Blooming Where One Is Planted: Understanding Flourishing Among Rural Nurses

Marnee Lynne Crawford

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BLOOMING WHERE ONE IS PLANTED: UNDERSTANDING FLOURISHING AMONG RURAL NURSES

A Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy

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College of Natural and Health Sciences
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Nursing Education

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Entitled: *Blooming where one is planted: Understanding flourishing among rural nurses*

has been approved as meeting the requirement for the Degree of Doctor of Philosophy in College of Natural and Health Sciences in School of Nursing and Program of Nursing Education

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ABSTRACT


The reality of the challenges experienced in rural hospital-based care leave sparsely populated areas to face critical losses in nurses and healthcare services within already underserved regions of the nation. Nursing education is uniquely poised to serve as a mitigating agent against shortages in rural nursing workforce by preparing rural graduates to bloom where they are planted. This qualitative interpretive phenomenological research study explored the meaning of human flourishing as it is lived among rural nurses in the northwest region of Wyoming. The research was framed using social constructivism and the lens of rural nursing theory. Data were collected and analyzed using a combination of photographic analysis and interpretive thematic approach from the transcription of audio recordings of two sequential one-on-one interviews with nine rural nurses who submitted nine digital visual images, and researcher and participant field notes. The findings of the study yielded rich descriptions of the rural nurse participant’s lived experiences of flourishing. Emerging from the findings were the overarching themes of resilience and meaning, with the subcategories of attitude, adaptation, intentionality, and connection to suggest that strategies for the development of resilience, working with a purpose, and finding balance were important areas that rural nurses needed to develop within themselves in order to flourish. In
contrast, three themes, fear, complacency, and blurred lines, emerged as challenges to flourishing in the rural setting if active steps are not taken. This research suggested the use of findings as important discussion points for the nursing profession, rural nurses and the rural nursing program as it prepares graduates to bloom in their rural nursing practice. 

*Keywords*: rural nursing, human flourishing, rural nursing workforce, nursing education
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CHAPTER I

INTRODUCTION

Choosing a career in rural nursing is not for the faint of heart. The geographical isolation, role diffusion, lack of anonymity and access to professional development, juxtaposed with the expectation to become and remain proficient as a generalist in a variety of unpredictable client care situations, can be daunting (Belden, Leafman, Nehrenz, & Miller, 2012; Long & Weinert, 1989; McCoy, 2009; Hunsberger, Baumann, Blythe, & Crea, 2009; Knight, Kenny, & Endacott, 2016; Molinari & Monserud, 2009).

The demands of the constantly changing landscape of rural healthcare and the increased pressure from widening rural health disparities can lead to compassion fatigue, exhaustion, and disillusionment (Barling, 2001; Beckett, 2013; Hauenstein et al., 2014; Rose & Glass, 2006; Taylor & Barling, 2004). Without the appropriate knowledge to foster flourishing among the rural nursing workforce, sparsely populated areas face critical losses in nurses and in the ability to deliver healthcare services in already underserved regions of the nation. Therefore, a deeper understanding of what it means to flourish among the rural nursing workforce is urgently needed to inform the nursing curriculum and prepare graduates to mitigate the complex demands placed upon the rural nurse.

Background

The reality of nursing in a rural setting includes the dual burden of stress as it affects staffing and impacts patient care, and the current economic challenges among
hospital-based care where fiscal budgets are strained when employees leave or are absent (Pipe et al., 2012). Rural healthcare agencies are expected to provide quality health care services and retain highly qualified staff, while costs of care increase and reimbursement declines (Brimmer, 2012). The rural nursing workforce faces critical losses through the retirement of aging nurses, the aging rural population, and the rising costs associated with retention difficulties that threaten the rural hospital’s ability to provide services (Brimmer, 2012; Pipe et al., 2012; Prengaman, Bigbee, Baker, & Schmitz, 2014; Roberge, 2009).

Moreover, in the United States (U.S.), nurse turnover has been reported at 26.8%, costing $20,561 per nurse and lending urgency to the discussion of the negative impact rural nurse turnover has on human, physical, and fiscal costs on the rural critical access hospital’s ability to meet patient outcomes (Duffield, Roche, Homer, Buchan, & Dimitrelis, 2014; Li & Jones, 2013). As evidence in Wyoming, 46.1% of nurses already work 12-hour shifts on a routine basis, 12.3% of nurses working full time in the hospital were called in to cover at least one additional shift and 31.5% reported the reason for additional work was to assist the facility with short staffing (Wyoming Department of Workforce Services, Research & Planning, 2011; Wyoming Department of Employment, Research & Planning, 2008). In the researcher’s conversations with chief nursing officers of small rural critical access hospitals in the northwest region of Wyoming, nursing staffing shortages amid heightened regulation and decreased reimbursement remain of paramount importance needing urgent attention (A. Campeau, T. Toner, & K. Ungrund, personal communication, May 19, 2017).
Rural nursing leaders also plead for urgency in the development of rural research evidence to speak to the specific challenges encountered in the rural healthcare setting and to explore influencing factors relating to the rural nurses’ intent to stay. The literature suggests that rural nurse retention is heavily influenced by the nurse’s sense of contentment with the community and the rural workplace’s congruence with rural values and lifestyle (Bragg & Bonner, 2015; Molinari & Monserud, 2008; Prengaman et al., 2014). Therefore, at the forefront of rural nurse retention discussion is the exploration of the rural nurse’s sense of well-being, psychological engagement, and connection to an organization and within the surrounding community (Carter & Tourangeau, 2012; Reitz & Kim, 2013; Roberge, 2009). Furthermore, connections between dimensions of quality of care such as safety, the experience of the patient, and effective patient care have been linked to nurses who exhibit the characteristics of flourishing (Sergeant & Laws-Chapman, 2012).

**Purpose Statement**

Therefore, the purpose of this qualitative interpretive phenomenological study was to explore the meaning of human flourishing among rural nurses practicing in Wyoming. The study sought to explore, describe, and interpret the meaning of human flourishing as it is lived among rural nurses in Wyoming.

**Research Question**

This qualitative interpretive phenomenological study posed the following question:

Q1 What is the lived experience of a flourishing rural nurse?
Philosophical Framework

This study was based upon the philosophical framework of social constructivism, sometimes interchangeably called interpretivism, where knowledge is not found, but constructed from interactions with others (Creswell, 2013; Merriam & Tisdell, 2016). The social constructivist framework supported the researcher’s worldview that individuals seek to understand their world by developing subjective meanings that are formed through socially constructed norms (Creswell, 2013; Creswell, 2014; Merriam & Tisdell, 2016). Using this philosophy, meanings are often multiple and varied, propelling the researcher to grasp for understanding the complexity of nurse perspectives residing within the unique context of rural healthcare settings (Merriam & Tisdell, 2016). Finally, the social constructivism philosophy supported the researcher’s emphasis on understanding the specific context of the rural nurse’s lived and work worlds, and how the combination of these experiences shapes the rural nurse’s subjective meaning of flourishing (Crotty, 1998; Merriam & Tisdell, 2016).

The philosophical assumptions and framework of social constructivism were reflected in the design and methods that were chosen in this study. The study ontologically assumed that reality is constructed through multiple perspectives and was supported in the researcher’s intent to narrate each rural nurse’s perspective of the concept of flourishing and report themes as they emerged from multiple interviews and photos (Creswell, 2013). The epistemological assumption of the study was that knowledge is embedded in the lived experiences of rural nurses and that it is best understood first hand from rural nurses while getting to know them where they live and work (Creswell, 2013).
The axiological assumption was evident in the researcher’s stance as a rural dwelling insider who has lived rural values, enjoyed a rural nursing career that has advanced to rural nursing education, and was invested in rural dwellers’ health. The researcher made these pre-conceptions relating to rural interests explicit prior to the research and used personal rural knowledge in the interpretation and during the reporting of findings. However, throughout this study, the focus remained on the unfolding narrative of the participant’s lived experiences as they described flourishing within the constructs of rural health care (Creswell, 2013; Lopez & Willis, 2004). Finally, the methodological philosophic assumption was reflected in the data analysis plan using an interpretive process, working back and forth between the photos and transcribed interviews, analyzing and building themes from increasingly abstract units (Creswell, 2013; Glaw, Inder, Kable, & Hazelton, 2017).

**Research Method**

In congruence with the underlying philosophical, social constructivist perspectives, a phenomenological method was used in this research (Creswell, 2014). The strengths of phenomenological research provide a vehicle for understanding phenomena where little research has been conducted or where the phenomena have not been explored within a population (Creswell, 2014). With little that is known about flourishing in the context of rural nursing, phenomenological methods are particularly suitable for delving in deeply to the complexities of human meaning of rural nurse flourishing as it is subjectively constructed in the moment (Errasti-Ibarondo, Jordán, Díez-Del-Corral, & Arantzamendi, 2018a). Furthermore, the advantage of interpretive phenomenological study is that the researcher has the interpretive freedom to explore the
dimensions of rural nurse flourishing with participants and construct a mutual reality (Tuohy, Cooney, Dowling, Murphy, & Sixsmith, 2013).

Phenomenology is a search for a descriptive knowledge that seeks to understand the person’s lived experience and includes key concepts such as intentionality, subjectivity and what it means to be a person (Benner & Wrubel, 1989; Welch, 1999). For phenomenologists, there is no reality apart from a person’s lived experience and the meaning derived from this reality grounds knowledge (Welch, 1999). As individuals live out their lives, they perceive objects intentionally and direct their consciousness toward making meaning of experiences within their world (Welch, 1999). The active process of consciousness projects assumptions and constructs meaning that is intelligible (Welch, 1999).

Phenomenology reflects the belief that by nature experiences are subjective and represent the person’s existence within their everyday world and the recognition that they are the subject of their own experiences (Creswell, 2013; Creswell, 2014; Merriam & Tisdell, 2016; Welch, 1999). Hermeneutical phenomenologists hold that human beings enter the world and define themselves through life’s experiences, being involved in it and that the illumination of meaning is situated within the context of daily life (Creswell, 2013; Lopez & Willis, 2004; Merriam & Tisdell, 2016). The way of understanding meaning and the capacity to respond to situations evolve over time through the context of the social structure to which the individual belongs (Creswell, 2013; Merriam & Tisdell, 2016). Through the interpretive phenomenologist’s perspective, part of being a human is an embedded subjectivity that cannot be separated from their surrounding everyday life,
and this interaction serves as the context that influences meaning (Creswell, 2013; Lopez & Willis, 2004; Merriam & Tisdell, 2016).

Although all phenomenologists are interested in the human experience, interpretive phenomenologists move beyond descriptions to interpret the narratives of the participant in relation to multiple contexts (Creswell, 2013; Lopez & Willis, 2004). The focus of exploration becomes more about the reality of the individual as it is influenced, not abstracted from, their everyday life and how meanings derived from their lived experiences influence choices (Lopez & Willis, 2004). In this study, the rural nurse researcher acknowledged that the rural nurse’s reality cannot be separated from their everyday life and that their meaning of flourishing as a rural nurse is a result of being situated within the rural context that includes rural health, values, lifestyle, and relationships within the rural community.

Three core tenants of interpretive phenomenology drove the methodological design of the study. First, this study acknowledged the researcher’s prior knowledge of rural nursing and flourishing literature, and the researcher’s background as a rural dweller, rural nurse, and rural nursing program administrator that added meaning and understanding to the relevance of this research. Secondly, the rural nursing theory was chosen to theoretically underpin the research to frame questions, sampling, and to firmly establish the rural nursing assumptions and the rural nurse participant’s and rural nurse researcher’s frame of reference, rather than to generate a hypothesis (Lopez & Willis, 2004). Finally, the choice of interpretive phenomenology was to allow for a fusion of interaction that occurred during the interviews, where the researcher was able to arrive at a blend of meanings, co-created by the researcher and participant, that have the potential
for practical application to nursing practice and nursing education (Errasti-Ibarrondo et al., 2018a; Errasti-Ibarrondo, Jordán, Díez-Del-Corral, & Arantzamendi, 2018b; Lopez & Willis, 2004).

**Theoretical Underpinning**

While interpretive phenomenology does not intend to generate a theory, it is important for the phenomenological researcher to acknowledge the social constructs that influence the participant’s every-day life (Merriam & Tisdell, 2016). In this study, the researcher understands that the meaning of flourishing to the rural nurse are constructed as they interact within the rural setting (Merriam & Tisdell, 2016). In recognition of the viewpoint of the rural nursing context, the researcher chose the rural nursing theory to serve as a theoretical backdrop of what is known about rural nursing and used it as a place of beginning to understand (Tuohy et al., 2013). Therefore, a description of the rural nursing theory and its significance to this research will follow.

**Rural Nursing Theory**

With more than 51 million Americans living in rural areas, developing and using evidence to care appropriately for rural dwellers requires an understanding of rural concepts and a strong theoretical base that explicated the inherent challenges of the rural care context (Douthit, Kiv, Dwolatzky, & Biswas, 2015; Lea & Cruickshank, 2015; Lea & Cruickshank, 2017; Williams, Andrews, Zanni, & Fahs, 2012). Underpinning this study was the rural nursing theory developed by Long and Weinert (1989) that highlighted the unique context and influence of the rural environment in every aspect of the rural nurse’s life. Using ethnographic data, Long and Weinert (1989) developed the
middle range theory to describe the characteristics of rural individuals receiving care and the health care providers living and working within the rural context.

The rural nursing theory is composed of the key concepts, work and health beliefs, isolation, distance, self-reliance, familiarity, lack of anonymity, outsider/insider, and old timer/newcomer and three relational statements (Lee & McDonagh, 2010; Long & Weinert, 1989). The underlying assumption of the rural nursing theory is that individuals living in sparsely populated areas have differing perceptions of health and health-seeking behaviors that have not been adequately addressed (Bushy, 2000; Long & Weinert, 1989). Although their seminal work was done in areas that today would be considered frontier, there was no distinction between rural and frontier at the time the rural nursing theory was developed (C. Winters, personal communication, December 6, 2017; H. Lee, personal communication, December 11, 2017). It was equally assumed that theories designed for urban settings are not appropriate in the rural context (Bushy, 2000).

**Work and health beliefs.** From the perspective of the rural individual, work and health are interrelated, primarily placing the ability to work above health needs (Long & Weinert, 1989). Rural individuals define their health by their ability to fulfill their work role and work activities (Bales, Winters, & Lee, 2010). The individual living in a sparsely populated area often will reject the role of illness, striving instead to find ways to overcome their circumstances through extended family or reliance on self to problem solve (Bushy, 2000).

**Isolation, distance and self-reliance.** Distance is defined as either miles or time to arrive at a designated location and are key concepts that describe the health care access
challenges experienced by individuals living in sparsely populated areas (Henson, Sadler, & Walton, 1998). The geographical distance and sense of isolation, defined as separate from others, heavily influence the key concept of self-reliance which is defined as being confident in their own competence to relate to circumstances (Lee, Hollis, & McClain, 1998). Rural individuals value the ability to rely on themselves to meet the challenges of rural dwelling and make the decisions necessary to maintain their roles independently (Chafey, Sullivan, & Shannon, 1998).

**Familiarity/Role diffusion and lack of anonymity.** Rural individuals define the concept of familiarity as a friendly relationship with someone who is a member of the group and exhibits characteristics of implicit social context (McNeely & Shreffler-Grant, 1998; Myers, 1998). The health care providers working within the rural context often relate that they experience a lack of anonymity, defined as diminished professional role boundaries (Swann & Hobbs, 2016). Rural nurses report that these two concepts serve as both a blessing and a burden as it relates to providing care in a rural context (Bushy, 2000).

**Insider/Outsider and old-timer/newcomer.** The definition of an old timer is age, length of time and establishment of relationships in a community, contrasting the key concepts of newcomer and outsider, perceived by rural dwellers as untrustworthy or as not having appropriate knowledge (Caniparoli, 1998; Lee, et al., 1998; Sutermaster, 2010). Rural individuals typically seek insiders and old-timers for information, including health advice, before accessing outsiders or newcomers (Lee, et al., 1998). Rural persons seeking health care and rural health care providers are interconnected, both influencing each other, in the roles they play in rural health (Bushy, 2000).
**Relationship and nature of concepts.** The descriptive statement of the rural nurse theory relates the concepts of work and health beliefs by stating that “rural dwellers define health primarily as the ability to work, to be productive, to do usual tasks” (Long & Weinert, 1989, p. 120). The first relational statement relates the concepts of insider, old-timer, and newcomer by proposing that “rural dwellers are self-reliant and resist accepting help or services from those seen as ‘outsiders’ or from agencies seen as national or regional ‘welfare’ programs” (Long & Weinert, 1989, p. 120). The final relational statement focuses on the concepts of lack of anonymity and role diffusion by stating that “health care providers in rural areas must deal with a lack of anonymity and much greater role diffusion than providers in urban or suburban settings” (Long & Weinert, 1989, p. 120).

**Relationship to research.** The rural nursing theory was an important informant in the subjective context of each nurse participant in the study and highlighted the aspects of cultural norms expected within the rural nurse’s living and working world (Merriam & Tisdell, 2016). Using the rural nursing theory as a lens, the researcher was able to form a deeper meaning of the concept of flourishing from the participants in this study by acknowledging that there are culturally constructed meanings that are commonly experienced among rural nurses and explore the phenomenon from the nurse participant’s point of view (Merriam & Tisdell, 2016). The use of the rural nursing theory situated the nurse researcher and the rural nurse participants in this study together within a subjective world to consciously explore the rural nurse experiences of flourishing (Crotty, 1998; Merriam & Tisdell, 2016).
Finally, the rural nursing theory informed the rural nursing researcher’s choice of research methodology, such as data collection methods, to suit the rural dweller’s propensity to mistrust outsiders or newcomers (Bigbee & Lind, 2007; Bushy, 2000; Winters & Lee, 2010). In further consideration, extra time was set aside for the interview to allow the nurse participant ample time and opportunity to establish a level of comfort and trust so that the participant’s perspectives could be adequately voiced. In addition, the researcher acknowledged that there are social influences inherent within the rural context such as a lack of anonymity and an informal system of knowledge attainment that comes from knowing everyone and belonging to a familiar group (Bigbee & Lind, 2007; Bushy, 2000; Winters & Lee, 2010). Therefore, the rural researcher planned for the rural nurse participants in the study to choose where to be interviewed and set aside time to discuss the security of their information with each encounter to ensure the rural participant’s privacy, confidentiality, and anonymity.

**Significance of Research**

As the nation’s tenth largest state and the least populated state, Wyoming’s rural healthcare setting included 17 of 23 counties with fewer than six people per square mile and underscored with serious access to care issues (Wyoming Department of Health, 2018a). The Wyoming Department of Workforce Services, Research and Planning (2017) warns that not only is the state’s population aging but that 27% of the Registered Nursing workforce is 55 or older and that younger healthcare workers are exiting to other states to work. The combined geographical expanse, access to care challenges, and an aging nursing workforce data paint a bleak picture of how the unique healthcare needs of this rural state are in danger of significant deficits. Finally, the harsh reality of economic
challenges among hospital-based care and the demand for rural healthcare dollars to stretch further, highlights an urgent need to intentionally hire and retain a nursing workforce capable of flourishing in a rural care environment (Pipe et al., 2012).

Examining the meaning of flourishing as seen through the eyes of the flourishing rural nurse leads to a deeper understanding of what it means to flourish in a rural care context and has the potential to increase rural nurse retention. First, by shedding light on the characteristics of a flourishing rural nurse to prepare nursing graduates to successfully enter and stay in the rural workforce. Secondly, by giving current rural nurses the opportunity to learn aspects of flourishing to apply to their own rural practice or to provide nurses coming to a rural care setting for the first time an opportunity to understand the perspectives of flourishing rural nurses so that they, too, can successfully enter a rural practice setting and flourish. Finally, the researcher’s aim to use narratives and photos from the rural nurse’s perspective sets the stage to illuminate important aspects of a successful rural practice and serve as a potential starting point for the rural nursing curriculum and faculty to discuss as they prepare graduates to flourish and stay in their rural nursing job.

Nursing education is uniquely poised to serve as a mitigating agent against critical losses in the rural nursing workforce by exploring the meaning of flourishing within the rural nursing context. Once understood, the meaning of rural nurse flourishing as it is lived could potentiate a ripple effect. Beginning with new graduates who have been exposed to the flourishing rural nurses’ lived reality within the nursing program, then culminating to supporting a sustained nursing workforce of graduates that have applied these meanings and are prepared to flourish within the uniquely complex healthcare
setting of the rural community. This research adds to the body of nursing knowledge targeting the rural care context, the rural nurse practice, and the rural dweller’s health through the exploration of the phenomenon of human flourishing.

**Definition of Terms**

**Flourishing**

Flourishing is broadly defined by Merriam-Webster’s Dictionary (2018) as “to grow luxuriantly, to achieve success, and be in a state of activity or production, to reach a height of production and to make bold and sweeping gestures”. The concept of flourishing can globally be described as an achievement of purpose, mastery of life, and successfully completing a beneficial transformation (Fosha, 2009; Ghaye, 2010; Keyes & Simoes, 2012). Flourishing is further defined by the World Health Organization as “a state of well-being in which the person is able to realize their own ability to cope with life and work in a way that contributes productively to the community” (as cited in Tuck & Anderson, 2014, p. 279). Although these formal definitions of flourishing exist, this study sought to understand the meaning of flourishing as it is lived by rural nurses and will further detail the concept of flourishing in the literature review.

**Rural**

Multiple definitions exist for the concepts of rural and frontier. Three primary definitions for rural are from the U.S. Census Bureau, Office of Management and Budget and the Federal Office of Rural Health Policy (Health Resources & Services Administration, 2019; U.S. Department of Agriculture Economic Research Service, 2019). The U.S. Census Bureau mandates there are urbanized areas consisting of densely developed territory that contains 50,000 or more people and urbanized clusters consisting
of densely developed territory that has at least 2,500 people, but fewer than 50,000 people and anything outside these areas is considered rural (Health Resources & Services Administration, 2019). The rural definition based on the Office of Management and Budget differentiates rural from metropolitan or urbanized by considering areas populated by 50,000 or more residents that are part of a county or several counties (Health Resources & Services Administration, 2019). Similarly, non-metro counties, defined as an area with less than 49,999 persons, are considered rural (U.S. Department of Agriculture Economic Research Service, 2019).

