal of Critical Care*, *8*(6), 361–371.
- Brewer, C. S., Kovner, C. T., Djukic, M., Fathehi, F., Greene, W., Chacko, T. P., & Yang, Y. (2016). Impact of transformational leadership on nurse work outcomes. *Journal of Advanced Nursing*, *72*(11), 2879–2893.
- Brewer, C. S., Kovner, C. T., Greene, W., Tukov-Susher, M., & Djukic, M. (2012). Predictors of actual turnover in a national sample of newly licensed registered nurses employed in hospitals. *Journal of Advanced Nursing*, *68*(3), 521–538.
- Carnevale, F. A. (2013). Charles Taylor, hermeneutics and social imaginaries: A framework for ethics research. *Nursing Philosophy*, *14*(2), 8–95.
- Carter, M. R., & Tourangeau, A. E. (2012). Staying in nursing: What factors determine whether nurses intend to remain employed? *Journal of Advanced Nursing*, *68*(7), 1589–1600.
- Chan, Z. C. Y., Tam, W. S., Lung, M. K. Y., Wong, W. Y., & Chau, C. W. (2013). A systematic literature review of nurse shortage and the intention to leave. *Journal of Nursing Management*, *21*(4), 605–613.
- Chen, L. C., Perng, S.-J., & Chang, F.-M. (2016). Influence of work values and personality traits on intent to stay among nurses at various types of hospital in Taiwan. *Journal of Nursing Management*, *24*(1), 30–38.
- Cho, S.-H., Kim, Y.-S., Yeon, K. N., You, S.-J., & Lee, I. D. (2015). Effects on increasing nursing staff on missed nursing care. *International Nursing Review*, *62*(2), 267–274.
- Cowden, T., Cummings, G., & Profetto-Mcgrath, J. (2011). Leadership practices and staff nurses' intent to stay: A systematic review. *Nursing Management*, *19*(4), 461–477.
- Cowden, T. L., & Cummings, G. G. (2012). Nursing theory and concept development: A theoretical model of clinical nurses' intentions to stay in their current positions. *Journal of Advanced Nursing*, *68*(7), 1646–1657.
- De Cooman, R., De Gieter, S., Pepermans, R., Du Bois, C., Caers, R., & Jegers, M. (2008). Freshmen in nursing: Job motives and work values of a new generation. *Journal of Nursing Management*, *16*(1), 56–64.

- De Milt, D. G., Fitzpatrick, J. J., & McNulty, S. R. (2011). Nurse practitioners' job satisfaction and intent to leave current positions, the nursing profession, and the nurse practitioner role as a direct care provider. *Journal of American Academy of Nursing Practitioners*, 23(1), 42–50.
- Engeda, E. H., Birhanu, A. M., & Alene, K. A. (2014). Intent to stay in the nursing profession and associated factors among nurses working in Amhara Regional State Referral Hospitals, Ethiopia. *Biomedical Nursing*, 13(24), 1–8.
- Gardulf, A., Söderström, I. L., Orton, M. L., Eriksson, L. E., Arnetz, B., & Nordström, G. (2005). Why do nurses at a university hospital want to quit their jobs? *Journal of Nursing Management*, 13(4), 329–337.
- Gilmartin, M. (2012). Thirty years of nursing turnover research: Looking back to move forward. *Medical Care Research and Review*, 7(1), 3–28.
- Griffiths, P., Maruotti, P., Saucedo, A. R., Redfern, O. C., Ball, J. E., Briggs, J., . . . , Smith, G. B. (2019). Nurse staffing, nursing assistants and hospital mortality: Retrospective longitudinal cohort study. *BMJ Quality & Safety*, 28, 609–617. doi:10.1136/bmjqs-2018-008043.
- Henderson, V. (2012). *Sygeplejens grundlæggende principper* [The basic principle in nursing]. København, Denmark: Nyt nordisk forlag Arnold Busck.
- Henriksen, J.-O. (1997). *Grobunn for moral* [The ground for moral]. Kristiansand, Norway: Høyskoleforlaget.
- Kristoffersen, M. (2013). *Strekke seg mot tinder, stå i kneiker: Om å fortsette i sykepleien. En studie av livsforståelsens betydning for sykepleieres utøvelse av sykepleie* [Striving for peaks, standing in uphill: Remaining in nursing. A study of the importance of life-view for nurses' practice of nursing]. Doctoral thesis, University of Stavanger, Stavanger.
- Kristoffersen, M., & Friberg, F. (2015). The nursing discipline and self-realization. *Nursing Ethics*, 22(6), 723–733.
- Kristoffersen, M. (2019). Problematising boundaries of care responsibility in caring relationships. *SAGE Open Nursing*, 5, 1–9. doi:10.1177/2377960818808692.
- Kristoffersen, M., Friberg, F., & Brinchmann, B. S. (2016). Experiences of moral challenges in everyday nursing practice: In light of healthcare professionals' self-understanding. *Nordic Journal of Nursing Research*, 36(4), 177–183.
- Kristoffersen, M., & Friberg, F. (2016). Transformasjonsledelse og økte effektivitetskrav i sykepleien [Transformational leadership and increased demands of efficiency in nursing care]. *Nordic Journal of Nursing Research*, 36(1), 13–19.
- Kristoffersen, M., & Friberg, F. (2017). Relationship-based nursing care and destructive demands. *Nursing Ethics*, 24(6), 663–674.
- Kristoffersen, M., & Friberg, F. (2018). Remaining in the nursing profession: The relevance of strong evaluations. *Nursing Ethics*, 25(8), 928–938.