Using the guidelines of the U.S. Census Bureau and the Office of Management and Budget there are two urban/metropolitan areas in Wyoming, Casper, and Cheyenne, and 20 urbanized clusters, 13 of the clusters have populations less than 10,000 (Health Resources & Services Administration, 2019; Wyoming Department of Health, 2018a). Using the guidelines from the United States Department of Agriculture Economic Research Service (2019), all of Wyoming with the exception of one county is considered rural. Furthermore, a frontier is defined by the National Center for Frontier Communities (2019) as six or fewer people per square mile. Wyoming has 17 out of 23 counties, 47% of its residents, living in areas meeting the definition of a frontier (Wyoming Department of Health, 2018a). For the purposes of this study, the term rural was used to encompass frontier and rural population definitions.

**Rural Nursing**

Long and Weinert’s (1989) seminal work defined rural nursing as “the provision of health care by professional nurses to persons living in sparsely populated areas” (p. 113). Rural nursing is a specialty of nursing that requires an “ontological sense of being
and an epistemological sense of knowing that connects the nurse with the surrounding community, and through which the rural nurse creates a reality of rural professional nursing practice” (Scharff, 2010 p. 267). The definition of rural nursing is complex and intricately connected to the rural dweller’s concept of health and the contextual influences of living in sparsely populated areas. Further discussion on the multidimensional aspects of rural nursing is detailed in the literature review.

**Summary**

The rural nursing workforce currently faces critical challenges imposed by the rising costs associated with nursing staff shortages that threaten the sustainability of the rural hospital’s precious resources and ability to provide services. A deeper understanding of the rural nurse’s lived experience of a flourishing rural nurse is needed to prepare rural graduates to successfully transition into the rural context, provide points of consideration for rural nurses in practice to flourish, and begin a discussion on the application of meanings discovered by this research to rural nursing education curriculum. The purpose of this qualitative interpretive phenomenological study was to explore and describe the meaning of human flourishing among rural nurses practicing in Wyoming. This study asked the question:

**Q1** What is the lived experience of a flourishing rural nurse?

The study was philosophically framed in the social constructivist worldview using interpretive phenomenological methodology and underpinned with the Rural Nursing Theory developed by Long and Weinert (1989). The results of the research study were proposed as starting points in the discussion for the rural nurse, rural nursing graduate,
and the rural nursing program curriculum as it prepares nursing graduates to bloom in their own rural nursing practice.
CHAPTER II:
REVIEW OF THE LITERATURE

Introduction and Overview

The purpose of this study was to explore the meaning of human flourishing as it is lived among rural nurses in Wyoming. Literature relating to flourishing and the rural nursing workplace was used to support the researcher’s exploration and discussion of key concepts relating to this research. The literature review began in the earliest stages of the researcher’s doctoral program coursework as a concept analysis of flourishing and continued to refine and focus as coursework continued. In the beginning, the researcher conducted the literature search with open-ended dates to determine the extent of the information available and to capture any other important work that connected to the rural nursing theory developed by Long and Weinert (1989). As the research concepts, purpose, design, and methods were determined, the literature review process continued in an ongoing fashion, and the dates narrowed to only include the most recently published and relevant citations.

The literature search was conducted using the University of Northern Colorado library all databases search function with search words “flourishing,” “rural nursing,” yielding 39,993 results. The researcher narrowed the search by using “rural nursing education,” “rural nurse transition to practice,” “rural graduate,” “rural nurse retention,” and “rural nurse challenges.” The researcher narrowed the search with refinements of full-text journal articles available online, scholarly and peer-reviewed, and written in
English, resulting in 1,816 results. As the foundational literature search was completed, the databases narrowed to Academic Search Premier and CINHAL Plus databases within the EBSCO database. Further literature searches were conducted in the reference lists of journal articles of interest that led to interlibrary book loans and additional citations of interest to investigate. A resultant 278 books and journal articles were reviewed for relevancy and prioritized if they included an aspect of rural nursing that occurred in the United States. Scholarly articles relating to urban nursing practice were only used if they contributed a greater depth of knowledge to the concepts at hand.

This chapter will open with a discussion of the concept of flourishing and the influence of this concept on nursing practice. Then the researcher will discuss the rural context that includes rural health, rural economics, the major tenets of rural nursing, rural nurse retention, and rural education to include the transition to practice and education’s role to prepare the rural workforce. The researcher will go on to discuss the data collection method of photo elicitation and the synergistic relationship of the photo elicitation method to this research. Finally, this chapter concludes with a summary of the gaps in research and the identified need for this study.

**Flourishing**

The term flourishing can be traced back to the ancient philosopher Aristotle who used the term as a dimension of *eudaimonia*, meaning well-being, happiness or human flourishing (Aristotle, 1998; Yalden & McCormack, 2010). The Aristotelian viewpoint purports that by cultivating habits that contribute to a happy life, one may derive a sense of satisfaction that ultimately leads to a good life or flourishing (Horner & Westcott, 2000). The discussion of the concept of flourishing within the context of ethics and
philosophy captures important facets of human self-understanding and virtuous behavior that can be usefully linked to the fabric of nursing beginning as early as Nightingale’s Pledge and continues today with the American Nursing Association’s Code of Ethics (American Nurses Association, 2014; Kleinig & Evans, 2013; Tuckett, 2000).

Flourishing is described across disciplines as an experiential journey of hope, love, and loss throughout one’s life, and the strive for self-actualization (Agenor, Conner, & Aroian, 2017; National League of Nursing, 2010; Perkins, Brady, Engelmann, Larson, & Shultz, 2012). It is the sense of wholeness in which the person can deal with stressors while interacting positively with the environment, has the capacity to sustain a sense of dignity amid life’s twists and turns, and can pro-actively cultivate a sense of personal well-being that fosters quality of life (Bunkers, 2009; Bunkers, 2010; Feight et al., 2013; Koen, van Eeden, & Wissing, 2011). Descriptions of flourishing often include the necessity to develop personal resources as a means of empowerment, stress management and self-awareness to create a positive workplace in which one can flourish and continue working for lengths of time (Hodges, Keeley, & Grier, 2005; Pipe et al., 2012; Sergeant & Laws-Chapman, 2012). Flourishing individuals exhibit a sense of productivity, achievement, self-esteem, and can reflect positive actions and emotions (Agenor et al., 2017; Bakker & Sanz-Vergel, 2013; Fosha, 2009; Ghaye, 2010; Hodges et al., 2005; Keyes & Simoes, 2012; Molinari & Monserud, 2009).

A review of the literature points to several key factors that foster flourishing. The individual must be aware and open to change, engaged, flexible, and reflect upon own practice, and display a motivation on the part of the individual to understand, integrate, and cultivate flourishing characteristics (Agenor et al., 2017; Fosha, 2009; Ghaye, 2010;
Individuals flourish best in an authentic, safe, creative environment (Tuck & Anderson, 2014; Ghaye, 2010; Yalden & McCormack, 2010) that fosters self-acceptance, positive relations with others, personal growth, purpose in life, and environmental mastery (Keyes, 2002). Often flourishing individuals will exhibit a sense of control, competence, and clarity using emotional, cognitive, social, spiritual and psychological strength to transform negative situations into positive growth-producing outcomes for patients and themselves (Agenor et al., 2017; Bunkers, 2009; Fosha, 2009; Tuck & Anderson, 2014).

Furthermore, Edgar and Pattison (2016), suggest that human flourishing goes beyond a mental state of contentment, but instead engenders the active engagement in the lifelong struggle for meaning and purpose in the face of adversity. Concurring with these thoughts, other researchers have discovered that flourishing individuals are resilient to adversity, adapt to stressors, and experience improved mental health, immune function and overall experience better health with lower mortality (Fink, 2014; Fosha, 2009; Ghaye, 2010; Keyes, 2002; Keyes & Simoes, 2012; Tuck & Anderson, 2014). Finally, individuals also report feeling empowered to develop meaningful and trusting relationships, validate personal and professional growth, reap the positive work environment benefits of heightened collaboration, and have a sense of belonging and purpose (Agenor et al., 2017; Bakker & Sanz-Vergel, 2013; Fink, 2014; Keyes & Simoes, 2012; Hinami, Whelan, Wolosin, Miller, & Wetterneck, 2012; Sumner, 2013).

**Critique of the Literature**

The focus for the majority of nursing research relating to flourishing has been on various elements of an individual’s mental health that explore the continuum between
high levels of flourishing-well-being through the absence of flourishing-burnout (Agenor et al., 2017; Barling, 2001; Beckett, 2013; Bunkers, 2009; Bunkers, 2010; Feight et al., 2013; Fink, 2014; Fosha, 2009; Jackson, Firtko, & Edenborough, 2007; Keyes, 2002; Keyes & Simoes, 2012; Marks & Shah, 2004; Rose & Glass, 2006; Sorrell, 2017; Sumner, 2013; Tuck & Anderson, 2014). However, there is a growing body of nursing research that is moving away from superficially describing flourishing as a mental state of the individual to explore perspectives related to flourishing as they apply to the nurse’s workplace, specifically in the creation and support of a work environment for nurses to flourish (Bakker & Sanz-Vergel, 2013; Edgar & Pattison, 2016; Ghaye, 2010; Hauenstein et al., 2014; Hinami et al., 2012; Kulig, Kilpatrick, Moffitt, & Zimmer, 2015; Perry, 2012; Prengaman et al., 2014).

On the one hand, the movement in this direction is positive in that there is evidence that acknowledges how flourishing extends beyond the individual to include the complexities of the workplace. On the other hand, it continues to illuminate that a superficial understanding of flourishing remains. There continues to be very little evidence to answer fundamental questions about how to define flourishing, how to measure flourishing, how to foster flourishing and ultimately, how does one or can one learn to flourish? These questions remain unanswered within the literature and encourage researchers to continue to search for evidence to bridge the gap between what is known about the nurse’s ability to flourish within their rural practice to what we hope to know.

**Relevance to Nursing Practice**

When applying Aristotelian principles to care arenas, flourishing can be described as the ultimate goal for developing one’s nursing practice (Yalden & McCormack, 2010).
Flourishing nurses in practice develop processes that are person-centered and support the functioning of the individual within the group (Tuckett, 2000; Yalden & McCormack, 2010). Nurses who flourish serve as positive role models for colleagues and students by engaging in multidimensional problem-solving by balancing the emotional demands of the job and actively co-create a generation of professionals who utilize resources and build skills to create a positive working culture (Hodges et al., 2005; Bakker & Sanz-Vergel, 2013). Nurses who promote flourishing within themselves, or in others, consider what is overall good for life and strive to achieve a balance between the duality in practice of using the art of caring for human beings and the science of meeting the demand of a highly technological care environment (Edgar & Pattison, 2016; Sorrell, 2017; Sumner, 2013; Tuck & Anderson, 2014).

Flourishing’s potential to broaden the mind, support vitality and energy, and motivate one to explore growth-fostering situations, especially when the emotional demands are high, is particularly relevant to the complex nature of the rural care environment, the expectation of broad nursing knowledge, and skill application across the lifespan (Bakker & Sanz-Vergel, 2013; Fosha, 2009; Hunsberger et al., 2009). Nurses who flourish often exhibit longevity, report valuing relationships with patients, staff and colleagues, report job satisfaction, see their practice as successful and fulfilling, and achieve optimal functioning and engagement at work (Bakker & Sanz-Vergel, 2013; Edgar & Pattison, 2016; Hinami et al., 2012; Mackay, Stephens, Wragg, Ebejer, & Bourgeois, 2018; McCormack & Titchen, 2014). Finally, nurses who flourish report experiencing a greater desire to give of themselves and establish an altruistic social order within the nursing unit where resources are allocated, systems are evaluated for
functionality, and environments are conducive to transformative growth for clients and the care team (Bunkers, 2010; Correia, 2016; Edgar & Pattison, 2016; Kleinig & Evans, 2013).

**Rural Context**

While the debate of defining ‘rural’ continues, most often the meaning is guided by federal criteria outlining the geographic location of approximately one-sixth of the population of the United States (Agency for Healthcare Research and Quality, 2017; Douthit et al., 2015). Among this global community, there are regional differences that reflect diversity in health outcomes, ethnic inconsistencies, and specific influencing socio-economic factors that are an inherent part of each region’s rural context (Agency for Healthcare Research and Quality, 2017; Douthit et al., 2015). There is consensus, however, that the rural populations across the United States universally experience notable disparities in health outcomes, access to care, and socio-economic issues that paint a challenging picture for rural dwellers and rural nurses practicing within the rural health context (Douthit et al., 2015; Agency for Healthcare Research and Quality, 2017).

**Rural Health**

Nationally, rural dwelling adolescents were most likely to report smoking than their urban counterparts and adults living in rural areas reported more alcohol intake, obesity, ischemic heart disease, and inactivity during leisure time (Rural Health Reform Policy Research Center, 2014). Mortality rates, including death rates for children and young adults, suicide incidence, homicide rates, and mental illness were highest among the rural population (Rural Health Reform Policy Research Center, 2014). Finally, across the United States, the further an individual lives away from urban areas, the higher the
reported limitations in activity as a result of chronic illness (Rural Health Reform Policy
Research Center, 2014). Compounding the significant disparities in health risks,
mortality, and mental illness are access to care issues inherent in the rural population.

Lack of health insurance, lack of physicians and dentists, driving long distances to
seek medical care, and difficulty in coordination of care are common challenges among
the rural communities across the nation (Douthit et al., 2015; Rural Health Reform Policy
Research Center, 2014). The influences of rural culture can produce a reluctance to seek
assistance from outsiders and generate stigmas and prejudices, particularly toward
marginalized, poor, and vulnerable individuals, resulting in poorer health outcomes
(Douthit et al., 2015). Furthermore, American Indian/Alaskan Natives, many living in
the rural West, experience lower life expectancy and a disproportionate disease burden,
higher rates of poverty and mental illness that stretch the scarce rural health delivery
resources (U.S. Department of Health and Human Services, Indian Health Services,
2019; Goss et al., 2017; Housing Assistance Council, 2018). Finally, increased
hospitalizations as a result of poor quality or poorly managed chronic illness care, poor
access to trauma or specialty care, and lack of nursing care resources for the elderly are
all co-conspirators in poorer health outcomes for rural dwellers (Douthit et al., 2015).

Critical access hospitals, defined by the Centers for Medicare and Medicaid
Services as “having fewer than 25 acute care beds, located more than 35 miles from
another hospital, offering emergency care services and have an annual average length of
stay of 96 hours or less for acute care patients” play a vital role in rural health care
delivery (Rural Health Information Hub, 2019). Roughly 200,000 of Wyoming’s
540,000 residents live in underserved areas with inadequate access to primary and mental
health care (Wyoming Department of Health, 2018a, 2018b). Wyoming rural nurses practice within a rural health context where birth weight, excessive drinking, adult obesity, and alcohol-impaired driving deaths exceed national median percentages (County Health Rankings, 2018; Wyoming Department of Health, 2012; Wyoming Department of Health, 2018b). More Wyomingites are uninsured, utilize tobacco more, experience a higher teen birth rate, suffer more premature deaths and incur more deaths due to injury than the national average (County Health Rankings, 2018; Wyoming Department of Health, 2012; Wyoming Department of Health, 2018b). Wyoming’s health statistics mirror the health of other rural residents in similar primary care shortage areas where health and disease outcomes are significantly worse, where long distances to healthcare services are greater, and the number of providers is few and far between (Douthit et al., 2015; Thomas, DiClemente, & Snell, 2014; Wyoming Department of Health, 2018b).

**Rural Economics**

Poverty heavily influences medical coverage, ability to locate transportation, and medication compliance, particularly for the rural elderly who sometimes choose between food and medication (Douthit et al., 2015; Rural Health Reform Policy Research Center, 2014). In regions of the country, such as Wyoming, that rely on industries or natural resources to support their economy, rural communities are acutely sensitive to closures, layoffs, and lack of jobs that follow a cyclical economy (Burman & Fahrenwald, 2018). Additionally, rural individuals are less likely to achieve higher education attainment, are poorer and more likely to earn lower wages at jobs that do not offer insurance coverage (Douthit et al., 2015; United States Census Bureau, 2016; Wyoming Department of
Health, 2018b). Lower wages affects provider recruitment as well, with small community hospitals reporting difficulty attracting individuals to work in areas where they are “underpaid and overworked” (Douthit et al., 2015, p 618). Equally grim, the economic outlook for rural public health budgets are smaller, and fewer hospital resources are available due to a large number of Medicare or Medicaid patients (Thomas et al., 2014).

**Rural Nursing**

The influence of the rural economy is no surprise to rural nurses in Wyoming who make less than their urban counterparts and typically work within a critical access hospital with limited budgets and staffing options (Wyoming Department of Employment, Research & Planning, 2008; McCoy, 2009). Of the approximately 4,800 Wyoming nurses, 16% of the Registered Nurses (RNs) and 24% of the Licensed Practical Nurses (LPNs) live and work in communities that are rural and 59% of the rural RNs and 29% of the rural LPNs in Wyoming practice in a rural critical access hospital setting (Leonard, 2012). The rural nurse in Wyoming experiences more barriers to material resources than their urban peers and may find themselves in a position in which they are financially unable to relocate or move to another facility due to the expense of driving and loss of a supportive social network (Wyoming Department of Employment, Research & Planning, 2008; McCoy, 2009).

This example from Wyoming, underscores a small window of rural nursing challenges, while an even greater body of evidence within the literature reflects that overall rural nurses experience a lack of anonymity, role diffusion, and decreased access to professional development, and an unpredictable work environment where they may
work alone without resources and support (Hunsberger et al., 2009; Long & Weinert, 1989; McCoy, 2009). Interestingly, rural nurses experience unexpected paradoxes within their own rural context between a sense of isolation and the inherent connectedness between the rural nurse and their surrounding community (Fahs, 2017). Further contrasts are noted in the rural nurses’ value of independence, yet deep reliance on their rural peers and in the paradox of the key rural nursing theoretical concepts of anonymity and familiarity (Fahs, 2017).

**Isolation.** Rural nurses often experience a sense of isolation and feel as if they are out of touch with the professional mainstream (Bushy, 2000; Winters & Lee, 2010). Nurses working in sparsely populated areas often find themselves in situations where there is no collegial support for information exchange or assistance in defining the scope of practice and role boundaries yet are expected to demonstrate excellence in clinical decision making (Long & Weinert, 1989; Roberge, 2009; Paré, 2015). Further challenges are experienced by limited access to educational advancement or continuing education, which in turn serves to restrict practice knowledge advancement (McCoy, 2009; Long & Weinert, 1989). Small rural hospital budgets, census and staffing ratios within the rural healthcare environment, distances to educational offerings and inability to find replacements for time off to connect with other professionals further highlight the resource insufficiency for rural nurses (Hunsberger et al., 2009; Molinari & Monserud, 2009).

**Role diffusion.** Nurses practicing in rural areas are often expected to practice within the realm of other health care disciplines by doing electrocardiograms, drawing blood or giving respiratory treatments (Bushy, 2000; Long & Weinert, 1989; Paré, 2015).
Rural nurses are usually not limited by assignment to a unit or department, yet they are expected to multitask and remain flexible by assuming multiple roles, even within one work shift. (Bushy, 2000; Hunsberger et al., 2009; Long & Weinert, 1989; Molinari & Monserud, 2009; Winters & Lee, 2010). This lack of clear role delineation and inconsistent work environment further underscores the rural nurse’s sense of role confusion, resource disconnect, and stress (Kulig et al., 2015).

**Anonymity.** Although clients are often comforted by the fact that they know their nurse, the lack of anonymity can lead the nurse to feel as if they are always on duty or heighten the stakes during an emergent care situation (McCoy, 2009; Hunsberger et al., 2009; Swann & Hobbs, 2016). Rural nurses encounter a deep sense of bereavement in the loss of a client due to their close connection with the community, family members, and awareness of the sociocultural context of the person (Heaslip & Board, 2012). Nurses may also experience profound regret and a sense of failure in poor health outcomes for clients or describe the death of a client during a rural hospital shift as “losing one of their own family members” (Heaslip & Board, 2012, page 915).

The expectation of persons living in the rural community to be cared for by someone they know is a major contextual feature in rural health nursing and places an additional burden on the rural nurse to meet needs at all times (Bushy, 2000). The inability to separate professional and personal lives establishes an unrealistic expectation and places the rural nurse at a difficult ethical crossroad (McCoy, 2009). The rural nurse must then choose between providing for their own well-being or supporting the needs of friends, neighbors, and family. The self-reliant, independent nature of the rural client’s
health-seeking behavior may further exacerbate the complexity of the rural nurse’s role by waiting to seek healthcare until they are gravely ill (Long & Weinert, 1989).

**Rural Nurse Retention**

The rural nurse’s complex role is a dynamic interplay between the health of the rural community, rural economy, the nature of the rural individuals, and geographic points of access to care that can challenge even the most resilient of rural nurses. Although nursing retention has been a point of discussion for some time, the retention of rural nurses has become more difficult in the sparsely populated and underserved regions (Mbemba, Gagnon, Paré, & Côté, 2013). High stress, less full-time opportunities in the nurse’s choice of settings, fewer opportunities for professional development, fewer connections to the amenities of more populated areas, perceived devaluing of rural nursing practice by urban nurses, and factors related to family support and/or financial commitments weigh in heavily on the rural nurse’s intent to stay (Mbemba et al., 2013; Paré, 2015; Roberge, 2009). Nurses working in rural communities require a higher level of skill in a variety of care situations and need to be prepared to master the ambiguity of the complexity of rural practice to prevent becoming overwhelmed and leaving their rural job (Knight et al., 2016; Paré, 2015; Trépanier et al., 2013).

**Rural Nursing Education**

Alongside demands placed on rural nurses to live within a sparsely populated area, an increasingly elderly rural population, and an aging nursing workforce, rural nursing programs are preparing nurses to enter rural practice environments that are challenging, isolated, and require specialized knowledge focused on the nature of rural health (Lea & Cruickshank, 2017). Rural nursing education programs acknowledge that
rural nursing’s unique context of practice requires their graduates to exhibit the characteristics of independence and high levels of problem-solving abilities and to serve as leaders with very little support (Lea & Cruickshank, 2017). A nursing curriculum that is informed by the nursing program’s environment is essential to support sustainability within the community it serves and to provide graduates with relevance and readiness to practice (Iwasiw & Goldenberg, 2015). Nursing students who live in rural areas and are exposed and socialized to the rigors and requirements of rural nursing practice prior to graduation are more likely to stay in rural nursing (Fowler, Twigg, Jacob, & Nattabi, 2018; Mbemba et al., 2013; Trépanier et al., 2013).

Rural Wyoming nursing education programs are preparing students to practice in underserved areas with inadequate access to primary care settings where the majority of Wyomingites live (Wyoming Department of Health, 2018b). Rural nursing education programs prepare graduates for rural practice by providing opportunities among the 16 critical access hospitals, 16 rural health clinics, and 11 federally qualified health centers to practice generalist role skills where much of Wyoming’s rural healthcare needs are served (Lea & Cruickshank, 2017; Wyoming Department of Health, 2018a). Nursing educational leaders agree with the literature recommendations that it is imperative for rural nursing education to expose students to the rural care environment through a variety of rural patient care settings. This exposure fosters a sense of familiarity with the expectations of the rural care environment, instills a sense of belonging, and shifts the student’s thinking to what is important to the rural individual (Benner, Sutphen, Leonard, & Day, 2010; Billings & Halstead, 2016; Bushy, 2000; Lea & Cruickshank, 2017).
Transition to Practice

Rural nursing education in Wyoming situates nursing graduates to practice among eight counties reporting a shortage of primary care physicians and amid shortages in mental health care access across the entire state (Wyoming Department of Health, 2018a, 2018b). For many rural nursing programs, graduates are generally employed in the area, constituting the makeup of the region’s nursing workforce. Therefore, a strong sense of responsibility and accountability is incumbent upon the rural nursing program when planning the nursing curriculum to appropriately prepare graduates to flourish within the rural care environment. The rural nursing program mirrors the rural dweller’s connection to the community and the interrelatedness between the rural dwellers’ health and a thriving rural nursing workforce. For these reasons, a rural nursing program curriculum that understands and is informed by the rural nurse’s lived experience is key in fostering the successful transition to rural practice and serves as an important connection to a rural workforce that is prepared for the challenges that lie ahead.

Photo Elicitation

The ability to recognize the phenomena and the interplay of cultural influences is fostered by the ability to understand (Collier & Collier, 1986). “It is through perception, largely visual and auditory, that we respond to the humanness that surrounds us” (Collier & Collier, 1986, p. 1). The benefit of interpretive phenomenology is that it fosters creative freedom for data collection from multiple sources to fully shed light on the phenomena (Pringle, Drummond, McLafferty, & Hendry, 2011). With this in mind, the researcher chose to elicit photos from the rural nurses to add richness to the data, validate and illuminate the complexity of the concept of flourishing among rural nurses. The use
of visual images has been used extensively in traditional anthropological research as a method to develop a rich, multidimensional perspective during the exploration and analysis of human nature (Collier & Collier, 1986; Glaw et al., 2017). Qualitative researchers have continued to adopt visual methodologies such as film, photography, and video to provide an added dimension for discussion between researcher and participant (Glaw et al., 2017).

Participant photography methods such as photovoice, autophotography, photo novella, and photo elicitation, have successfully proven to illuminate the lived experiences, give meaning, and can be considered symbolic of the human experience, rather than a static, two-dimensional picture of reality (Glaw et al., 2017; Murray & Nash, 2017; Plunkett, Leipert, & Ray, 2013). Photographs taken by participants are increasingly used as a research method in health research, particularly due to the visual image’s ability to represent phenomena, promote understanding and capture the social context that may not be as clear with words alone (Balmer, Griffiths, & Dunn, 2015; Murray & Nash, 2017). The use of participant photography facilitates a readily accessible and easy-to-use medium to assist the researcher to reach a deeper level of understanding (Balmer et al., 2015; Murray & Nash, 2017).

Photo elicitation differs from photovoice in that photo elicitation is used with the sole purpose of enriching the data, rather than as part of the critical researcher’s agenda for social change (Murray & Nash, 2017; Plunkett et al., 2013). However, all visual methodologies add rich, interesting information that supports a deeper level of understanding (Glaw et al., 2017; Murray & Nash, 2017). Photo elicitation has several strengths such as encouraging the participant to think more deeply about their ideas prior
to the interview, solicits layers of emotions from the participant, and provides a source of rigor as the participants’ dialogue to analyze their own data alongside the researcher, revealing the participant’s lived experience (Glaw et al., 2017; Plunkett et al., 2013).

For this study, the researcher chose to have the participant take the photos, rather than the researcher, to encourage the emotions behind the choice of photograph, reveal the deeper subjective meaning of flourishing in relation to the participant’s rural nursing practice and support the collaborative analysis that aligns with interpretive phenomenological methods of research. When considering the ethical challenges that can arise as a result of the use of photographic images and the privacy concerns among small communities, the researcher constructed guidelines prior to soliciting photos from participants (Murray & Nash, 2017). For example, identifiable information had to be excluded on the image to protect rural dweller’s privacy, interpretation of the image needed to be constructed by the participant, rather than the researcher, and clear guidelines of how the images were to be used and interpreted were important aspects of photo elicitation methods (Balmer et al., 2015; Glaw et al., 2017; Murray & Nash, 2017; Plunkett, et al., 2013)

Finally, this study sought to align the contextual illumination strength of photo elicitation methods and interpretive phenomenology’s aim to fully understand the lived experience of flourishing rural nurses. The use of photo elicitation is a useful visual methodology in qualitative research that fuses well with phenomenology’s aim to narrate an enriched understanding of an experience through the provision of additional data (Glaw et al., 2017; Plunkett et al., 2013). The tenets of phenomenological inquiry and social constructivism in this study also merge appropriately with photo elicitation’s
ability to make meaning of the person’s lived experience within the social and cultural context, and to support the participants’ co-creation of their own narrative of reality (Glaw et al., 2017; Plunkett et al., 2013).

Summary

The characteristics of flourishing embody a sense of productivity, achievement, and positive actions and emotions that support a working environment where nurses feel empowered to live out the fullness of their professional practice. The concept of flourishing articulates appropriately to the rural care nurse’s working environment, and its consequences support quality care, longevity, work-life satisfaction, resilience, and personal, professional and institutional well-being. Flourishing’s characteristics of well-being, altruism and achievement are appropriate contextual counterparts to the confines of isolation, role diffusion, lack of anonymity, and health stressors inherent within the rural nurse’s working environment.

Rural nursing meets the rural dweller where they live and work to provide essential health-related services, often practicing in underserved areas with limited access to care and amidst poor health outcomes within their community. Rural nurses experience their own disparities compared to urban nurses such as their differences in working wages and access to professional resources. Despite these gaps within their workplace and surrounding communities, rural nurses are expected to perform with clinical excellence as expert generalists who are able to wear multiple hats within one shift (Fahs, 2017; McCoy, 2009; Paré, 2015; Wyoming Department of Employment, Research & Planning, 2008).
Rural nurses acknowledge a deep connection to their community and the rural dweller’s health and well-being while balancing between the theoretical constructs of rural nursing’s insiders/outsiders and newcomers/old-timers, sense of isolation, and challenges of anonymity (Fahs, 2017). These challenges within rural nursing can lead to burnout, stress-related illness, uncertainty, and decisions to leave their job (Barling, 2001; Heaslip & Board, 2012; Taylor & Barling, 2004). Critical losses in nurse staffing compound the challenges within rural health care, further depletes scarce resources, and sets the stage for a losing situation for rural nurses, rural employers, rural healthcare agencies, and ultimately rural dwellers’ health.

However, rural nursing education has the opportunity to play a key role in turning the rural health workforce challenges into successes by preparing graduates to bloom in the rural practice environment. There is a need for rural nursing education to explore and understand the meaning of a flourishing nurse as it is lived within the rural context, consequently providing rural nursing education curriculum with subjective experiences to foster informed discussions for rural nursing education. In addition, it is important for rural nursing students to be exposed to the meaning of flourishing through the perspective of a rural nurse so that they can prepare themselves to flourish as they practice within the rural dweller’s unique concept of health and Wyoming’s health disparities.

The review of literature highlights that gaps remain in rural nursing research for nursing practice, nursing retention, and nursing education. There is an urgent need for evidence-based rural nursing research to initiate important conversations relating to the preparation of rural nursing graduates that are able to flourish within the rural context. There are no identified research studies focused on the rural nurse’s lived experience
relating to the concept of flourishing or that attempt to explore the concept of flourishing as a means to discuss rural nursing education’s role in rural nurse retention. Furthermore, there are no identified studies with a focus on rural nursing that use the synergy of interpretive phenomenology and photo-elicitation to provide insight into important constructs of the rural nurse’s everyday life.

This study further sought to begin building a bridge of information across an important gap between rural healthcare’s need for a flourishing workforce and the rural nursing education programs as they prepare a graduate for rural nursing practice. This study sought to form an important link between what is known about the concept of flourishing within the literature and how it is lived experientially within the rural nurse’s practice. Finally, this study proposed to add to the body of rural nursing knowledge by bringing together phenomenology’s ability to illuminate the meaning of human experience. Using the deeper insight lent by photo elicitation and the rural nurse participant’s richly complex lived reality this study sought to form a collaborative meaning of flourishing that can lead to a discussion relevant to the rural nursing workforce.
CHAPTER III

METHODOLOGY

Introduction

The purpose of this qualitative interpretive phenomenological study was to explore the meaning of human flourishing among rural nurses practicing in Wyoming. This chapter discusses the research design and methods used by the researcher to answer the following research question:

Q1 What is the lived experience of a flourishing rural nurse?

Furthermore, this chapter discusses the two basic phenomenological approaches, descriptive and interpretive, to research, sampling methods, participants, and data collection. This section also addresses the role of the researcher, the researcher’s stance, the detailed process of analysis of the data, contextual issues, and qualitative trustworthiness.

Qualitative Research

Qualitative and quantitative research designs have differences in the approach and philosophical worldviews (Creswell, 2014). Quantitative researchers generally have a postpositivist worldview and seek to deductively test hypothesis by measuring the relationship among variables, ultimately hoping to replicate or generalize their findings (Creswell, 2014). Whereas, qualitative researchers generally have more of a constructivist worldview and inductively seek to understand and explore the complexity
of subjective meanings, ultimately hoping to build general themes from specific instances (Creswell, 2014).

The origins of qualitative research stem from social sciences, anthropology, and the humanities, featuring qualitative approaches such as narrative, phenomenological, grounded theory, ethnography, and case studies (Creswell, 2014). Although all qualitative inquiries seek to ask and answer questions relating to how individuals construct meanings as they live out their lives, a phenomenological inquiry is most appropriate where the participant’s meaning of human experience is consciously embodied within their life-world (Benner, 1994; Merriam & Tisdell, 2016).

Phenomenology’s focus on lived experience has its roots in philosophy and psychology and fits well for studies investigating affective or strong human emotional concepts (Creswell, 2014; Merriam & Tisdell, 2016).

**Descriptive Versus Interpretive Phenomenology**

There are two main approaches for phenomenological researchers to choose from, descriptive and interpretive (Lopez & Willis, 2004). Both approaches typically use an in-depth interview as a data collection method and produce a narrative account of a participant’s subjective experience (Lopez & Willis, 2004). However, through the years there has been a shift in phenomenological inquiry from Husserl’s prescribed pure forms of description to an interpretive stance promoted by Heidegger, also known as hermeneutics (van Manen, 2017; Matua & Van Der Wal, 2015). Fundamentally, descriptive and interpretive approaches also differ in methodology and in how the results are used, particularly how it adds to the body of nursing knowledge (Lopez & Willis, 2004; Matua & Van Der Wal, 2015).
Descriptive phenomenological approaches follow Husserl’s main objective to encounter the very essence of a phenomenon by bracketing out all existing knowledge (Matua & Van Der Wal, 2015). The descriptive phenomenologist seeks to describe the phenomenon as it exists free from preconceptions and leave behind their own reality to come to know the experience in its purest form (Matua & Van Der Wal, 2015). In descriptive phenomenology, reality is independent of context and researchers transcend subjectivity, to discover first-hand descriptions of the participant’s experience. Commonalities are identified and used to provide one universal interpretation of the participant’s experience of the phenomenon (Lopez & Willis, 2004; Matua & Van Der Wal, 2015).

In contrast, interpretive phenomenological approaches follow Heidegger’s direction to extend beyond descriptions to discover meanings, possibilities, and wisdom that are not always evident to the participant yet are embedded within the narrative as the individuals live out their lives (Lopez & Willis, 2004; Matua & Van Der Wal, 2015). The acknowledgment of the contextual influences as inseparable from the participant’s subjective reality and the assumption that the researcher’s prior knowledge will be part of the inquiry stand in stark contrast to descriptive phenomenological methods (Lopez & Willis, 2004; Tuohy et al., 2013). Finally, interpretive phenomenology fosters a design that highlights the interpretation of the phenomenon’s meaning as a means for the nurse researcher to communicate a clearer understanding (Matua & Van Der Wal, 2015).

Choosing Interpretive Phenomenology

Both phenomenological approaches rely on participant experiences to generate knowledge. In addition, the researcher using both approaches of phenomenology to
guide their study seeks to explore the meaning of phenomenon as they are lived (Matua & Van Der Wal, 2015). However, the differences in focus, outcome, the role of previous knowledge, and value of context led the researcher to choose interpretive phenomenology methods to guide this research. The research question for this study was best answered using the interpretive phenomenological approach because the hermeneutic method is particularly suited to the issues that have practice implications and flourishing’s role in nursing practice was a major tenet of this research (Matua & Van Der Wal, 2015).

**Focus.** The interpretive phenomenological approach allowed the researcher to shift the focus to a deeper understanding of the meaning of flourishing as the rural nurse explored their own meaning of flourishing and considered how it affected their nursing practice and lives that were situated within their own individual rural context (Matua & Van Der Wal, 2015). The perspective of interpretive phenomenology fostered the researcher’s focus to attend to each rural nurse as their individual meaning unfolded during the interviews and developed a broader understanding of their reality of how flourishing as a rural nurse incorporates more than their practice, but their entire being (Matua & Van Der Wal, 2015). Interpretive phenomenology was also chosen so that the researcher could do more than making the reader aware of the meaning of flourishing, but to highlight the value of nursing in the rural hospital setting and allow their subjective understanding and interpretation of flourishing within their socio-cultural constructs to emerge (Matua & Van Der Wal, 2015).

**Prior knowledge.** A major difference between descriptive and interpretive phenomenology is the role previous knowledge plays in the research process. This difference led the researcher in this study to choose interpretive phenomenology because
it aligns with the assertion that by simply interacting with the world, interpretation is inevitable and that experiences are inseparable from social, cultural and political frames of reference (Lopez, & Willis, 2004; Matua & Van Der Wal, 2015). Furthermore, this foundational tenet of interpretive phenomenological approach guided the researcher’s early decision-making in choosing a meaningful study to pursue, allowed the researcher to integrate prior knowledge of rural nursing into the research findings, and enabled the researcher’s years of experience as a rural nurse to intersect with the rural nurse as meanings of flourishing were interpreted and understandings were made clear (Lopez, & Willis, 2004; Matua & Van Der Wal, 2015).

**Value of Context**

Designing the study within interpretive phenomenology constructs mirrored the researcher’s perspective that rural nursing has unique characteristics that are embedded within the rural context to the degree that the researcher’s own meaning of flourishing cannot be abstracted from this subjective reality of living and working within a rural community (Lopez & Willis, 2004; Matua & Van Der Wal, 2015). This assertion acknowledged that the rural nurse’s individual decisions within their life and rural practice are influenced by their embeddedness within the context of rurality (Lopez & Willis, 2004; Matua & Van Der Wal, 2015). With this in mind, the researcher was able to broaden the lens to narrate the implications of flourishing on the specific circumstances surrounding rural nursing and step inside the life of the rural nurse to discover the possibilities, gain wisdom, and identify flourishing’s characteristics as it blended with the researcher’s understanding (Matua & Van Der Wal, 2015).
Role of the Researcher

The role of the researcher in interpretive phenomenological research is to “hear and understand the voice of the participants” (Benner, 1994, p. 101). True to interpretive phenomenology, the researcher was an active participant or co-researcher with the rural nurse by openly listening, engaging in discussion, collaboratively interpreting the photographs, and integrating this process into the research findings (Benner, 1994; Tuohy et al., 2013). This means that the researcher had to reach beyond the subjective to capture the rural nurse’s understanding of flourishing as it was lived in their daily lives and explicate the embodiment of flourishing within the rural nurses’ work in the rural hospital through the narrative (Benner, 1994). The researcher had to engage reasoning as the research study evolved to include questioning own understanding and acknowledge misunderstandings (Benner, 1994). For example, during an initial interview, a participant took a turn in a different direction than was anticipated when they responded to the question “What does a flourishing nurse do?” with a description of pruning. The participant replied that “you have to be pruned first…to figure out who you are and know what you have, not just pretty blooms from graduation day.” This reply prompted a request for clarification from the researcher and further reflection to understand.

In contrast to the role of the descriptive phenomenologist researcher, the role of the researcher in this interpretive phenomenological study was to arrive at a blend of meanings that focused on the uniqueness of rural nursing and flourishing within the rural context with a sense of wonder while acknowledging preconceptions and prior knowledge (Tuohy et al., 2013; Lopez & Willis, 2004; Matua & Van Der Wal, 2015). The participant’s unexpected response about pruning is an example of how the
participant’s response heralded a turning point in the researcher’s historical understanding of flourishing and signified a moment of questioning of the researcher’s preconceptions, thus clearing the way for a transition to new understandings of flourishing (Benner, 1994). The reply by the participant represented the intersection between the perspective of the researcher and the participant’s viewpoint generating a new, lesser-known, understanding of flourishing. The process of reconsideration and learning from the participant’s reply reflected the interpretive phenomenological researcher’s role in “shared meaning-making” and a “fusion” of the meaning of flourishing alongside the participant (Matua & Van Der Wal, 2015, p. 25).

**Phenomenological Attitude**

Of central importance to the phenomenological researcher is the ability to focus on the phenomenon, moving past own pre-suppositions, to engage with the participant’s narrative with a sense of openness (Tuohy et al., 2013). Husserl suggested that phenomenologist must attempt to bracket out all influencing factors such as understandings, beliefs, attitudes, and prejudices for objectivity (Lopez & Willis, 2004; Matua & Van Der Wal, 2015; Tuohy et al., 2013). However, the purest form of bracketing is debatable in interpretive phenomenology due to the Heideggerian perspective that it is impossible for an individual to completely set aside all that is known or understood consciously or unconsciously (Tuohy et al., 2013).

Despite the debate over bracketing in interpretive phenomenology, Tuohy et al. (2013) suggests that it is important for the researcher to assume a kind of bracketing by acknowledging what has influenced the researcher’s world and “rather than setting it aside, we need to bring it to the fore to be recognized as influences and biases; through
this acknowledgment, we can be open to other people’s meanings” (p. 19). Extending further into the benefits of bracketing for interpretive phenomenologists, the putting aside of preconceptions to free the researcher’s ability to actively engage in the sense-making is supported as an important aspect of the work that the interpretive phenomenological researcher does to ensure that the participant’s experience is understood (Vicary, Young, & Hicks, 2017). Therefore, the researcher chose to follow hermeneutical guidelines by acknowledging pre-understandings, keeping a journal diary of reflections during the study, and remained cognizant throughout the study of the influences the researcher brought to the interpretation process.

The journaling process was in place to acknowledge potential influences and assume a phenomenological attitude so that human flourishing among rural nurses could be detailed as it was experienced first-hand (Matua & Van Der Wal, 2015). An example of the researcher’s journal entry that demonstrates the acknowledgment of preconceptions as the researcher prepared for the photographic data collection:

I’m excited to have the first of the second interviews. Particularly for the photos. I wonder what they will bring. I notice now that I am thinking about flowers, gardening, blooms, verdant qualities. I need to be sure to clear my mind before I enter the interview of what I may see. I want to be completely open to what they show me. As I’m stepping through a mental interview now, I notice that it is easy for me to interpret the photo based on my own lens. I need to be a blank slate that the nurse writes on—fully present. I want to be a sponge that is eager to hear their words, thoughts, and ideas behind the photo they chose.

True to interpretive phenomenological study, the researcher’s experiences and knowledge guided the inquiry, supported reflexive responses, and facilitated interpretation (Lopez & Willis, 2004; Matua & Van Der Wal, 2015). Consequently, reflective journal entries also mirrored the thoughts of the researcher in the interpretive
phases of the research process as well. A sample of the researcher’s reflective journaling during the data analysis phase as themes began to emerge:

I’ve written down “life balance” for the group of coded phrases “caring for self,” “realistic,” “support,” and “resources.” I wonder though if they belong somewhere else. “Balance” is supported in the participant’s words and what I interpret as their intent in the conversation about what flourishing nurse does, but not sure if that fully captures it all or if I have all the codes in the category yet.

The personal knowledge of the nurse researcher in the interpretive phenomenology is important to acknowledge and constantly question as new understandings emerge (Lopez & Willis, 2004; Matua & Van Der Wal, 2015).