- Kvale, S., & Brinkman, S. (2009) *Det kvalitative forskningsintervju* [The qualitative research interview]. Oslo, Norway: Gyldendal.
- Lee, H. F., Chiang, H. Y., Kuo, H. T. (2019). Relationship between authentic leadership and nurses' intent to leave: The mediating role of work environment and burnout. *Journal of Nursing Management*, 27(1), 52–65.
- Leknes, S., Løkken, S. A., Syse, A., & Tønnesen, M. *Befolkningsframskrivingene 2018. Modeller, forutsetninger og resultat* [Population prospects 2018. Models, preconditions and results]. Oslo, Norway: Statistics Norway. Retrieved from www.ssb.no.
- Leone, C., Bruyneel, L., Anderson, J. E., Murrells, T., Dussault, G., de Jesus, E. H., . . . , Rafferty, A. M. (2015). Work environment issues and intention to leave in Portuguese nurses: A cross sectional study. *Health Policy*, 119(12), 1584–1592.
- Lindh, I. B. (2011). *Moral responsibility in the light of nursing practice* (Doctoral thesis). University of Stavanger, Norway.
- Lindseth, A., & Norberg, A. (2004). A phenomenological hermeneutical method for researching lived experience. *Scandinavian Journal of Caring Sciences*, 18(2), 145–153.
- Meleis, A. (2018). *Theoretical nursing: Development and progress*. Philadelphia, PA: Wolters Kluwer.
- Morse, J. M., Hupcey, J. E., Penrod, J., & Mitcham, C. (2002). Integrating concepts for the development of qualitatively-derived theory. *Research and Theory for Nursing Practice: An International Journal*, 16(1), 5–18.
- Nelson, S. (2004). The search for the good in nursing? The burden of ethical expertise. *Nursing Philosophy*, 5(1), 12–22.
- Nightingale, F. (1984). *Håndbok i sykepleie*. [Handbook of nursing]. Oslo, Norway: Gyldendal Norsk Forlag.
- Öhlen, J., Carlsson, G., Jepsen, A., Lindberg, I., & Friberg, F. (2016). Enabling sense-making for patients receiving outpatient palliative treatment: A participatory action research driven model for person-centered communication. *Palliative and Supportive Care*, 14(3), 212–224.
- Polit, D. F., & Beck, C. T. (2017). *Nursing research: Principles and methods*. Philadelphia, PA: Lippincott Williams & Wilkins.
- Rognstad, M. K., Nortvedt, P., & Aasland, O. (2004). Helping motives in late modern society: Values and attitudes among nursing students. *Nursing Ethics*, 11(3), 227–239.
- Roxvaag, K., & Texmon, I. (2012) *Betydelig underdekning av helsepersonell i 2035*. [Significant under-coverage of health personell in 2035.] (Rapport 2012/2014). Oslo, Norway: Statistisk Sentralbyrå [Statistics Norway]. Retrieved from <http://www.ssb.no/forskning/mikrookonomi/arbeidsmarked/betydelig-underdekning-av-helsepersonell-i-2035>.
- Sarvimäki, A., & Stenbock-Hult, B. (2008). *Omvårdnadens etik: Sjuksköterskan och det moraliska rummet* [Nursing care ethics: The nurse and the moral space]. Stockholm, Sweden: Liber.
- Simon, M., Müller, B. H., & Hasselhorn, H. M. (2010). Leaving the organization or the profession—A multilevel analysis of nurses' intentions. *Journal of Advanced Nursing*, 66(3), 616–626.
- Skjøstad, O., Hjemås, G., & Beyrer, S. (2017). *1 av 5 nyutdanna sykepleiere jobber ikke i helsetjenesten* [1 of 5 new-educated nurses do not work in the health care service]. Oslo, Norway: Statistics Norway. Retrieved from <https://www.ssb.no/helse/artikler-og-publikasjoner/1-av-5-nyutdanna-sykepleiere-jobber-ikke-i-helsetjenesten>.
- Stewart, J. G., McNulty, R., Griffin, M. T. Q., & Fitzpatrick, J. J. (2010). Psychological empowerment and structural

- empowerment among nurse practitioners. *Journal of the American Academy of Nurse Practitioners*, 22(1), 27–34.
- Taylor, C. (1989). *Sources of the self. The making of the modern identity*. Cambridge, England: Cambridge University Press.
- Taylor, C. (1999a). *Human agency and language* (Philosophical Papers 1). Cambridge England: Cambridge University Press.
- Taylor, C. (1999b). *Philosophy and the human sciences*. Cambridge, England: Cambridge University Press.
- Taylor, C. (2000). *Autentisitetens etikk* [The ethics of authenticity]. Oslo, Norway: Cappelen Academic Press.
- Tourangeau, A. E., & Cranley, L. A. (2006). Nurse intention to remain employed: Understanding and strengthening determinants. *Journal of Advanced Nursing*, 55(4), 497–509.
- Torres, G. (1985). The place of concepts and theories within nursing. In J. George (Ed.), *Nursing theories: The base for professional nursing practice* (pp. 1–12). Englewood Cliffs, NJ: Prentice-Hall.
- United Nations. (2017). *World population projected to reach 9.8 billion in 2050, and 11.2 billion in 2100*. Retrieved from <https://www.un.org/development/desa/en/news/population/world-population-prospects-2017.html>
- World Health Organization. (2014). *A universal truth: No health without a workforce*. Retrieved from https://www.who.int/workforcealliance/knowledge/resources/GHWA-a_universal_truth_report.pdf