**Researcher’s Stance**

The researcher had experiential knowledge of rural nursing due to twenty-seven years of living and working in rural areas. Although the researcher has lived in a variety of rural areas of the United States, the researcher acknowledged that there were more similarities than differences among rural nursing practice and rural dwellers’ perspectives in the northwest region of Wyoming compared to other rural areas experienced by the researcher. As a current rural dweller in Wyoming, the researcher shared a personal sense of knowing that incorporated viewpoints of a rural dweller, rural nurse, and rural nursing program administrator and brought a deeply rooted desire to produce new knowledge specific to the rural health setting.

Prior to this study, this researcher held a subjective definition of a flourishing rural nurse as one who was well-adjusted to their role as a rural nurse and was able to work with a team to meet the patient’s health outcome. The researcher’s perspective extended further to posit that rural nurses who flourish are best able to provide quality care to rural dwellers, consequently elevating the level of health for often underserved
populations. Furthermore, as a current administrator of a rural nursing program, the researcher was invested in understanding the reality of what it means to flourish as it is lived within the rural context in the hope that the findings from the study could spark conversations about the rural nursing program’s role in the preparation of nursing students entering the rural workforce. The preconceived goal of the researcher was to fully grasp an understanding of what it means to be a flourishing rural nurse and to faithfully interpret the meaning alongside the participants for discussing implications to rural practice and rural nursing education.

Research Design Overview

The design for this study was an interpretive phenomenological study exploring the meaning of flourishing among rural nurses in Wyoming. Approval from the University of Northern Colorado Omnibus Internal Review Board (IRB) was obtained prior to beginning the research (Appendix A). The convenience criterion sampling process occurred among rural nurses within driving distance of the researcher in northwestern Wyoming, who all met the criterion of “blooming where they are planted” by either voluntary self-selection or by nominating someone who met the criterion. The primary research data collection approach was two, one-on-one interviews with each rural nurse participant and digital images taken by the nurse participant to shed further light on the concept of flourishing. The use of multiple sources of data were intended to provide the broadest possible range of perspectives on the phenomenon (Benner, 1994).

Interviews are foundational to phenomenological research data collection and provide the interpreter with an “embodiment and lived understanding of a world and set of local clearings created by social groups, practices, skills, history and situated events”
(Benner, 1994, p. 100-101). The researcher’s choice to use images as data for analysis and a source to foster discussion during the interview added multiple layers of meaning that supported a collaborative understanding during the creation of knowledge and interpretative process (Collier & Collier, 1986; Glaw et al., 2017). Using visual methodology is particularly suitable for studying mental health-related concepts, such as flourishing, and fosters the emergence of interesting data that deepens understanding (Glaw et al., 2017).

The interview settings occurred in the natural setting chosen by the rural Wyoming nurse with the intent to seek a quiet location, free from distraction and recognition from other rural dwellers in the community, and amenable to an audio recording. The initial and sequential interview times were collaboratively chosen for convenience for the nurse and researcher while allowing for time to reflectively answer open-ended questions, validate understanding, and discuss digital visual images. All forms of data were stored securely in a password protected digital file on the University of Colorado One Drive, accessible only by the researcher, and contained no identifying information other than a sequential letter of the alphabet and later pseudonym assigned to the participant. After the second interview, each participant was given a twenty-dollar gas card from a local convenience store for his or her participation in the research study.

**Sampling and Participants**

**Participants.** The target population for this study was rural registered nurses, licensed in Wyoming, who were currently practicing in rural clinics, critical access hospitals, or rural healthcare delivery systems in the northwest region of Wyoming. The inclusion criteria included rural nurses who have a current unencumbered RN license in
the state of Wyoming, are currently working in a rural nursing setting and have at least one year of experience working as an RN. The rationale for the inclusion criteria was framed in the lens of the rural dweller that values the insider’s perspective, phenomenological foundations that focus on the experiences of those who have lived the phenomena of interest, and the social constructivist perspective that purports cultural and social influences on meaning (Bushy, 2000; Creswell, 2013; Merriam & Tisdell, 2016).

**Sampling.** The sampling was a criterion, convenience sample of rural RNs that began with initial recruitment of the researcher’s query among rural clinics, and critical access hospitals, by placing a flyer in the break room or bulletin board area where nurses gather (Appendix B). The flyer asked the question “do you or someone you know bloom where they are planted?” and asked them to contact the researcher via email to hear more about the study and solicit interest in participation. The individuals who were interested in the study were self-selected or nominated by another nurse. Participants who were self-selected contacted the researcher using the contact information from the flyer, and the interview was set up at the participant’s choice of time and place. When another nurse nominated the individual, the researcher reached out to the nominated nurse via email to inquire about their interest in participating in the research study and proceeded with an interview if the nominee was willing to participate (Appendix D).

After the initial interviews began, snowball recruitment among the nurses that were interviewed took place for more rural nurses until a counternarrative and redundancy in the data occurred (Merriam & Tisdell, 2016). The researcher attempted to obtain a variety of voices to collect extensive detail among the rural health care delivery systems in the northwest region of Wyoming by re-sending flyers to facilities where no
participants had responded. The nominating nurse’s name was kept confidential to prevent influencing the participant’s narrative responses. The rationale for the sampling process was in recognition that rural nurses are aware of the characteristics of flourishing either within themselves or others and that they would be the best ones to nominate themselves or a peer as a flourishing nurse. This process of selection also eliminated the potential for bias if participants were selected using the researcher’s or supervisor’s perception of flourishing.

**Data Collection**

The purpose of the study, including a copy of the abstract, and time requirements for interview participation was explained and participants were given a chance to ask questions prior to the interview. A consent form was provided, including the notification that there will be two interviews and that they would be digitally audio recorded, the confidentiality of their participation and the security of their information, for the participant to review (Appendix C). The researcher provided an estimated time commitment for participation in the study, notified them of their option to withdraw from the study at any point, and allowed time for the participant to read the consent, ask questions, and sign consent forms prior to the beginning of data collection. The researcher also discussed the method of photo elicitation, including any training needed to take a picture with their cellular device, how the photo would be used in the discussion during the second interview and how it would be used to develop the researcher’s deeper understanding of rural nurse flourishing (Appendix C & F). Data collection took place until the researcher concluded that a counternarrative was present and no new information was forthcoming (Creswell, 2014).
Interviews. Prior to the interview, participants were given an alphabetic letter in alphabetic sequence, beginning with the first interview with a designation of “A,” to ensure confidentiality of person and place. This alphabetic letter was later given a pseudonym to continue to protect the privacy of the participant yet facilitate a sense of human connection for the reader (Table 2). Audio recording, using a digital voice recorder by the researcher, was tested before the interview and used to record the participant’s interview. For the initial one-on-one interview, an interview guide was used to direct open-ended questions and allowed participants the opportunity to voluntarily report demographic information such as age, ethnicity, number of years in rural nursing, gender, and full time/part time status (Appendix E).

During the interview, the researcher audio recorded the conversation and took field notes during the interview, noting body language, facial expression, and other non-verbal cues. To facilitate accurate recall, the researcher found a quiet space immediately after the interview to finish field notes from the interview and make any further observational notes relating to the interview. To serve as a form of trustworthiness and maximize accuracy in data collection for words that were not as clear on the audio recording, the researcher transcribed the interview word-for-word within forty-eight hours and wrote summary statements for each question prompt to review with each participant during the second interview.

At the end of each initial interview, the researcher outlined the steps for the next interview beginning with how the researcher would again collaborate with them for a deeper understanding of flourishing among rural nurses by bringing summary statements gleaned from the initial interview for validation by the participant. The researcher then
reviewed the Guidelines for Participant Photographs in detail, stressing that only one photograph could be chosen by the participant and that it could not contain any personally identifying information (Appendix F). The researcher used the Follow up Interview Guide and Field Notes as a prompt to encourage participants to make notes relating to how the process of choosing and taking the photograph, including any criteria they had in mind as they thought about the photo, and to keep track of how many pictures they took before choosing the one to submit to the researcher (Appendix G).

Participants were encouraged to ask questions at the conclusion of the first interview, contact the researcher after the interview via email or cell phone, prior to the second interview. All participants verbalized understanding of the photograph guidelines at the time of the first interview and stated their understanding of the discussion that would take place at the next interview. The researcher sent thank you emails to each of the participants within the first 72 hours after the first interview, recapped the plan for the next interview and attached the Guidelines for Participant Photographs to the email (Appendix F).

Within two weeks after the first interview, the researcher emailed each participant inquiring about a date, time, and place to meet for the second interview. All participants were sent an email reminder to bring their photo to the second interview by the researcher and inquiries were made of the participant for lingering questions. One participant asked to bring a photo that had faces to the second interview. The researcher stated that this photo had identifiable information and could not be used in this research study. The researcher asked the participant if there was another photo they could bring that would embody the flourishing to them and the participant stated that they had another one in
mind. The researcher brought the transcribed interview and summary statements from the previous interview with the participant to the follow-up interview. The researcher read each question prompt and summary statement, followed by a request for feedback from the participant regarding accuracy and completeness of the researcher’s understanding. Throughout the follow-up interview, the researcher provided the participant opportunities to edit or elaborate further on their perception of flourishing to ensure the researcher had been able to gain a deeper understanding of the meaning of flourishing. The participant’s feedback was noted during the interview directly onto the transcribed notes and written summary.

**Photo elicitation.** In addition to interviews, the researcher sought photos taken by the participant to facilitate the conveyance of the individual’s story, memories and as a vehicle to prompt discussion. The participants’ photos provided a powerful context to the complexities of rural nursing, the rural nurse’s emotional response to the contextual features of flourishing as a rural nurse and the description of flourishing (Glaw et al., 2017; Merriam & Tisdell, 2016; Murray & Nash, 2017; Plunkett et al., 2013). The solicitation of digital visual images, provided by the participants, served to document another layer of understanding of human flourishing among rural nurses as it is lived and served as a method to establish trust and triangulation of the participant’s perspective (Creswell, 2013; Glaw et al., 2017; Murray & Nash, 2017; Plunkett et al., 2013).

Therefore, at the end of the initial interview, the researcher used the Guidelines for Participant Photographs to ask participants to find, capture, and share one digital photo on their cellular device that they thought embodied flourishing as a rural nurse and bring that digital visual image to the follow-up interview for discussion (Appendix F).
The participants were reminded that the photographs cannot contain the participant’s identity or any personally identifiable aspect of any individual in the photographs and that the image would be stored securely in a password protected University of Colorado One Drive. Participants were also encouraged to take the opportunity to make notes as they took the photograph and consider sharing any thoughts they had surrounding the choice of their photograph (Appendix F). The photograph and written data were considered equally as co-creators in the explanation of the lived experience of flourishing rural nurses (Murray & Nash, 2017). One participant wrote notes during the process of choosing a photo that was used as a field note in the study. The participant’s sharing of the digital visual image and field notes with the researcher underscored the participant’s role as co-creators of what it means to flourish as a rural nurse. The collaborative sharing of the photograph provided opportunity for the nurse to convey the meaning of flourishing in a different format, stimulated deeper thinking on the part of the participant as an image was found or taken, and encouraged the development of a richer conversation between researcher and participant (Merriam & Tisdell, 2016; Plunkett et al., 2013).

During the second face-to-face interview, participants were asked to show a digital image to the researcher that they had chosen as embodying flourishing. The researcher gave the participant an opportunity to describe the process of choosing the image and share their thoughts on how their image reflected rural nurse flourishing (Appendix G). The researcher took notes during the interview and dialogue relating to the digital visual image, noting body language, facial expression, and other non-verbal cues. Participants reviewed and begin to analyze their photograph, summary statements,
and their own notes alongside the researcher during the second interview to ensure the researcher fully understood their meaning to the participant (Appendix G).

The researcher requested a copy of the digital visual image the participant had chosen and permission to use the image as a source of data. The participant was informed that the photograph and field notes would be a part of the analysis and synthesis used in the research study and as part of the publication and dissemination of the research study results. The participant was given the researcher’s contact information for sending the digital visual image and was informed that the digital visual image would not be connected in a way that identified the participant and secured in the password protected University of Colorado One Drive. The dialogue occurring during the reflection on the digital visual image was audio-recorded, transcribed verbatim, deleted from the audio recording device and secured using the same process as the interview portions of the participant-researcher encounters.

**Data Security and Handling**

Protection of rural nurse data were prioritized as evidenced by pre-planning how transcriptions of interviews, field notes, and digital visual images would be stored in the password-protected secure University of Northern Colorado One Drive. Upon selection, participants were informed of the data security process and handling. Once interviews were recorded, the information was immediately transcribed, and the typed transcripts were digitally uploaded to a password protected file on the secure network of University of Northern Colorado One Drive, password protected and accessible by the primary researcher, then deleted from the portable device.
Participants were notified that the audio files would be deleted and that the transcribed data would be labeled according to the sequential alphabetic letter given to the participant. The use of sequential alphabetical letters and later pseudonyms that were assigned to the participant’s raw data when reporting data ensured that no identifying information of the participant could be linked with the data. Participants were informed of their data protection and use of the data prior to and during their participation. The primary researcher and researcher advisor were the only individuals with access to the data via password protection. No aspect of any form of data were stored on the personal devices of the researcher.

The participant was also informed that the digital visual image was to be immediately deleted from the researcher’s personal device and stored securely alongside the other data on the University of Northern Colorado One Drive network at the conclusion of the second interview. The researcher took care that each digital image was stored securely and deleted from the researcher’s cellular device as described to the participant at the time of the interview. The data for this research study will be maintained on the University of Northern Colorado One Drive secure network for a period of three years, then destroyed.

**Data Analysis Plan**

The data for analysis were taken from verbatim transcriptions collected from interviews, field notes written by the researcher during the interview process, field notes written or typed by the participants during the process of considering rural nurse flourishing or capturing a digital visual image, the digital visual images, and titles of the images provided by the participant. The researcher chose to process and analyze the data
manually due to the small participant size and to gain experience and ownership in working with qualitative data (Saldana, 2016). The researcher manually reviewed all data in a circular process from the participant’s narrative interpretation, to the summary statements derived by the researcher, then back again to the participant’s digital images, repetitively to arrive at the interpretation of the meaning of human flourishing among rural nurses (Plunkett et al., 2013). To ensure that each aspect of the written, verbal, and visual data were analyzed equally, the method of data analysis was an eight-step process that combined Collier and Collier’s (1986) photographic analysis approach and Glaw et al. (2017) interpretative thematic approach. Table 1 outlines the procedural steps used in the photographic and interpretive analysis.

Table 1

Procedural Steps in Analysis of Data

<table>
<thead>
<tr>
<th>Step</th>
<th>Procedural steps in photographic and interpretive analysis</th>
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<tbody>
<tr>
<td>1</td>
<td>Collaborative interaction during the interview</td>
</tr>
<tr>
<td>2</td>
<td>Organizing and knowing the data</td>
</tr>
<tr>
<td>3</td>
<td>Structural analysis by creating specific categories</td>
</tr>
<tr>
<td>4</td>
<td>Detailed analysis by naming and numbering significant categories/themes</td>
</tr>
<tr>
<td>5</td>
<td>Interpretive analysis including photographs, transcribed interviews, and field notes</td>
</tr>
<tr>
<td>6</td>
<td>Understanding and making sense of emerging data</td>
</tr>
<tr>
<td>7</td>
<td>Creating and prioritizing overarching themes</td>
</tr>
<tr>
<td>8</td>
<td>Communicating findings, conclusions, and implications</td>
</tr>
</tbody>
</table>


Overall, the photographic and interview transcript data were collaboratively analyzed between the participant and researcher during the initial and second interviews.
The process of data analysis occurred in phases, beginning concurrently during the initial interview process as the researcher collaboratively interacted with the participant during the interview and journaled personal thoughts relating to interview and the concept of human flourishing as a rural nurse. Field notes were written in the margins of the interview guide by the researcher during the initial interview, recording words that the participant said during the interview or thoughts that occurred to the researcher during the interview. Processing of the narrative and reflective analysis took place after the initial participant interview as the researcher journaled thoughts or overall impressions that occurred immediately after the interview. This reflective process occurred during and after each initial interview. Ongoing researcher reflection also occurred during and after the participant encounters by way of reviewing journal and field notes, describing, reading, organizing, interpreting, thinking about, and visualizing all types of data, often at the same time (Creswell, 2013; Murray & Nash, 2017).

Before the second interview, the researcher reviewed the transcribed interviews line by line using in-vivo methods to write phrases used by the participant that summarized the participant’s words (Saldana, 2016). The use of in-vivo method of coding was important to the study to indicate the value of the participant’s voice (Saldana, 2016). The phrases were then written into summary statements to be shared and reviewed with the participant during the second interview. The researcher engaged in a collaborative discussion and interpretive analysis of the initial interview and photographs alongside the participant at the time of the second interview (Collier & Collier, 1986; Glaw et al., 2017). In the final phase of the second interview with the nurse participant, the researcher discussed the photographs individually and equally
alongside the interview statements during the second interview. The back and forth dialogue between the researcher and participant continued until the participant acknowledged that the researcher had reached a shared understanding of the photograph and their narrative (Tuohy et al., 2013).

**Organizing.** The second phase of the data analysis process included the single-spaced, word-for-word transcription of the audio files from the second interview. Once transcribed, the audio file was deleted, just as the first interview, and placed in a password locked digital file on the University of Northern Colorado One Drive secure network. The researcher and participant’s field notes were typed and placed in the participant’s file, alongside the digital visual image. Each process of transcription, typing, and filing took place immediately after each participant encounter to facilitate the management of the data analysis workload. In addition, the summary statements derived from the first interview and validated in the second interview, along with the field notes of the researcher written during each interview, and the participant’s titled photographs were filed by their assigned pseudonym in the secure password protected University of Colorado One Drive. Finally, any notes that were written or typed by the participant while thinking about the concept of flourishing or capturing an image or choosing a photograph, and the titles chosen by the participant for the photographs were part of the data organized under each participant’s pseudonym for further examination.

Organization of the photographs began by laying all the photographs out together at once and viewing them as a whole in a holistic interpretive fashion that encouraged the researcher to formulate first impressions, note subtleties, absorb patterns and respond to images (Collier & Collier, 1986; Saldana, 2016). The next step in further organization of
the photographs was to move to an intuitive process where the researcher asked strategic questions such as, “What am I trying to find out?”, “What do I see in the photograph?”, “How do I know?”, and “What can be seen and identified in the visual record that gives me this impression?” (Collier & Collier, 1986; Saldana, 2016). The deliberate movement back and forth between open viewing and deeper analysis intuitively led the researcher further into an artistic speculation of all that was possible within the visual world that was presented by the participant’s photograph (Collier & Collier, 1986; Glaw et al., 2017). Ultimately it was important for the researcher to remember to “let the photograph tell what it means, rather than the researcher tell what the photograph means” (Collier & Collier, 1986, p 172).

**Coding.** The third phase of the data analysis involved holistic or macro-coding of the photographic data by using titles of the photographs as provided by the participant and placing each photograph into a preliminary grouping (Glaw et al., 2017; Saldana, 2016). The researcher placed photos with similar categorical aspects together and prioritized photographic themes by the ones most photographed to the least photographed (Glaw et al., 2017). For example, there were five photos of botanical or natural qualities that were grouped together and viewed alongside a grouping of two photos reflecting achievement, one of a work setting and one of a spiritual nature. Keeping the context of the research question in mind, the researcher rearranged the photos as needed to keep the focus on understanding rural nurse flourishing. The researcher continued to review the photos and the titles of the photos as provided by the participants and determined no further information gleaned from the titles indicated a need for additional categories or groups.
Similarly, the coding process of the written data began with a holistic process involving multiple readings of each of the participant digital files as a singular story and then all files together to gain a sense of the whole. This initial analysis served as a starting point to immerse the researcher in the details of imagery, metaphors, and symbolism used by the nurse participants (Creswell, 2013; Creswell, 2014; Saldana, 2016). During the visual scan of the data, the researcher remained open to the direction that the transcribed interviews, summary statements from the first interview, field notes made by the researcher or submitted by the participants led, journaling notes and thoughts that arose during the scan.

To fully capture the perspectives presented by the participant, the researcher employed a combination of open and in-vivo coding to further reflect on the data from the transcribed interviews and participant field notes, sometimes using the nurse’s own language, to form a list of significant statements (Merriam & Tisdell, 2016; Saldana, 2016). At this point in the analysis, the researcher began to list the major concepts that had emerged from the visual scan of the data, the summary statements that were validated by the participant during the first interview, and the significant statements that emerged from the open and in-vivo coding. The researcher continued to return to the raw written data for a visual and reflective review, adding to the list as necessary. Reading and re-reading, hearing the participant’s voice in their head, the researcher continued to list more statements using the participants’ words, carefully attentive to the field notes, treating each equally, until the final list of statements or phrases did not contain any repetitive or overlapping statements (Creswell, 2013).
Structured analysis. The fourth phase of the data analysis involved the researcher’s continued counting and comparing categories noted within the photographs by considering coloring, shading, and reasons why the photograph was taken (Glaw et al., 2017). The researcher continued seeking specific information from the photos by noting the focal point in the photograph, choice of objects in the photograph, and considered the distances between objects, setting or vantage point of the participant (Collier & Collier, 1986). This micro-analysis included reading detailed observations about each photo that were written in the margins by the researcher often including words spoken by the participant or thoughts such as movement, space, time, or emotion that were evoked within the researcher when viewing the photo (Collier & Collier, 1986; Glaw et al., 2017; Saldana, 2016).

In the structural analysis of the written data, the completed list of coded statements was further grouped into larger units called categories or themes (Creswell, 2013). The categories or themes consisted of labels given to phrases or parts of sentences that identified, gave meaning, or described the unit of data (Saldana, 2016). For example, an early grouping included the coded phrases from the participants’ narrative, “jack-of-all-trades,” “decision-making,” “dependability,” and “multiple roles.” As each coded source of data was placed within a category, they were added alongside other coded data sources with similar meaning (Glaw et al., 2017). The analysis, coding, and movement into groups is illustrated by the example of the researcher’s placement of the words “assessment skills” in with the grouping alongside “jack-of-all-trades”, “decision-making,” “dependability,” and “multiple roles.” This process continued until all the phrases were placed in categories or themes.
**Detailed analysis.** The fifth phase of data analysis began when the researcher returned again to open and in-vivo coding by reviewing the components of coded data within each theme or category and gave them a commonly used participant word (Glaw et al., 2017). For example, an early theme was “Rural Skills” to label “jack-of-all-trades”, “decision-making,” “assessment skills,” “dependability,” and “multiple roles.” The coded meaning units were examined closely to ensure the participant’s words and intent were used faithfully in the label attached and that each of the coded units was appropriately placed in the right category. As the analysis process continued, coded units were moved to other categories as necessary and renamed as the researcher thoughtfully considered similarities and differences (Saldana, 2016). Detailed analysis of each aspect of coded data occurred until each coded item resided within a category labeled with a participant word and that no redundancies or overlap occurred. The categories or themes were ranked according to most frequent to a less frequent category or theme based on the number of codes data within each theme (Glaw et al., 2017). For example, the theme of resilience was ranked first due to the highest number of coded data included within that theme.

Similarly, the researcher reflected on the photographs by examining the title of the photograph given by the participant and noting the setting and focus of the photograph. The researcher further reflectively analyzed the photographs by writing words that came to mind during viewing the photograph, re-reading the written notes alongside the margin of the photos, and re-arranging the order and placement of the photos, asking questions such as “what is important about flourishing in this photograph?” and “what is the nurse saying in this photo about flourishing?” (Collier &
Collier, 1986; Glaw et al., 2017). Finally, the researcher created a table that stated the photo’s setting and focus, the photo’s title given by the participant, and a summary statement of the image in the researcher’s own words alongside the salient points from the participant’s photographic description. Each photo was coded according to their connection to the emergent themes noted within the participant narrative. For example, the photo entitled “Flourishing nurse” was taken in an indoor setting of an award and was summarized by the researcher as “accomplishment” alongside the participant’s words “patient perspective reflects nurse in action” and coded to reflect its connection to the emerging category “Intention.”

**Interpretive analysis.** The researcher began step six of the data analysis process by engaging in an interpretive analysis to make sense of the data as it emerged. This analysis was accomplished through the researcher’s reflection on the themes and categories that had emerged from the detailed analysis of the participant encounters and digital images in an effort to achieve insight into the meaning of flourishing for rural nurses. The researcher took notes of thoughts, questions, and reviewed observations in a back and forth manner until patterns and meanings began to become clear (Glaw et al., 2017). In this phase, the researcher searched for “overtones and significance of the details” by returning to the whole data set as in the beginning in an open-ended manner (Collier & Collier, 1986; Glaw et al., 2017). Resembling the hermeneutic circle, the researcher engaged in a circular examination process, back and forth, expanding understanding as previous propositions were abandoned, combined, or forged into new ones (Tuohy et al., 2013). The opening-up of the viewpoint of the researcher near the end of the data analysis allowed the researcher’s immersion in the details to be placed
more completely within the context, finally illuminating the significant patterns and shared understandings (Collier & Collier, 1986; Tuohy et al., 2013). As the researcher moved toward finalizing themes, the researcher was careful to return to the photographs and interviewed transcriptions to seek out what was most important to the nurse participants that wasn’t necessarily mentioned the most.

**Creating themes.** Although themes were created through the categorization of the coded data, the researcher began the important refinement process of clarifying smaller themes then moving them into larger, overarching themes using an axial coding approach (Glaw et al., 2017; Saldana, 2016). The researcher reorganized themes so that similar categories were combined, ensuring that the best representation of each category or theme had been reached (Saldana, 2016). The researcher continued the refinement of the specifics of each theme, carefully detailing the linkage of sub-categories and their relationship so that it told the rural nurse’s story of what it means to flourish as a rural nurse (Vaismoradi, Turunen, & Bondas, 2013). The researcher provided a textural description by describing what rural nurses experienced while flourishing in their rural practice and a structural description of human flourishing as it occurred within the rural nursing context (Creswell, 2013). The themes were organized into a model to visually represent the themes and their relationship to the concept of human flourishing among rural nurses (Glaw et al., 2017; Saldana, 2016; Vaismoradi et al., 2013). Near the final phase of the data analysis, the researcher was able to generate overarching themes illuminating the defining features of flourishing and explicate the researcher’s interpretation of the meaning of flourishing as it is experienced by rural nurses in northwest Wyoming (Creswell, 2013; Creswell, 2014; Merriam & Tisdell, 2016).
Communicating findings. The final step in the data analysis process was to communicate findings, conclusions, and implications. The researcher conveyed the methodological process and described the analysis of data that emerged in a way that portrayed a deeper understanding of the rural nurse’s lived experience of flourishing in rural nursing practice in this chapter (Glaw et al., 2017). The researcher sought to fully describe what it means to flourish as a rural nurse and placed it into context with the aims of the research study to discuss the implications of the results on the preparation of the rural nursing workforce to bloom where they are planted.

Ethical Considerations, Contextual Issues, and Benefits

General Ethical Considerations

Prior to conducting this research, the researcher examined the ethical principles of beneficence, respect for human dignity and justice (Polit & Beck, 2008). The researcher examined all aspects of the proposed interaction with the participant for the potential for harm, discomfort, or exploitation (Polit & Beck, 2008). The researcher further examined the participant’s right to self-determination, full disclosure, and the right to privacy prior to conducting the research (Polit & Beck, 2008).

In response to the ethical examination of the proposed research, the researcher filed the dissertation proposal with the UNCO Internal Review Board (IRB) under the exempt category because the researcher considered interviews, field notes taken by the participant, and the participant’s digital visual image as having a low risk of harm or discomfort. The researcher determined that these activities do not disrupt or manipulate participants’ normal life experiences or incorporate any form of intrusive procedures. The researcher avoided harm to the participant because it was conducted in the natural
setting that was chosen by the participant and did not include any risk that could be considered more than conversing with a colleague about rural nursing. The IRB agreed with this assessment.

Exploitation of participants was avoided by the researcher’s adherence to the IRB application procedures outlined and staying within the stated time frame of the interview. Exploitation was further avoided through informing the participant that their interviews and/or photos would not be used against them in any way and ensuring that participants were clear that the researcher’s role was of a researcher not of a supervisor or nursing program director. Participants voluntarily participated in the study, free of coercion, and were consistently encouraged to ask questions relating to anything about the study and their right to withdraw at any time. Through their reading and signing of the consent form, the researcher fully disclosed the purpose of the research to the participant and did not perform any covert data collection or any form of deception (Polit & Beck, 2008).

Finally, the participants right to privacy was fully acknowledged within the IRB application, consent form, methods used in the research for data safety, and provisions made for the protection of the privacy of rural nurses. The participants were informed prior to the interview that the interviews would be audio-recorded for the purposes of accurate transcription only and that they would be immediately deleted from the digital recording device after transcription. The transcribed interviews, field notes of the researcher and participant, and the digital visual image were stored in the password protected, secure network of the University of Northern Colorado One Drive, identified by a pseudonym assignment. No direct link existed between the securely stored data and personally identifying information relating to the participant.
Contextual Issues

In considering rural nurses in Wyoming as the target population sample, it was important to recognize the ethical norms and value that the rural nurse placed on the ability to work and self-reliance (Long & Weinert, 1989; Bushy, 2000; Paré, 2015). As a matter of inherent pride, the rural nurse participant may have felt compelled to answer the questions in a way that reflected themselves as independent and high functioning. Although the participants were discussing positive attributes of themselves, the lack of job opportunities in sparsely populated areas could have impacted the Wyoming nurse’s responses, particularly if they perceived a threat to their current employment. The interview conversation was one of a positive nature surrounding a positive emotion, flourishing, and there are no inherent harmful ties within the study to the nurse’s employment or well-being. There were no known costs to the participant other than the time it took to interview the client two times and the time to capture a digital visual image to share during the second interview.

Furthermore, a major contextual feature in rural health nursing was the additional burden on the rural nurse to be everything that anyone needs all the time (Bushy, 2000). Consequently, the participant could have elaborated on a feature of flourishing that he or she thought the researcher wanted to hear or see. Therefore, the researcher was careful to note non-verbal signals during the interview that indicated that the participant was seeking approval of their narrative, title of the photo, or in their approval of the researcher’s summary statements. If noted, the researcher verbally stated to the participant that there were no right or wrong answers and there was no expectation to please the researcher with their photo titles or interview responses. By facilitating a
setting aside of unrealistic expectations of themselves or perceived expectations of the researcher, the researcher increased the likelihood of fully discovering the meaning of flourishing for rural Wyoming nurses.

Finally, confidentiality is a greater challenge in rural nursing research. In small community hospitals where everyone knows everyone else, the researcher was attuned to the comfort level of the participant with their surrounding interview environment and protecting their privacy through access to their contact information and reporting the results. Therefore, the researcher relied on the participant to determine the setting and time for both interviews. This process put the participant in control of who they would encounter during the interview and their level of comfort with other persons knowing of their participation in the study. By the nature of the rural context, rural nurses are particularly sensitive to compounding their challenges to anonymity further. Therefore, the researcher verbally assured participants that not only their texted photo would be deleted, but that the participant’s phone number would be deleted from the researcher’s digital device as well. The researcher also verbally assured the participants that their data would be reported in a way that their participation could not be logically concluded through the process of elimination.

**Benefits of Participation**

Participants benefited directly from their participation by receiving compensation of a gift card worth $20 and an opportunity to share positive attributes of themselves as it relates to their successful rural nursing practice. Participants also benefited from knowing that they have provided important information relating to the rural nurse flourishing and contributed to an understanding of what it means to practice as a
flourishing nurse in a rural hospital. Indirect benefits of the study were the contributions of knowledge to rural nursing practice, rural nursing education, and the concept of human flourishing as it relates to the nurse’s own practice.

**Trustworthiness**

Validity and reliability have a different meaning in qualitative research versus quantitative research yet are important indicators of rigor for both types of research (Creswell, 2014). Quantitative validity means checking for accuracy of results while quantitative reliability is concerned that a research approach remains consistent (Creswell, 2014). Qualitative reliability refers to the consistency and dependability of the data collected to represent the participant’s reality (Creswell, 2014). The notion of validity and reliability could also be discussed using the terms credibility, transferability, dependability, and confirmability that are more prevalent in qualitative inquiry (Lincoln & Guba, 1985; Merriam & Tisdell, 2016). Regardless of the terms used, qualitative researchers approach the need for trustworthiness with careful attention throughout all aspects of the research design (Merriam & Tisdell, 2016).

Following a combination of Merriam & Tisdell (2016) and Creswell’s (2013) recommendations, this researcher employed multiple approaches to enhance the trustworthiness of the research that included triangulation, member checking, rich descriptions, clarifying the researcher’s position, peer debriefing, including maximum variation in sampling, and error checking.

**Qualitative Validity and Reliability**

**Triangulation.** The strategy of triangulation is a powerful method for increasing the validity and reliability of research (Merriam & Tisdell, 2016). Triangulation is the
use of different data collection methods, sources, or investigators to confirm the validity of the findings (Creswell, 2013; Lincoln & Guba, 1985; Merriam & Tisdell, 2016). For this study, the researcher used photographs, transcribed interviews, and field notes as sources of data. The researcher also used follow up interviews with the same individuals as a form of triangulation to support trustworthiness (Merriam & Tisdell, 2016).

**Member checking.** One strategy for promoting trustworthiness, called member checking, is to take initial interpretations of the data back to the individuals from whom the data were derived and asking them if it is a valid interpretation from their perspective (Merriam & Tisdell, 2016). The researcher employed the strategy of member checking from one interview to the next by taking the summary statements back to the original participant to determine whether the participant perceived them to be an accurate reflection of their responses to the questions posed (Creswell, 2014). Further validation through member-checking occurred during the second interview as the participant and researcher reviewed photographs equally alongside the participant notes to ensure the researcher understood the rural nurse’s meaning in the photograph, and the participant’s lived experience of flourishing by the conclusion of the second interview (Glaw et al., 2017). Finally, member checking occurred as the researcher read the field notes that the participant wrote while thinking about flourishing and while choosing a photograph, word-for-word out loud to the participant during the second interview. The researcher reflected on the field notes in the moment and summarized them out loud to the participant to confirm understanding before concluding the second interview.

**Rich descriptions.** Another strategy to support trustworthiness is rich, thick descriptions which occur as the researcher provides enough description that the reader
will be able to determine whether the situation described is transferable to their own situation (Merriam & Tisdell, 2016). To meet this criteria, the researcher’s writing needs to include highly detailed descriptions of the study’s participants and contextual elements that can emerge as the descriptions of general ideas that become narrower, themes as they are interconnected, or presented in the form of quotations of participant narratives (Creswell, 2013; Merriam & Tisdell, 2016). The researcher provided heavily detailed descriptions that included the participant’s word-for-word own narrative; details gleaned from the interview data, observations of non-verbal cues, participant field notes, journal entries, reflections on the field notes and digital visual images throughout the data collection, analysis, and results sections of the research study.

**Clarifying researcher’s position.** A strategy to support trustworthiness is for the researcher to explain bias, assumptions, and perspectives that may influence the research conclusions (Merriam & Tisdell, 2016). The researcher clarified the philosophical framework through the discussion of the social constructivism and associated assumptions, theoretical perspective through the discussion of the rural nursing theory and associated contextual concepts, and stance prior to the study. The researcher made a conscious effort to recognize personal influences when writing summary statements of the participant interviews and discussion of digital visual images presented by the participants and kept a journal to clarify thoughts and acknowledge the potential for bias throughout the research process. Through journaling, the researcher recorded thoughts that occurred prior, during, and after participant encounters relating to rural nursing practice and flourishing that were included in excerpts in the body of the research study (Merriam & Tisdell, 2016).
Peer review. Peer review is a strategy that supports the trustworthiness of research (Merriam & Tisdell, 2016). The process of peer review or peer debriefing includes the review of the research manuscript by someone knowledgeable about the topic and or methodology for validation that the results are plausible (Merriam & Tisdell, 2016). The process of doctoral dissertation preparation by nature includes the process of peer debriefing through the inclusion of committee members who read and comment on the dissertation manuscript. The committee members help to ensure accuracy by asking the researcher questions, validating methods, and verifying the research’s ability to provide an accurate account.

Maximum variation. Another strategy used to enhance trustworthiness is to use a variety of sample cases or participants (Merriam & Tisdell, 2016). The variation in participants fosters the opportunity for a wider number of individuals who may be able to apply the findings to their situation and supports the identification of patterns that are common to a diverse number of individuals (Merriam & Tisdell, 2016). This research had nurse participants that represented four different critical access hospitals in the region. One was in a town of less than 2,500, one was in a college town, one was part of a regional health system, and one was part of a national hospital system. Additionally, nurse participants represented male and female gender identification, full time and part time employment, ranged broadly in age and practice experience and worked in a variety of practice settings (Table 2).

Error checking. Checking for errors in data supports trustworthiness (Creswell, 2014). The researcher used an audio recorder to ensure that there were no words unheard or misunderstood during the interview. The researcher transcribed the interviews
verbatim from the audio recorded interviews and read over the transcribed interviews while listening to the audio recordings to ensure that there were no words missed before deleting the audio files. Finally, raw data were crosschecked with manuscript data to confirm accuracy.

**Summary**

This qualitative interpretive phenomenological research study explored the meaning of human flourishing as it is lived among a convenience, criterion and snowball sample of practicing rural nurses in the northwest region of Wyoming. Recognizing the unique context of rural nursing and the importance of depicting the meaning of human flourishing, the researcher sought to frame the research process through the lens of the rural nursing theory and interpretive phenomenology. Data were collected from the transcription of the audio recordings of two sequential one-on-one interviews of nine participants, digital visual images submitted by nine participants, and researcher and participant field notes. Data analysis was an inductive process of winnowing the data from the raw form to summary meaning statements, and themes that further culminated into the meaning of flourishing among rural nurses as they live and work. The researcher employed the strategies of triangulation, member checking, rich descriptions, clarifying the researcher’s position, peer debriefing, included maximum variation in sampling, and performed error checking to support trustworthiness. The results of the research study will be discussed in Chapter IV and serve as a beginning step in the understanding of a flourishing rural workforce, ready to provide quality care to rural dwellers in Wyoming.
CHAPTER IV

ANALYSIS

Introduction

The purpose of this qualitative interpretive phenomenological study was to explore the meaning of human flourishing among rural nurses practicing in Wyoming. This chapter discusses the analysis of the data and results gained by the researcher to answer the following research question:

Q1 What is the lived experience of a flourishing rural nurse?

Furthermore, this chapter discusses the participants, data gleaned from the interview, data gleaned from the photos submitted by the participants, and data analysis where the researcher gained a deeper understanding of flourishing among rural nurses.

By the ninth participant, the researcher concluded that a counternarrative was present and that data saturation had occurred and chose to conclude participant recruitment. Therefore, nine participants contributed verbal data that was recorded and transcribed during two consecutive interview sessions. The nine participants also contributed a digital photo representing their understanding of flourishing and two nurse participants submitted field notes that were used as a source of data for analysis. All three sets of data plus the researcher’s field notes were analyzed using the Collier & Collier’s (1986) photographic analysis approach and Glaw, et al. (2017) interpretative thematic approach. The analysis resulted in a detailed interpretation yielding two themes
and four subcategories representing the researcher’s interpretation of flourishing as it is experienced first-hand by rural nurses in the northwest region of Wyoming.

**Study Data**

**Participants**

Nine rural registered nurses currently practicing in rural northwest Wyoming were participants in this study. Eleven nurses were nominated by another nurse, three of the eleven did not respond to emails sent by the researcher soliciting participation, and one was self-nominated. As a result, nine participants responding to the recruitment strategies, met the criteria for inclusion in the study and reported their ethnicity as Caucasian. The lack of ethnic diversity mirrors the 92.3% Caucasian race demographic among the population in Wyoming and more specifically the 96.29% reportedly Caucasian in the counties represented in this study (Health Resources and Services Administration, 2019). Eight participants identified as female and one as a male, working as either a full time or part-time employee of a critical access hospital in the northwest region of Wyoming. True to rural nursing, each participant indicated a primary area of assignment, but most noted that they routinely floated to multiple areas of the hospital as needed. The average age of the participant was 38 (range 27-52) and the average years of practice as a rural nurse was 6.2 years (range 2-12). Table 2 provides an overview of the participant demographic information alongside their assigned pseudonym.
Table 2

*Participant Demographic Information*

<table>
<thead>
<tr>
<th>Participant Pseudonym</th>
<th>Work Status</th>
<th>Primary Assignment</th>
<th>Years Worked</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keri</td>
<td>Full-time</td>
<td>OB</td>
<td>9.5</td>
<td>31</td>
</tr>
<tr>
<td>Pat</td>
<td>Part-time</td>
<td>Medical/Surgical</td>
<td>5</td>
<td>36</td>
</tr>
<tr>
<td>Mia</td>
<td>Full-time</td>
<td>Home Health/Hospice</td>
<td>2</td>
<td>46</td>
</tr>
<tr>
<td>Sue</td>
<td>Full-time</td>
<td>Medical/Surgical</td>
<td>5</td>
<td>27</td>
</tr>
<tr>
<td>Clara</td>
<td>Full-time</td>
<td>OR</td>
<td>6</td>
<td>34</td>
</tr>
<tr>
<td>Jesse</td>
<td>Full-time</td>
<td>OR</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>Kim</td>
<td>Full-time</td>
<td>Medical/Surgical</td>
<td>3</td>
<td>41</td>
</tr>
<tr>
<td>Lilly</td>
<td>Full time</td>
<td>Medical/Surgical</td>
<td>9</td>
<td>36</td>
</tr>
<tr>
<td>Joan</td>
<td>Full time</td>
<td>OB</td>
<td>2</td>
<td>52</td>
</tr>
</tbody>
</table>

**First Interview Data**

Each participant chose the place and time to be interviewed by the researcher. Six participants were interviewed in a quiet place within the hospital where they worked, and three were interviewed in public spaces that included a restaurant, library, and place of worship. The first interview of each of the nine participants ranged from 30.53 minutes to 61.01 minutes. The researcher’s tracking of interview minutes included only the time the voice recorder was used for actual dialogue relating to flourishing among rural nurses and did not include the unrecorded time spent in a conversation between the participant and the researcher relating to greeting one another or preparing for the second interview. The median time spent on the first interview was 50.16 minutes and the average time spent on the first interview was 46.68 minutes.
Several time-related factors influenced the initial interviews. First, the amount of time the individual spent preparing for the interview by thinking about the study and the meaning of flourishing within their own practice lengthened or shorted the engagement time of the nurse participant and researcher. For example, one nurse brought a note to guide the conversation in the second interview that the researcher used as a field note during the analysis of the study, while another answered the opening question quickly as if they had rehearsed the answer prior to the interview. Secondly, the participant’s individual personality and style of communication resulted in more data or more time spent with some participants than others. For example, one nurse’s communication style was to think out loud during the conversation, and she spoke her thoughts at length as they occurred, twisting and turning along her journey of thinking while another pondered briefly before answering succinctly in a few sentences. Thirdly, for some nurses, the timing and setting of the interview influenced time spent either preparing for the interview or in perceiving time to expound on answers. For example, one nurse worked nights and turned around to meet the researcher for the interview and in another instance the interview was scheduled while the nurse participant was taking their lunch break.

The participants were known at an acquaintance level to the researcher through previous encounters as a nurse educator or as a director of a rural nursing program. In order to address role conflict, the researcher made a conscious effort before and during each interview to put the participant at ease, reassure them of interest in their answers, focus on the participant’s answers, and consider the participant’s interpretation fully before asking a probing question. In addition, the researcher was attentive to the possibility that the nurse participants may perceive themselves in a role that is under the
researcher’s authority and respond in a certain way to meet the researcher’s expectation. To offset the potential blurring of roles, the researcher made an effort to set the tone of co-creators in the research prior to the interview and throughout the encounter.

During the interview, the researcher made notes directly on the Initial Interview Guide and Field Notes (Appendix D) of words or phrases that the participant stated in response to questions for reflection and analysis. Notes were written by the researcher immediately after the interview describing the researcher’s initial thoughts about the content of the interview, the demeanor and communication style of the participant, and any thoughts relating to any overarching connections among the participant’s responses. The following are selections from the researcher’s journal diary that occurred during the research process.

Heading into the first interview tomorrow and excited about what I will learn. I am wondering if the participants will validate some of the concepts I’ve discovered in the literature about flourishing or anything that supports the rural nursing theory concepts. I have set out my consent forms and will plan to use Appendix E as a guide.

When concluding an interview with unexpected responses, the researcher wrote:

The third interview surprised me in her answers at times. I hope that my face did not show it. It seemed several negative encounters influenced this participant’s ability to flourish. I wonder if this is resilience in action. To this point, each of the participants has mentioned errors/mistakes and how they’ve moved past them. Interesting. Is it possible that how or if you come back from a negative situation, influences flourishing?

When analyzing the interview transcript after a participant’s first interview, the researcher wrote:

I’m reviewing my transcribed recordings and field notes. I am reading over each one’s interview and then follow up with my notes. I wrote summary words on each participant’s Appendix D. I’ve noted many word similarities: change, opportunity, adaptive, growth, moving, learning, purpose, preceptor/mentor, flexibility, self-confidence, resources, multiple roles/tasks/variety, overcoming mistakes/errors, and fear/failure. A couple of words resilience and perseverance
have been mentioned, but I would like to be sure that these words arise from the participants and not myself. In the second interview, I plan to avoid introducing them and see if they arise in the discussion. I have two first interviews next week, one of the participants has been out of school for quite some time (12 yrs.) and am interested in their responses as it relates to the prior participants who have only been out of school for five years or less. I am anticipating hearing some similarities but wonder if the participant’s years of experience will be able to elaborate more on the challenges to flourishing.

The researcher brought paper copies of the IRB documents that included the consent form (Appendix C), Initial Interview Guide and Field Notes (Appendix E), Guidelines for Participant Photographs (Appendix F), and Follow Up Interview Guide and Field Notes (Appendix G) to each initial participant interview. The first interview began with the researcher’s review of the IRB documents and consent was obtained from the participant. The voice recorder was activated, and the interview began by the researcher’s question “As you think about the phrase ‘blooming where you are planted,’ what does it mean to bloom or flourish where you are planted?” The researcher listened carefully as the participant answered the initial question to consider portions that were not clearly understood by the researcher or to probe further into something that could be interpreted in different ways. For example, Lilly, a hospital nurse of nine years said, “Some days I think I’m wading through, surviving, but there are other days when I can say, yeah, I did do something today that made a difference.” The researcher’s response was, “So on those days that you feel like you made a difference in a co-worker’s day or patient’s day, are those the days you feel like you are flourishing?” Lilly’s response was “Yes. Everyone has days that don’t go as they planned, but you just have to see past the circumstances or whatever is happening at the time.”

The first interview continued in the same manner where the researcher asked the initial question of each participant and then allowed the interview to take the direction as
led by the participant. Throughout the initial interview, the researcher would periodically summarize what the participant said to be able to capture a full understanding of how the rural nurse understood flourishing within their practice. For example, Joan, an OB nurse for two years, stated: “I feel like in the rural setting, opportunities are always waiting, and you have to not be afraid to jump in and not be afraid to fail.” The researcher’s response was “So, you are saying that a flourishing nurse is open to new opportunities and is unafraid to try and also unafraid to fail?” Depending on the participant’s response, the researcher would again seek clarification or reply with a summary statement that represented a clearer understanding by the researcher.

At times, the researcher would pick up on a word or two that the participant said to probe further. For example, Clara, an Operating Room nurse for six years, stated, “…I mean you have to want to flourish, you have to have an attitude that supports doing a good job and have a passion for nursing,” and the researcher’s response was “It sounds like you are saying that it is the person’s attitude or perspective that can foster their ability to flourish?” Clara’s response drove the interview in the direction of a deeper understanding as evidenced by Clara’s further response “Yeah. You’ve got to find what’s going to work for you. I hate it when people say I’m stuck in this job because I like the hours. You’ve got to love what you do, or you’re not doing anyone any favors”, followed by the researcher’s response “Surviving versus thriving?” and Clara’s answer “Right. Don’t be a clinic nurse just because you love the hours. Nursing is something you’ve got to be passionate about and feel fulfilled, not just something you collect a paycheck about.”
Throughout the first interview, the researcher sought to understand all aspects of the context of flourishing as envisioned by the rural nurse. The effort to understand was evident in the researcher’s probing questions like “What contexts or situations have influenced or affected your experiences of blooming or flourishing where you are planted?” and “Influenced how?”, or “Affected how?” If not discovered earlier in the interview, the researcher also asked, “What does a rural nurse who blooms where they are planted know or do?” followed by “How would they learn this?” or “What are some challenges to blooming or flourishing for rural nurses?” For example, Mia, a home health-hospice nurse for two years responded to the question about the challenges of flourishing by stating:

Not taking it personally. In this community, people are tied together, and they have their support systems in place. They know people. And a lot of times people have gotten where they are or stay where they are because of those relationships. So, you have to build this protective thing around you so that those barbs from other people in tight-knit smaller communities don’t hurt as bad and be able to keep your professional goals above that.

When asked about what a flourishing nurse knows or does Pat, a medical-surgical nurse for five years responded, “…if you are a flourishing nurse you are going to have to accept change and embrace it” and Mia added the importance of finding “a comfort level with the unknown.” Often this same question led to participant responses pertaining to nursing education or the transition to practice. For example, Sue a medical-surgical nurse for five years stated “…in some ways nursing school is idealistic…but when you transition there is definitely that shell shock. So, knowing that you have to use your resources and work with your team is huge.” Joan added to this when she said, “When you get out of school you have to be open-minded and know that it’s not going to necessarily go as you expect.”
To conclude each first interview, the researcher wanted to capture any lingering aspect of what was unknown or unspoken at the time about the meaning of flourishing for the rural nurse participant. Therefore, each interview concluded with a brief summary statement of the interview points as understood by the researcher at the moment and the final question “Is there anything that you want to share or say about flourishing in rural practice or blooming where you are planted that you haven’t had a chance to say?” Most often, no new points were raised by the participant but were instead the participant’s reiteration of what they felt were the most salient points that the participant hoped for the researcher to understand. For example, Keri, an Obstetric nurse for 9.5 years, concluded, “It goes back to if you’re going to flourish in a small town, you have to really want to be a nurse and care for people in all aspects of their life, not just in the hospital.”

Second Interview Data

Two participants contacted the researcher prior to the second interview. One participant had a question about a photo they wanted to use containing faces of co-workers, and the researcher responded that the photo could not contain any identifying aspects of individuals. The participant stated understanding the guidelines and their intent to choose a different photo for discussion and submission prior to the second interview. The second participant wanted to share some thoughts via email that had occurred to them after the initial interview that were related to flourishing rural nurses. The email was treated like a participant field note and included in the analysis of the data. Each of the nine participants met the researcher on the date, time and place the participant requested. Each of the nine participants chose the same location for the second interview as for the first.
The amount of time spent discussing flourishing in the second interview of each of the nine participants ranged from 22.42 minutes to 62.08 minutes, the median time spent was 55.52 minutes and the average was 56.27 minutes per participant for the second interview. The researcher’s tracking of interview minutes included only the time the voice recorder was used for actual dialogue relating to flourishing among rural nurses and did not include the unrecorded time spent in a conversation between the participant and the researcher relating to when to expect to see the final dissertation publication.

Again, the influences on the second interview were time-related factors. First, the setting, because some of the participants were working but stepped off the unit to be interviewed, and the second was the level of participant’s preparation, thinking, and note-taking that had taken place prior to the second meeting. For example, one participant had emailed thoughts between the first and second interview, so the second interview time was shortened as the focus of the interview shifted to understand the thoughts from the participant’s email and the thinking that had been done internally by the participant between interviews. Next, bringing the summary statements from the participant’s first interview shortened the interview because the participants were able to revisit, focus quickly on the statements symbolizing the researcher’s understanding in the moment and guide the researcher to clarify, edit, and further discover the meaning of flourishing for rural nurses through the review of their photos. Finally, the potential existed that some of the participants associated the bringing of the photo as an assignment, similar to school, and remained focused on meeting that outcome of the second interview efficiently.

The individuals who had given their photo and flourishing some thought seemed to articulate their photo’s meaning more concisely, while for those who hadn’t given it
much thought took more interviewing skills on the part of the researcher to draw out the participant’s personal meaning of flourishing within their own practice. For example, the participant with the shortest second interview time had given their photo thought and had written their thoughts prior to the second interview in two summary statements; “perspective is everything” and “mirror those that offer the greatest insight and roundness without forgetting who you are.” This participant’s response is in contrast to the participant who seemed hesitant to see herself as a flourishing nurse at the beginning of the first interview yet viewed herself as “just doing my job to the best of my ability.” As the researcher highlighted their own words and phrases out loud during the first interview, the participant came to see more of themselves through the eyes of the researcher and began to expound more in their responses to questions. Consequently, as this same participant approached the discussion of their photo in the second interview, the participant seemed to take great pride in sharing their thoughts, conversing at length about their perspective of flourishing and their photo. The nurse participant’s demeanor suggested that this final discussion seemed particularly rewarding on a personal level to the nurse.

The majority of the time in each second interview was spent verbally organizing the participant’s responses into summary statements, ensuring initial understanding by the researcher of the rural nurse’s previous descriptions of flourishing rural nursing practice and providing opportunities for collaboratively establishing a deeper understanding of flourishing rural nurse’s rural practice reality. For example, the researcher stated:

In our last conversation, you mentioned that as a rural nurse you don’t necessarily know everything, but that you know a little bit of everything. And that there is a
drive within oneself that pushes one to do their best and to want to do their best and that doing what one loves has been an important part of flourishing in your perspective.

Jesse an Operating Room nurse for twelve years replied:

You nailed it on the head. In transitioning from a job that I loved to one that I don’t know everything about yet, has been an interesting transition. But change is good. It’s definitely different, and I think it will open up a lot of doors for me to be able to flourish even more.

The researcher responded, “You mentioned change. Do you think there’s a relationship between how a rural nurse handles change and their ability to flourish versus not able to flourish?” Jesse replied, “Absolutely. You definitely have to be willing to accept change and grow within it versus living in the past.”

Participants often reflected on their own nursing practice in the second interview with replies like Pat, who stated “for me, it’s a baby-stepping process. You learn along the way, grow, and adapt until you get where you need to go,” and Sue added “being able to figure out what I was good at and liked and be given the opportunity to do more of that helped me grow.” Interestingly, many of the participants were much more philosophical in their self-reflection in the second interview.” For example, Clara emailed that she had been thinking more after the first interview and included the following thought-provoking statements in an email:

Those that flourish are intentional. They live and nurse with intent. If we can teach others to be intentional with their actions, then perhaps we can help others to flourish.

When we met for the second interview, the participant elaborated on this further by stating,

It really resonated with me to be intentional in all areas of your life and really try to act and make decisions that put quality at the forefront. Whether that is promoting quality in your own life or quality in your patient’s lives.
Joan was also philosophical during her second interview when she said:

Flourishing is individualized. It is a sense of accomplishment, achieving the goal that your mind and your heart sees that no one else may understand. It doesn’t have to be something that others or society would value, it is what your heart values. It’s unique to you. Things that give you peace, fulfillment, a foothold for the future, just that place in your life in your mind and heart where you can rest.

Photographic Data

At the conclusion of the second interview, the researcher asked each of the participants to show the photo they had taken with their cellular device and used the Follow-up Interview Guide and Field Notes items four through thirteen to guide the conversation (Appendix G). There were nine photographs submitted to the researcher by participants, each digital in nature, taken by the participant on their cellular device and displayed on the participant’s device screen in color during the second interview. All nine photos were taken by the participant and were discussed initially alongside the researcher, then submitted by the participant via text message attachment to the researcher’s cellular device before the conclusion of the second interview. Five photos contained animate objects and were taken outside in the natural environment, and four were taken of inanimate objects in an indoor setting. Three participants reported looking through photos previously taken and choosing one that represented flourishing to them, while six participants reported taking photos specifically for this study.

Nine participants titled their photos at the conclusion of the second interview, and the researcher wrote their titles on the Follow Up Field Guide and Field Notes (Appendix F) and read it out loud to the participant to ensure understanding. All nine photos submitted by the participants followed the guidelines provided by the researcher in Appendix F and were included in the data analysis for this study. All nine participant
photos were saved in the password protected UNCO One Drive then deleted from the researcher’s cellular device. One participant reported taking mental pictures prior to capturing one digital photo, while eight reported taking or reviewing several photos to capture the components they determined were important to communicate the concept of rural nurse flourishing. For the participants that reported taking a photo specifically for the study, the least number of digital images taken prior to choosing a submission photo was one, and the most were thirty-five. The median number of photographs taken was three. One out of nine participants brought a handwritten note recording personal thoughts that occurred during the selection of photos. The participant’s handwritten note was discussed during the second interview alongside the nurse participant, and verbal permission was obtained from the participant at the time of the interview to keep the note as a field note to be used in the analysis.

Many of the participants described the process of choosing the photograph as a longer process than actually taking a photograph. Participants verbalized how the assignment of bringing a photograph to the interview was an evolutionary thinking process from initially thinking of one thing and then upon deeper thinking, evolving into something else entirely. Mia described it this way, “at first I thought maybe I’d take a picture of flowers that I had planted, blooming, and then I was like, what is really at the heart of my ability to flourish?” and Keri stated, “I was originally thinking about a field of wildflowers, then I was thinking that won’t really work. There’s more that I want to say than a flower.” Similarly, Pat stated, “when I left the first interview, I was thinking okay, what should I be on the lookout for? An opportunity. And then I got this idea and the more I thought about it, the more it said to me, yeah, this is a flourishing nurse.”
Throughout all the discussions with rural nurses about their flourishing, the photos symbolized an aspect of flourishing that was meaningful to them. The nurse participants’ body language and demeanor changed to one of excitement, enthusiasm, joy, and pride as they shared their photo and described its meaning to the researcher. Nurse participants pointed to aspects of the photos during their description or leaned forward to convey the importance of the photo’s meaning. For example, Sue’s first interview focused on “mentors,” “mentoring,” “strong role models to look up to,” and expressed how teamwork and partnerships with other nurses was an important part of her flourishing. As she described her thinking as it revolved around choosing the photo, she stated that she “wanted something like a flower, plant, tree that represented the fact that you’re not by yourself.” As Sue described the focal point of her photo entitled “Flourishing Well” (see Figure 1), she smiled, leaned forward, pointed to the flower, and was animated in her description as she stated “I felt like all the little blossoms on this guy haven’t bloomed yet. But you can see how strong and healthy it is representing that we’re solo, but not solo. We’re part of something bigger.”

Figure 1. Flourishing Well
Similarly, for Lilly that described in her first interview that she feels she is most able to flourish when she can “make a difference.” Lilly chose the Emergency Room setting for her photograph entitled “Helping People Get Through Their Hardest Times Makes Me a Stronger Nurse” (see Figure 2). Lilly described the characteristics of a flourishing nurse as “knowledgeable” and “ones that go above and beyond.” Her facial expression was one of intensity as she said:

When I’m working and connecting with patients, making sure we have everything we need. I try to make a difference. It’s my passion; I go there every day to see if it is ready. I want to be sure that we are ready for the vulnerable… the patients that are in critical condition. So, just knowing where everything is with such a huge span of anything is important.

Figure 2. Helping People Get Through Their Hardest Times Makes Me a Stronger Nurse

Three participants wanted their photos to be able to speak to their ability to flourish within the specific context of rural nursing in Wyoming. The participants described their thinking when choosing a photo that it needed to “be unique to where we live. It should be authentic” and “I wanted to be able to show everyone how great rural nursing is and that it’s a great place to work.” A sense of pride was conveyed as rural nurse participants described working in a rural hospital and reflected on the contrasting
rural working environment that is both “hard,” yet “rewarding.” Clara highlighted the paradox of rural nursing when she shared her photo entitled “Thriving Where You Are Planted” (see Figure 3).

Everything is beautiful here. The river is big and roaring. We had a successful winter, and the runoff was loud and plentiful. I wanted to show the beauty of rural nursing but demonstrate that it can be hard. I think Wyoming is rugged and sometimes barren and we have so many different landscapes, and sometimes it can be hard to survive here. I found some things that do survive and flourish here, and I think that represents Wyoming well.

*Figure 3. Thriving Where You’re Planted*

The researcher prepared for data analysis of the photographic data by organizing preliminary thoughts by re-reading transcripts to confirm titles of the photographs and ensuring that there were nine photos present. In preparation for the data analysis of the photographs, space was cleared on a table, and preliminary observations were made and written in the margins on the photo by the researcher. The observations were of overall impressions of the photographs. For example, all nine photographs were clear, unedited images as submitted by the participants and each image had the participant’s title written on them by the researcher. The photographs were all visible without electronic or
assistive devices and printed on individual sheets of paper to facilitate movement if necessary. Finally, all photographic images were reviewed to gain a sense of the photographic information to prepare for data analysis (Collier & Collier, 1986; Creswell, 2014).

Field Notes

There were two sources of field notes for this research study, the participant and the researcher. The field notes from the participant were any written or typed notes on ideas or thoughts that occurred to them about flourishing during the data collection timeframe. The researcher received two field notes from participants during this study, one was a handwritten note from a participant while she was choosing her photo and the other was a typed email received from a participant between the first and second interview as she was thinking more about the concept of flourishing.

The field notes from the researcher were any written notes on ideas or thoughts that occurred in the field during the interview. The researcher’s field notes had two main objectives, one to capture non-verbal cues or impressions and to highlight words used during the interview by the participant that seemed important or thoughts that occurred to the researcher during the interview. The following is an example of the researcher’s post-interview field note:

Participant interview took place in the workplace office by request. The participant spoke to the researcher in casual conversation as we walked to the office. The participant dressed in OR attire and seemed at ease, but professional. The participant was a bit more stiff, serious, yet seemed to relax as we began the interview, and gradually became more relaxed, and open, particularly when I mentioned how she had been recommended as a flourishing nurse. Participant demeanor seemed genuinely interested in answering my questions yet seemed unsure that she flourished in her new role. Participant seemed to be content in their current rural nursing setting but was in a new job at a new facility and was still finding footing.
The field notes were used in the data analysis when the researcher returned to confirm what was important to the nurse about flourishing. This act of confirmation fostered the assurance that the less mentioned, but more important themes were not left out or missed. The nurse participant field notes were particularly important as an added dimension of data and insight that was not captured in the interview through direct nurse participant-nurse researcher dialogue.

**Data Analysis**

This research project used the combination of photographic and thematic analytical approach of Collier and Collier (1986) and Glaw et al. (2017) to incorporate equally the photographs, field notes and transcribed verbal data. The eight-step process began during the interview process as the participant and researcher engaged in a communicative analysis, then proceeded to organize and code the data, performing a structural and detailed analysis, and finally creating themes and communicating findings (Glaw et al., 2017). The data analysis was done by hand, supporting the desire of the researcher to be fully immersed in the data and mirrors the recommendation of Saldana (2016), that small data sets can be managed successfully manually and that it is beneficial for new researchers.

As each interview was conducted and immediately transcribed, another initial interview was being scheduled or conducted until all the initial interviews were completed. As each initial interview was transcribed, the researcher engaged in a reflective process that considered the non-verbal behaviors of the participant, the communication style and demeanor of the participant, and the field notes taken during the interview. As a result of typing and reading the interviews, the researcher formulated
summary statements to review with the participant at the next interview. The median number of summary statements per transcribed initial interview was forty-nine, the maximum was sixty, and the minimum was forty-two. As the summary statements were written, the researcher began to notice similar words or phrases that were prevalent, such as “make a difference,” “doing what I love,” and “keep growing and learning.” The ongoing reflection back and forth between the transcriptions and thinking about what the participants were saying was a continuous process from the first interview through the end of the analysis process.

This circular process of gathering data while performing aspects of data analysis, sometimes alongside the participant, was part of the interpretive phenomenological process that occurred throughout the entire data collection time frame. Member checking occurred during each instance of the second interviews when the researcher presented the summary statements and asked the participants to provide feedback, clarify, elaborate or further edit the researcher’s understanding of their responses during their first interview. Clarification of bias was also present during each encounter with the participant when the researcher journaled thoughts, performed self-checks to center their thoughts on the interview at hand and remained cognizant of the need to allow the participant to lead the discussion, and for the researcher to remain open to what the participant was saying.

The analysis also occurred concurrently with the initial and second interviews as the researcher participated in engaged reasoning (Benner, 1994). The researcher came to each interview with a historical understanding of flourishing and listened openly and carefully for the participant’s voice as they verbalized their understanding of how flourishing is lived within their reality and how their photo embodied flourishing
Active listening was engaged in the first and second interviews as the researcher responded to the participant's statements with “What I heard you say…Is this correct?” or by providing summary statements as the researcher understood and then asking, “Did I get that right?” This back and forth of clarifying and understanding, where both the researcher and participant were engaged in a communicative analysis, yielded a vibrant text for analysis.

**Organization**

Organization characterized the second phase of the analysis process. The researcher simultaneously engaged in the process of organization as the interviews were being conducted by transcribing and storing each participant’s interviews, researcher and participant field notes, and photographs securely on the password protected UNCO One Drive. After each initial interview, the researcher read, transcribed and organized the data from the first interview resulting in summary statements that were reviewed with the participant in the second interview. As the researcher read, organized and placed the transcriptions, field notes and participant field notes into a digital file labeled by participant pseudonym, the researcher wrote down questions that came to mind. Questions such as, “Is this perseverance?” or “Does complacency fit somewhere with goal, accomplishment, doing a good job, keep moving forward, and trying?” and “Is fear of failure something important in the challenges to flourishing?” were prompted by the organization of the transcripts, field notes, and participant notes. These questions were revisited and used to provide direction for a more detailed analysis later in the analysis process.
Organization of the photographs began by laying all the photographs out on a table side-by-side in sequential order beginning with the first photograph received to the last received. With the photographs remaining side by side on the table, the researcher engaged in an open, free, unstructured examination of all the photographs. The researcher moved back and forth intentionally from photograph to photograph, looking, thinking, and immersing themselves in the visual data (Collier & Collier, 1986). The researcher made notes that reflected that the photographs brought words such as “peaceful,” “vibrant,” or “productivity” to mind. As the viewing continued, questions arose such as “What prompted the feeling of movement in this photo?” and “Does movement play a role in flourishing?” then further “Does movement in the photo have a connection to the concept of change that has been mentioned in the transcriptions?” The researcher wrote notes on the white spaces around the photo to revisit during a structured analysis later in the research process. For example, in Clara’s photo in Figure 3 entitled “Thriving Where You Are Planted”, a feeling of movement was noted when viewing the photo and the researcher noticed the rocks that remained grounded despite the rushing water. In the margins, the researcher wrote “Does the rushing water and steadfastness of the rocks exemplify the resilience needed for the changing and challenging context of rural nursing?”

Organizing photographs in an order was important for the researcher to prepare for open viewing and prompted the researcher to “respond to the images as they are” (Collier & Collier, 1986, p. 181). The researcher initially moved the photographs around on the table placing the photographs into three rows. The most frequent theme present in the photographs was natural settings; four photographs were placed side by side as the
first row at the top of the table. Three photos were related to a nursing environment and were placed side by side below the landscape themed photographs. One biological environment photo and one spiritual themed photograph were placed equally as a third row at the bottom of the table (Glaw et al., 2017).

**Coding**

Upon further reflection, the categories that originally came to mind such as “scenic” or “botanical” seemed superficial as the researcher noted the photographs had more to say than the setting. The researcher summarized thoughts beside each photograph in one or two words, such as, “work, productivity,” “contentment, rural life” or “accomplishment.” The researcher re-arranged photos again to group two photographs together that were work-related, two that had accomplishment themes, and four that had themes relating to attitude or mindset. The researcher reviewed the photos again to see if there were deeper meanings hidden in the photos arrangement by asking questions, such as “What is the relationship of attitude to work and productivity?” and further, “What is important about attitude or mindset that drives the rural nurse to flourish?” These questions led the researcher to recall a portion of a participant’s handwritten field note that stated, “perspective is everything.” The researcher continued to view, notice, write and think about each photo’s overall characteristics until words began to emerge that summarized the photographic data.

Similarly, multiple readings of the transcribed interviews, field notes, and participant notes took place to gain a sense of the whole. The researcher continued to read and re-read interviews, highlighting words or phrases that were similar, such as “attitude,” “positive outlook,” and “embrace things as they come.” During the visual
scan, the researcher developed a list of 42 phrases or words that were gleaned from the participant’s summary phrases, transcribed interviews, and field notes. The list was re-arranged, combined, and refined from the researcher’s reading and reflecting on the raw data contained in the transcriptions, field notes and participant notes in a back and forth checking and thinking down to nine categories with groupings of similar words. Table 3 reflects initial categories as they emerged from the text.

Table 3

Emergent Categories in Text

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</tr>
<tr>
<td>Challenge</td>
<td>Decide to flourish</td>
<td>Team</td>
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<td>Make a difference</td>
</tr>
<tr>
<td>Grow</td>
<td>Achievement</td>
<td>Give back/help</td>
</tr>
<tr>
<td>Learn</td>
<td>Motivated</td>
<td>Intentional</td>
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<tr>
<td>Novice to expert</td>
<td>Hard worker</td>
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<td></td>
<td>Do your best</td>
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<td></td>
<td>Work with purpose</td>
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<td></td>
<td>Perseverance</td>
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<td></td>
<td>Niche</td>
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<td>Jack of all trades</td>
<td>Fear</td>
</tr>
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<td>Decision-making and assessment skills</td>
<td>Complacency</td>
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<tr>
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<td>Dependability</td>
<td>Stuck</td>
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<tr>
<td>Realistic</td>
<td>Multiple roles</td>
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<td>Support</td>
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<td>Prayer</td>
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<tr>
<td>Resources</td>
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Structured and Detailed Analysis

Continued reading, thinking, and reflecting on the categories led the researcher back to the raw data to count and compare the frequency of the words and cross-checking the transcriptions and field notes for errors or misinterpretation of the participant’s words.
for drifting of code assignment (Creswell, 2014). Finally, after continued cross-checking, reading, reflecting, and thinking the words or statements with the raw data to confirm, the researcher’s refinement continued looking at the categories containing units of data and began labeling with the participant’s words until six common themes emerged containing frequently stated words that were similar. Table 4 reflects the researcher’s resultant six emerging themes as the researcher continued the structural and detailed analysis using the participant’s descriptive words.
Table 4

*Structural and Detailed Text Analysis*

<table>
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<tr>
<th>Emerging Themes</th>
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<td>Mentor</td>
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<td>Team</td>
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<td>Family</td>
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<tr>
<td>Crossroads of Possibilities</td>
<td>Opportunity</td>
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<td></td>
<td>Decide/Choose to flourish</td>
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<td></td>
<td>Grow</td>
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<td>Learn</td>
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</tbody>
</table>
As the researcher continued to move from unstructured viewing of the photographs to a structural and detailed analysis, the researcher revisited the questions that arose in the unstructured viewing, such as “Does movement play a role in flourishing?” “Or is it change?” Upon deeper reflection change is a type of movement and participants used words like “flexibility,” “adaptability,” and “work with unplanned change” to describe what flourishing nurses need to be able to do. The researcher continued to look carefully at each photograph, re-reading the narrative from the participant relating to why they took the photograph and the differences between photos (Glaw et al., 2017). For example, while three of the photos were all set in the scenic wilderness, they varied significantly in the content matter, the sense of movement, and the focal point of the photograph. When examined alongside the themes that arose from the structural and detailed analysis of the text, there were connections between the photos and emerging meaning within the text.

For example, in Sue’s photo entitled “Flourishing Well” (see Figure 2), the focal point is a plant that blooms at a high altitude where little else grows. Sue described the photo, “It’s really hard to grow at the summit, I mean there was still like tons of snow up there, but it’s beautiful and this little plant has taken root and it’s doing what it needs to survive. I thought it was showing flexibility, and perseverance, growth and flourishing.” With her statement in mind, the visual of her photo, and the words that were important within her narrative, this photograph exhibited a connection to the “resilient” theme that had begun to emerge from the data. Table 5 reflects the researcher’s work in the structural and detailed analysis organized by the photograph title, summary words describing the photograph, the participant’s summary of the photographs and a “code
column.” The code column connected the emerging photographic themes to those that had structurally and descriptively emerged in the participants’ narrative.

Table 5

Photographic Analysis

<table>
<thead>
<tr>
<th>Code</th>
<th>Participant Photo Title</th>
<th>Setting</th>
<th>Focus</th>
<th>Researcher Image summary</th>
<th>Participant Image summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,4</td>
<td>If you put your heart and soul into something you love, great things will come.</td>
<td>Rural neighbor backyard</td>
<td>Biological</td>
<td>Collective Productivity</td>
<td>Interrelatedness Connection</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Products of labor are meaningful</td>
</tr>
<tr>
<td>1</td>
<td>Flourishing well</td>
<td>Scenic wilderness</td>
<td>Botanical</td>
<td>Resourceful</td>
<td>Beauty can be found in harsh conditions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Resilience</td>
<td></td>
</tr>
<tr>
<td>4,5</td>
<td>Endurance</td>
<td>Place of Worship</td>
<td>Cross</td>
<td>Singular Focus Support</td>
<td>Enduring foundation in uncertain circumstances</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4,3</td>
<td>Goals</td>
<td>Indoor Room</td>
<td>Degree</td>
<td>Accomplishment</td>
<td>Moving forward is key</td>
</tr>
<tr>
<td>4,6</td>
<td>Flourishing nurse</td>
<td>Indoor Room</td>
<td>Award</td>
<td>Making a difference</td>
<td>Patient perspective reflects nurse in action</td>
</tr>
<tr>
<td>1,4,6</td>
<td>Helping people through their hardest times makes me a stronger nurse.</td>
<td>Rural Hospital ER</td>
<td>Equipment</td>
<td>Critical Readiness</td>
<td>Ready for anything</td>
</tr>
<tr>
<td>5</td>
<td>My happy place.</td>
<td>Rural landowner</td>
<td>Pasture</td>
<td>Contentment</td>
<td>Tranquility can be found close to home</td>
</tr>
<tr>
<td>3</td>
<td>Perspective</td>
<td>Scenic wilderness</td>
<td>Lake and Mountains</td>
<td>Possibilities Attitude</td>
<td>Perspective drives reaction</td>
</tr>
<tr>
<td>1</td>
<td>Thriving where you are planted.</td>
<td>Scenic wilderness</td>
<td>Rushing water</td>
<td>Vitality</td>
<td>Flourishing in rugged and barren landscape</td>
</tr>
</tbody>
</table>
Interpretive Analysis

The researcher returned to the raw text and photographic data to confirm the six themes that had emerged in the text and their connection to the photographs and began to see that the themes were not as clear. The ambiguity became more evident as the researcher continued to move descriptive words back and forth between two categories and noticed that the photograph coding had multiple codes for some photographs. There seemed to be some overlap and words that did not fully capture the nurses’ narrative leading the researcher to return to the data and reflect further.

After this in-depth review of all the data, the researcher arrived on two main themes, resilience and meaning. Within these two themes were four subcategories, attitude, adaptation, intentional, and connection. Each column contains the participant’s words that emerged as themes from the interview and field notes. The last word in each column was set apart with a different symbol to indicate the challenges to flourishing. For example; the rural nurses described the challenge to a resilient attitude is “fear.” A challenge to the rural nurse’s resilient, adaptive behavior is becoming “stuck.” Similarly, the challenge to the rural nurse’s ability to live and practice intentionally is to become “complacent.” Finally, a rural nurse’s challenge to the connection that provides them with meaning is a “blurred lines,” which some stated can lead to problems finding a balance between home and work (See Figure 4).
### Rural Nursing Context

<table>
<thead>
<tr>
<th>Challenges (rugged, hard, barren, hard to survive, small)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unexpected</td>
</tr>
<tr>
<td>Unplanned</td>
</tr>
<tr>
<td>Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resilience</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attitude</strong></td>
<td><strong>Adaptation</strong></td>
</tr>
<tr>
<td>Positive outlook</td>
<td>Take opportunity</td>
</tr>
<tr>
<td>Love what you do/Niche</td>
<td>Try</td>
</tr>
<tr>
<td>Forward-thinking</td>
<td>Accept change</td>
</tr>
<tr>
<td>perspective</td>
<td>Flexible</td>
</tr>
<tr>
<td>Expect good</td>
<td>Creative</td>
</tr>
<tr>
<td>Realistic</td>
<td>Resourceful</td>
</tr>
<tr>
<td>Not take it personally</td>
<td>Grow</td>
</tr>
<tr>
<td>Decide/Choose to flourish</td>
<td>Learn</td>
</tr>
<tr>
<td>Energized/Passionate</td>
<td>Perseverance</td>
</tr>
<tr>
<td>Assume positive intent</td>
<td>Know a little bit of</td>
</tr>
<tr>
<td>Self Confidence</td>
<td>everything</td>
</tr>
<tr>
<td>Open to the journey</td>
<td>Multiple Roles</td>
</tr>
<tr>
<td>❯ Fear</td>
<td>Enhanced skills</td>
</tr>
<tr>
<td></td>
<td>Ready for anything</td>
</tr>
<tr>
<td></td>
<td>❯ Stuck</td>
</tr>
</tbody>
</table>

#### Figure 4. Analysis of Emerging Themes and Sub-Categories

The researcher returned again and reviewed notes that were written during the analysis, questions that arose while viewing photographs, narratives, and field notes to determine any gaps in the narratives that were not present in the sub-categories or any nuances that were missed in the descriptive words. The researcher performed a review of Table 4 and 5, made notes, marked off descriptive words as they fit into one of the final four subcategories and noted that the photographs easily fit within the themes and subcategories. Three photos embodied resilience, while six photos spoke to meaning. Upon reflection and a final review of the photographs, field notes, and transcribed interviews, the researcher confirmed that these two themes and four sub-categories with their descriptor words fully represented the supportive themes for flourishing in the rural nurse’s narrative.

However, these themes did not fully represent the fullness of the concept of flourishing as narrated by the nurse participants because the challenges to flourishing...
were not readily apparent in the current thematic configuration. With further consideration, reflection, analysis and return to the narrative, the researcher concluded that the words “complacency,” “fear,” and “blurred lines” needed to be separate to represent the strong underlying narrative of challenges to flourishing that the rural nurse participants illuminated. Although “stuck” was another common word used in the participant’s narrative, the researcher determined that this word could belong in the category with “complacency” to represent the flourishing nurse’s discontent with the status quo. Consequently, three themes emerged as challenges to rural nurse flourishing, fear, complacency, and blurred lines.

To confirm the appropriate category construction had taken place, the researcher validated that the sub-categories were fully capable of containing all of the data that contributed meaningfully to flourishing, fit into only one sub-category, that the names of the categories were a sensitive descriptor of the data contained within, and that all aspects of the concept of flourishing as perceived by flourishing rural nurses were represented (Creswell, 2014). To validate no other categories existed, the researcher confirmed that there was minimum data that could not be assigned to a category, that the subcategories were at the same level of abstraction, and that they fit together to answer the research question:

Q1 What is the lived experience of a flourishing rural nurse?

Finally, the researcher reasoned that the words “challenges”, “unexpected”, “unplanned”, and “unknown” were powerful descriptors prevalent within each narrative that more fully informed the context of rural nursing practice but belonged outside the themes and sub-categories because they spoke to the context of where rural nurses
flourished and explained the importance for resilience and meaning within rural nursing practice (Creswell, 2014).

Results and Findings

Rural nurse participants in this study were hesitant to acknowledge that they were flourishing. Their nomination by another nurse was often met with one of humility, shifting recognition of their flourishing characteristics to their mentor, team member, or other aspects of the environment that they perceived to foster their flourishing. Participants drew upon their experiences when working in the rural care environment to respond honestly and openly to the researcher’s questions, probes, and responses to formulate the resultant collaborative findings outlined in the contextual description and discussion of themes and sub-categories in this section (see Figure 5).

<table>
<thead>
<tr>
<th>Supportive Themes</th>
<th>Subcategories</th>
<th>Themes of Challenges to Flourishing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resilience</td>
<td>Attitude</td>
<td>Fear</td>
</tr>
<tr>
<td>Meaning</td>
<td>Adaptation</td>
<td>Complacency</td>
</tr>
<tr>
<td></td>
<td>Intentional</td>
<td>Blurred Lines</td>
</tr>
<tr>
<td></td>
<td>Connection</td>
<td></td>
</tr>
</tbody>
</table>

Figure 5. Final Supportive and Challenging Themes and Sub-Categories

Contextual Description

Rural nurses typically began the discussion of flourishing by describing the characteristics of rural nursing or the rural nursing environment. They referenced the nature of rural nursing using the words “difficult” or “challenging,” sometimes talking about how it was “chaotic,” “different every day” and sometimes “you may not see things
as often” or that they were “surviving” moments within their day. As one participant stated,

You’re not just the nurse in the rural atmosphere. You are also the pastor, the support group, the counselor, the pharmacist. You know here in the rural setting we mix a lot of our own medications and running your own drip rates. Here when you are working the floor, you’re going to have some post-surgical patients, medical patients, swing bed patients, or if it’s slow you’re going to get called back to the ER and fulfill that role too.

Rural nurse participants often talked about planning or responding to the “unexpected” or “unplanned” was part of their regular working day. One participant described this through their photo this way,

Those patients come in, the vulnerable, the patients in critical condition, you never know what’s coming through the door next because living and working in the rural area, close to the mountains, close to the lake, it could be anything.

Similarly, Mia reiterated what many of the participants mentioned the unpredictability of the rural care environment by using the word “unknown.” She verbalized what could be a summary of what other participants had implied by stating, that there is a “level of comfort with the unknown” because “I’m walking into situations often not really having any idea of what to expect.”

Rural nurse participants also addressed the “myths” and “misconceptions about rural opportunities” and rural nurses by stating “some people see it as limitations and some see it as possibilities.” Joan pointed out that “there is a misconception that there is not a lot of opportunity in rural settings and that is not true. I see the whole patient experience in multiple departments that other big city nurses may not have.” Concurring with this thought, Clara replied, “we don’t see as much of the bigger more critical things as bigger cities nurses. I think there is a perception that maybe I’m not as good or don’t have the skill set as other nurses who has worked somewhere larger. I don’t necessarily
agree with that. Choosing to flourish with what you are doing right there and then is important.” Although each participant’s response included aspects of the rural nursing context and the influence of their situatedness within the rural context on their perspective of flourishing, each was resoundingly positive in their overarching outlook on the rewards of being a rural nurse and in their description of the lived experience of a flourishing rural nurse.

**Theme 1: Resilience**

Resilience is a dynamic concept that represents an ability to recover from adversity and can occur either as a process or as a “motivational lifeforce” (Garcia-Dia, DiNapoli, Garcia-Ona, Jakubowski, & O’Flaherty, 2013, p. 264). All the participants had something to share that modeled the characteristics of resilience. As they told their own stories of a job that they did not get, the shift that wasn’t available, the overwhelming circumstances they found themselves in upon graduation or withstanding criticism from another; each painted a poignant picture of how they had faced something that challenged them, yet rose above their circumstances to flourish. Pat shared his story about the time when he did not get the job:

> When I graduated at the time no one was accepting an associate degree nurse, they all wanted a bachelor’s nurse. So, I couldn’t get a job there. I ended up in Long Term Care. I thought I never wanted to be in long term care and that’s where I ended up. I worked there for a year, and even though it’s not where I wanted to be, it really did teach me some great lessons. I think that is it. You have to be open to whatever the scenario is going to teach you. It’s funny because you really don’t know what your path through nursing is going to be, you just got to be open to following it.

Sue shared a time when she was overwhelmed,

> There was a huge turnover in labor and delivery, and I had been on orientation about six months and was supposed to be on orientation for nine months, but they hired two other nurses for med-surg who had only been oriented for four months,
and there were nights where I was the senior nurse. We did not like it, but we made it through. We talked about everything, got out our books and a couple of the scariest things I’ve seen happen on those shifts of course and so that’s where I think the team comes in—you are in a situation where you have to depend on each other and utilize their strengths while they utilize yours.

Finally, Mia shared her story about a time when she was criticized,

Don’t take anything personal was a huge help to me. I was entering a situation where people already had their roles and relationships already set, and they resented this new nurse with this fancy new knowledge and this new excitement... In this community, people are already set and a lot of times in a rural setting, you’ve got to brush things off…and not waste a lot of energy on something that is not changeable right now.

**Attitude.** These excerpts from the nurse participants’ narratives reflect the resilient subcategories of attitude and adaptation. Throughout their interview, participants shared how they “creatively solved problems” by “using what they had” or were “willing to try” to “figure it out” when situations changed. Kim summarized this sentiment well by stating,

Opportunities in a rural setting are waiting for someone to take them...You are never done learning. There is constant change in nursing, and those that sit around and do nothing or are afraid to try something will miss out. I also think that some people don’t get to work in the spot that they thought they were going to work. But I say, who cares if it is not your spot, make it your spot. You have to have a positive attitude.

Joan had a particularly insightful message to share when she stated, “The only thing stopping you is you.” Participants used words and phrases like “positive outlook,” “positivity,” “expect good, and you’ll get good,” “be open to the journey,” and “decide” or “choose to flourish” reflecting their success in overcoming the challenges encountered in the rural setting with a positive mindset. Jesse summarized this by stating,

In rural Wyoming, you’re not going to have every job available to you because we are very limited in what we do before we can ship them to Billings or Salt Lake or wherever where there are much bigger teams. So, there’s not as many possibilities here, to some this is a perk and to others, they want bigger, better,
faster, more. I’m lucky I guess in that I like a rural setting and happen to be able to find the good in my days even though some days are chaotic…at the end of the day, if [the good] wasn’t here, did I make a difference? I still think I have.”

Kim supported this idea in her interview and photo entitled “Perspective” (see Figure 6) and added “realism” another well-supported descriptive word by stating,

I think so much of nursing is attitude. I think to flourish it has to start inside and being a positive person, realizing that there are going to be challenges because we learn that way. We make mistakes, and we learn, and that’s important for growth. I think it’s perspective.

Figure 6. Perspective

The theme of realism continues within others’ narratives as they made statements like, “I realized later on in my career that I don’t have all the answers, and I’m never going to have all the right answers.” Other participants commented, “realize you don’t know it all”, and finally, to realize “you are going to make mistakes, but you just have to pick up the pieces and move on.”

Perhaps the most poignant picture of resilience and realism comes from Mia who shared:

I like to grow flowers, and the first thing I do is prune them…the reward I get afterward is a flourishing plant…You know some come out of school and you
have unrealistic expectations…and you get pruned. This helps you dig down deep to remember why you chose nursing and come back to flourish.

Other aspects that seemed to be important for the rural nurses to share were that you have to “love what you do,” “find your niche,” or “have a passion for nursing.” Keri said, “I think you have to be doing something that you enjoy or you’re not going to flourish.”

Their comments included the work habits of one who enjoys their work such as being self-motivated, energized, or self-confident, “where your character grows, and your personality is able to shine through,” and “assume positive intent” on the part of others and their interaction with you. A final positive attribute of attitude mentioned by the participants was that of maintaining an attitude of willingness to move positively forward.

**Adaptation.** Rural nurse participants explained their responses to overcome their challenging circumstances that led to their flourishing within their rural nursing practice. Nurse participants described how it is important to flourishing to be able to “take opportunities” as they become available. Joan summarized it succinctly by stating,

> There’s opportunity there, and it may not be as flashy in a small setting. Like we don’t always see the big traumas like you would see in the big city, but it’s still valuable… I think in a rural community you have so many opportunities to grow and you are only limited by what you are willing to do, and that’s a beautiful thing.

Kim concurred with this statement and added that you have to look for opportunities as well by stating, “I would never have the job that I love without looking for opportunities and take them as they come along.” Other participants shared this similar sentiment that flourishing nurses “never stop growing,” “learning,” “stretching or challenging themselves,” and continue to “try” and are good at “flexible.” These flourishing nurse traits shared by the nurse participants underscored their ability to be resilient and
adaptive, as particularly noted in this participant’s statement, “I learned so much that I would not have ever had if I had said ‘no’ to something.”

Many of the participants shared that change was a part of their everyday life and that sometimes the change brought unexpected circumstances, which required the rural nurse participants to be adept at using their resources. Many of the stories the nurse participants shared involved “knowing a little bit of everything,” being the “jack of all trades” and the use of resources or being “resourceful” in order to meet the demands at the moment. Pat stated:

A big part of rural nursing is knowing when you can do things on your own and when you need to ask for help. As a rural nurse, you don’t have a ton of resources, but it is thinking through ‘who are my resources,’ ‘who do I have,’ and ‘when do I call.’ You have to be adaptive because you have to learn fast.

Others mentioned asking themselves, “Where are my resources?” Several nurse participants stated that rural nurses need to “know where resources are” and “not be afraid to access” them. The confidence and practice of accessing resources that were available led the rural nurse participants to prepare themselves for the “what-ifs” that were bound to come their way and be ready for “whatever the day” or “moment brings.”

These characteristics of a flourishing nurse as described by the rural nurse participants linked to the multiple roles that rural nurses play and how flourishing nurses in the rural setting need to be able to function appropriately in a variety of settings. For example, Lilly stated, “I do a ton of roles. I do nursing, CNA, respiratory therapy, housekeeping, laboratory, business office work, you do it all,” and Mia added, “in rural nursing, you are often it, there is no one else to go to…IVs, PICC lines, getting and doing wound vacs and wound care, we do it all.” The multiple roles often call for the rural nurse to amplify skills to care for the variety of patients that these flourishing nurses may
take care of during a shift. When asked what a flourishing nurse needs to be or do in the rural setting, Sue responded,

   Be really flexible. It’s not a place where you get to do or be on an IV team or a code blue team, or get to do only moms and babies, or special care nursery, or only get to do labor and delivery, or ortho and heart patients. You have to be able to do all of it…You have to realize that you have to really put a lot of effort into your assessment skills because you may be dealing with multiple kinds of patients.

Pat added to this by stating that it’s important to have “good decision-making skills or they are going to struggle.”

   The characteristics described within the rural nurse participant’s narrative mirror the characteristics of the resilience theme and subcategories of attitude and adaptation and also speak to aspects of perseverance that drive individuals forward in an environment of constant change (Stagman-Tyrer, 2014). Interestingly, Sue related perseverance and resilience together by stating, “If you are going to persevere to meet challenges, then you are demonstrating resilience.” Photographs, too, reflected the importance of perseverance as noted in Clara’s description of her photo entitled “Thriving where you are planted” (Figure 4) where she pointed out the “harsh landscape of Wyoming” where a roaring river bounds down the mountain to support beauty along its path and carve its destiny out below.”

   Within the constant demands placed by a changing rural care environment, rural nurses reported experiencing difficult conversations with co-workers or team members. Participants described times where they needed to persevere through criticism or difficult working relationships. For example, Lilly shared that,

   Sometimes you have to set feelings aside and keep going…as your next patient comes in and a co-worker upsets you and be able to work with them for the rest of the day, then work out the differences another time when it is appropriate.
Mirroring these sentiments, Sue described an experience with a doctor and described that “the first few times it can be really rattling. Not taking it personally is important. I am a professional. I have to act like a professional and not take it to heart.”

Theme 2: Meaning

Rural Nurse participants consistently narrated that having a meaningful purpose to their everyday was an important part of their ability to flourish. The meaning could be derived from a spiritual basis, a sense of responsibility to care for their neighbor on the swing bed unit, but ultimately gave them a feeling that what they were doing meant something—either to themselves or someone else. Nurse participants shared that doing something important or doing something that they valued sustained them through the ups and downs of rural nursing and led them to their ability to flourish. All of the nurse participant accounts of their flourishing rural practice included the subcategories of intentional and connection as they described the importance of “making a difference” either in the lives of their patients, their team members, their working environment, or their community. Participants’ descriptions reflected the inseparable part of finding meaning or purpose and directing their intention inward or outward as they connected to their lifeworld.

Intentional. A key to the nurses’ narratives about flourishing was their ability to feel like they were making a difference. Although almost each nurse participant mentioned the words “making a difference” at one point in the interview, Pat succinctly stated, “You want patients to be able to depend on you when they leave, and to me, a successful nurse is having the patient come back and say you made a difference.” Other nurse participants collectively added, “knowing that I can make a difference whether that
is for staff or patients, or both.” Joan noted that in the absence of making a difference, she perceived it as an obstacle stating, “the biggest challenge for me is pouring your heart out to help somebody, and they end up coming right back to repeat the same thing several times, and you just feel like you gave everything you had, and it didn’t change anything. That’s frustrating.”

Sometimes making a difference to the rural nurse participant meant that they were making a difference within themselves professionally or personally. Rural nurse participants described their sense of achievement as part of their conceptualization of flourishing and how they intentionally set out to or strove to achieve something for themselves or others. The hard-working focus of the rural nurse participants often included “setting goals” and having a sense of “accomplishing something important.” A sense of moving forward in her career was particularly important for Jesse whose discussion of her photo entitled “Goals” (Figure 7) included her educational journey. Jesse described the relationship between flourishing and intention as she narrated her journey to flourish:

Mainly just striving to be better and taking that first step. When I started out I didn’t want to be anything more than an Associate…I knew I needed more knowledge to take the next step and I was hungry for more and I started out to get my BSN…I set new goals with each class and told myself ‘that’s what I’m going to do’… Now getting my Masters, I never thought that was something I would do…It’s a sense of accomplishment and an example of the ability to flourish.
Pat pointed out that there are other personal forms of accomplishment that rural nurses may also experience and that this can sometimes be experienced “more as a feeling than as an accolade.” Joan extended this point further by stating, “sometimes it’s just sitting in the moment of accomplishment that is unique to you.” Clara also took a philosophical stance to summarize the theme of intentional when she shared more about her email that she sent between interviews:

I think it’s important to be intentional in all the areas of your life and really try to act and make decisions that are intentional. There are so many distractions, and it’s easy to lose sight of what we’re trying to accomplish in the moment. It’s helped me think, try and take a step back and make sure that its quality that is at the forefront. Whether that is promoting quality within your own life or quality in your patient’s lives.

Rural nurse participants often shared parts of patient encounters where they felt like they were able to make a difference for patients or each other. Lilly described projects that she took on so that her teammates would “not have to struggle next time” or “things would go easier for everyone.” Several nurse participants reiterated the importance of “little things to make” their patient’s lives easier or their co-worker’s day.
by asking themselves questions like “What can we do that is easier or better next time for myself or others?” Nurse participants validate the import role of the rural context in making a difference mirrored by Kim’s statement,

I think that being a rural nurse, you’re a little bit more invested in the people of your community because it is so small and so actually feeling like you are making a difference is actually inspiring because its personal. Your kids are here; you grow up here, your family is here. I think you are so much more invested in what you are doing and maybe so much more invested in the outcomes.

This participant’s statement draws the researcher further into the personal connection that flourishing rural nurses describe as working with a purpose, meaning, and intention of doing good, “giving back,” and “helping” others achieve positive outcomes. Flourishing rural nurse participants describe themselves as hard-workers who strive to “do their best” or “better,” who are focused on their patients’ needs, consider it a “privilege to care for patients,” and care deeply for those around them “like family.” Keri described it like this, “In small communities like this you work with a close-knit group of nurses, and you become family” adding that “working together and relying on each other to get things done” is important.

**Connection.** It’s difficult to separate the subcategories of intentional and connection within the participant’s dialogue as it is interwoven within the fabric of who they are, where they work, and how they live out their daily lives. A resounding message among the narratives was a sense of connection. In one form or another, rural nurse participants described how a sense of connection was a vital part of the rural nurse participants’ ability to flourish.

At times, the connection was for personal grounding and source of strength. Some nurse participants would reference their family support systems, friends, or community as
a source providing a strong sense of connection. Mia used her photo entitled “Endurance” (see Figure 8) to describe her spiritual connection to her nursing practice by stating:

I flourish best when I go to the cross when I put God in charge of my day and my life. I feel like in order for me to be able to meet people where they are, I have to rely on this enduring underlying foundation of everything I set out to do.

![Figure 8. Endurance](image)

Similarly, rural nurse participants responded to the question “What fosters your ability to flourish” with words indicating a connection within themselves like “self-care,” or “taking care of their personal being” “finding a peaceful spot.” Interestingly, when asked this question, the rural nurse participants would often transition into the paradoxical relationship between connecting to something meaningful to them and the need to “disconnect,” “recharge batteries” or “unplug.” Rural nurses consistently stated that in order to flourish, there needs to be “sense of balance,” “life balance,” or “boundaries,” when the nurse can disconnect from “being a nurse,” “decompress” and “not have to solve everyone’s problems today.”
Several nurse participants described how their mentors or other nurses they looked up to helped them connect or ground them in ways that were meaningful. Rural nurse participants valued their connection to team members or mentors and shared how there were moments when other nurses played a key role in their ability to flourish. Clara described mentors who “pushed me in a positive way to step outside my comfort zone, when I was nervous” and other participants who recalled nurses “who went before me, the people that lived the same story” and describe a desire to “seek advice from them.”

Sue stated, “I think I was blessed because I can think of three nurses off the top of my head that I looked up to in my first year.” Another nurse described the importance of mentors by stating “I think they were an important part of helping me gain the confidence I needed to say ‘I can do this’ even if I’d never done it before or the ability to jump in and help with a patient when I hadn’t ever experienced that particular thing before.” Kim’s poignant field note taken while she was choosing a photograph provided a particularly insightful statement about connecting with self and with other nurses:

Mirror those that offer the greatest insight and roundedness without forgetting who you are.

Team members and team membership was also an important part of the connection that gave rural nurse participant’s meaning and purpose so that they could flourish. Pat described the dependability and reliability aspects of the team by stating that a good nurse not only upholds their job but will be there when they need them” and that often being the only nurse you have to be able to “know when to call on my teammates and say ‘hey, I need some help’.” Lilly summarized well the feeling of comfort in having a team alongside when working in a rural hospital by stating,
I never feel like working the ER that I am ever alone, and I can call multiple people. In working a Sunday there is two nurses and one CNA, and I know that I can call and within 2 or 3 minutes I can have 20 people up here helping me. That is what’s great about working in a small community because we are all pretty close. You’re friends. Our kids go to school together. You live down the street from each other, and we want to help each other and don’t want to see the other drown.

Many participants included “having a voice” in their workplace, “sharing in making decisions” among their team members or sharing a sense of belonging as important aspects of their rural care environment. Keri shared:

You have the opportunity to really get to know the people that you work with and with great providers that are really nice to our staff, and then our staff works well together and is a very tight-knit group. I think that’s the other piece of rural nursing is that you are so much closer to your teammates.

Kim took it a step further by adding that is “difficult to get the work done” without a sense of teamwork and connection or relationship to their peers. She shared:

In a small place like this, you can’t survive without each other. We are all part of the working of this place, and you have to work together, rely on each other, and develop those relationships because, without it, there is no way to get things done. It is so much easier when you are able to be involved in every aspect of the patient’s care, and it is really hard if you don’t take the time to develop the relationships with the people you work with.

Keri’s photograph entitled “If You Put Your Heart and Soul into Something You Love, Great Things Will Happen” (see Figure 9) summarized this theme most inclusively. As she discussed her photo and her description of bees, she then metaphorically applied the function of the individual nurse and the rural nursing team with the bees’ ability to “work hard anywhere” …producing a different flavor of honey that everyone loves and benefits people…and yet are reliant on the environment to flourish.”
Keri continued to share the importance of working within a rural community, finding meaning, connection and doing things with intent when she stated:

Like rural nursing is different from urban. And each rural nursing area is different, and each rural nurse brings something unique to the table, it takes the whole group to work together to make the end-product of quality care.

**Challenges to Flourishing**

In order to capture all dimensions of flourishing, the researcher asked, “What challenges one’s ability to flourish?” often by encouraging the rural nurse participant to think about a nurse that they perceive is not flourishing. Although participants were hesitant to point the finger at another rural nurse, participants acknowledged differences in nurses that flourish and those that do not. The rural nurse participants described challenges to flourishing that were obstacles for the rural nurse to be resilient and find meaning. Rural nurses described how nurses often find themselves in situations where they feel vulnerable or afraid and explained it in real-life personal situations like a medication error, working alone when an emergency arose or when things happened.
quickly, or a job opening that became available or a move to another area required learning new skills. They described how the rural nurse is at a crossroads of either taking the opportunity to learn or becoming fearful and remaining stagnant. Consistently rural nurse participants used the words “fear,” “stuck,” “complacency,” and described problems with “blurred lines” or difficulty in establishing a sense of “separateness” as problems for rural nurses who seek to flourish within their rural practice.

**Fear.** When the researcher asked participants specifically for challenges to flourishing, participants responded with comments like, “People let fear take over and then they are stuck. I would never be able to get anywhere if I never took the opportunities that were there” or “People are afraid of failure. Afraid of something difficult.” In the review of field notes, the researcher noticed in notes in the margins “afraid to try,” “afraid to fail,” “afraid of change,” and “afraid of not succeeding” as points of emphasis by the rural nurse participant during the dialogue. Interesting, many rural nurse participants described the nurse who is not flourishing as one who is “stuck.” One participant described this danger as relating to themselves at one point by stating, “You know you get stuck in a rut and I think it’s good to get out of that and learn and keep growing.”

**Complacency.** The absence of moving forward, reluctance to become engaged in meaningful work was described by rural nurses as “complacency.” Flourishing rural nurse participants often shared the sentiments shared in Pat’s comment,

> I think in rural nursing more than anything, one of the hardest things is not to become complacent. When a rural nurse becomes complacent, things get missed. It’s easy to roll in and has those easy patients, and just hang their antibiotics and give their morning meds and go sit at the nurse’s station and just kind of show up. If you don’t still critically think and assess your patients, then you miss things, and that’s easy to do.
Joan also warned, “Don’t allow yourself to be content to the point that you are no longer moving or learning.” Lilly added, “It’s hard to work with those that are complacent and okay with not opening up and looking for better processes.” Flourishing rural nurse participants were not satisfied with the status quo and shunned “boredom,” “sitting around” and “waiting on something to fall in your lap” as standing in their way of flourishing.

**Blurred Lines.** Finally, rural nurse participants described how it was important for them to set boundaries, care for themselves and suggested that some who do not flourish struggle with this aspect of a flourishing nurse’s repertoire. For example, Joan described it this way,

> It’s kind of a dance between wearing your heart on your sleeve and setting the limits, that this is me, and you have to know when to be more open and when to be more reserved, and it takes experience. Know yourself and know what you can and cannot do. It’s important to maintain sanity, and I get very involved with my patients, but I still have boundaries.

Clara elaborated on the boundaries between work and home by stating, “people that don’t flourish seem to always have a really blurry line between home and work, and it all just bleeds together,” and another added, “learning how to take care of yourself and learn how to leave their personal life at home.” Lilly summarized the challenges faced by nurses who are struggling to flourish by stating,

> I think attitude is a lot. Keeping things in check with yourself. You know home life has a lot to do with it too. When someone comes to work with a bad attitude, they are not going to be able to make much of a difference because they are stuck. They are not able to bloom; their attitude prevents them.

Mia concluded this thought by stating, “you have to have strong boundaries to support working life. You have to be able to determine where do I end and where do they begin.”
Model of the Meaning of Flourishing

The researcher created the model in Figure 10 to visually illustrate the discussion relating to rural nursing flourishing. The funnel-shaped object represents the context of rural nursing through which the rural nurse’s lifeworld is filtered, and decisions are made. Rural nurse participants indicated that inherent within the rural context of care is the unexpected, unplanned, and the unknown. Although the funnel-shaped object appears too rigid or confining to some, there are others that see flexibility and an opportunity for growth and expansion within the context of rural nursing. The circular objects are labeled with the two themes that were discovered through this research process entitled “Resilience,” containing the subcategories of “Attitude” and “Adaptation,” and the other theme “Meaning,” containing the subcategories of “Intention” and “Connection.”

The circular objects are intentionally round to fit through the funnel exit as “Flourishing Nursing Practice.” Furthermore, the objects are intentionally round for mobility indicating that at either point in the rural nurse’s life, “Meaning” may be present foremost in their flourishing practice or the objects may move so that the characteristics of “Attitude” and “Adaptation” are more fully visible as flourishing within the rural nurse’s practice. The three circular objects are more oval to represent the object’s potential to occlude the exit point for “Flourishing Nursing Practice”, representing how “Fear,” “Complacency,” and “Blurred Lines” can serve as obstacles or challenges to flourishing if allowed to enter, come to the forefront, or not removed from the rural nurse’s lifeworld.
Summary

There were nine participants in the study who contributed verbal data during two consecutive interview sessions and photographic data that were recorded representing their understanding of flourishing. Verbal data were transcribed using Collier & Collier’s (1986) photographic analysis approach and Glaw, et al. (2017) interpretative thematic approach, the researcher concluded a detailed interpretation yielding two overarching themes and four subcategories supporting flourishing and three themes that challenge flourishing as it is experienced first-hand by rural nurses in the northwest region of Wyoming. Resilience was a strong, consistent overarching supportive theme of flourishing among the data and was supported by two subcategories, attitude and adaptation. The other overarching theme supporting flourishing was meaning, with the two subcategories of intention and connection. Finally, the researcher analyzed the discourse related to challenges to flourishing and determined three themes representing the challenges to flourishing for rural nurse participants, fear, complacency, and blurred lines.
CHAPTER V

DISCUSSION AND RECOMMENDATIONS

The purpose of this chapter is to discuss the findings of the study within the context of the Rural Nursing Theory, relate previous flourishing and rural nursing literature, and to propose the potential contributions of this study to the body of rural nursing knowledge. This study began with the identification of the problem of rural nurse retention by outlining the challenges specific to rural nursing and highlighting the need to connect the dimensions of well-being to the nurse’s intent to stay by first determining the meaning of flourishing among rural nurses.

Therefore, the purpose of this qualitative interpretive phenomenological study was to explore the meaning of human flourishing among rural nurses practicing in Wyoming by asking the following research question:

Q1 What is the lived experience of a flourishing rural nurse?

The study sought to explore, describe, and interpret the meaning of human flourishing as it is lived among rural nurses in Wyoming using the philosophical framework of social constructivism and interpretive phenomenological research methods. The research was underpinned with the middle range Rural Nursing Theory developed by Long and Weinert (1989) composed of the key concepts: work and health, beliefs, isolation, distance, self-reliance, familiarity, lack of anonymity, outsider/insider, and old-timer/newcomer.
Four important philosophical assumptions framed this study and were reflected in the design. The study ontologically assumed that reality is constructed from multiple perspectives and was supported in the researcher’s use of multiple points of data that were collected. The study epistemologically assumed that knowledge is embedded in the lived experience of the rural nurses and is best understood first hand and ties into the axiological assumption that prior knowledge based on the researcher’s stance was a part of the research process. Finally, the methodological assumption was the use of an interpretive process to analyze the data, working back and forth between all points of data.

As described in Chapter II, a review of the literature was conducted that highlighted the relevance of the concept of flourishing to the complex rural care environment and the important role nursing education plays in preparing rural nursing graduates to flourish in the workforce. The literature review highlighted gaps in rural nursing research for nursing practice, nursing retention, and nursing education, particularly as it related to evidence-based research that informed the rural nursing education program. Further, the literature review illuminated gaps in the exploration of the rural nurse’s lived experience of the concept of flourishing or any studies that used interpretive phenomenology with multiple sources of data to promote insightful dialogue into the rural nurse’s lifeworld.

As described in Chapter III, the qualitative interpretive phenomenological research study explored the meaning of human flourishing as it is lived among a convenience, criterion and snowball sample of nine practicing rural nurses in the northwest region of Wyoming. Data were collected from nine rural nurse participants
who contributed transcribed verbal data during two consecutive interviews, participant and researcher field notes, and photographic data from nine photos that the participants submitted that embodied their perception of “blooming where they were planted” or flourishing.

As described in Chapter IV, the researcher used Collier & Collier’s (1986) photographic analysis approach and Glaw, et al. (2017) interpretative thematic approach, to inductively winnow two themes and four subcategories that support flourishing and three themes that are challenges to flourishing as they evolved from the data representing all aspects of flourishing as it was experienced first-hand by rural nurses in the northwest region of Wyoming. Resilience was a strong, consistent theme among the data and was supported by two subcategories, attitude, and adaptation. The other theme, meaning, was supported by the subcategories of intention and connection. Finally, the researcher analyzed the discourse related to three themes representing challenges to flourishing and determined that fear, complacency, and blurred lines served as obstacles to flourishing among rural nurses.

**Discussion of Findings**

This section discusses the findings of the study, organized by the two overarching themes that evolved from the research, their relationship to the context of rural nursing, relationship to the tenets of the rural nursing theory, and the relevant literature. Each themed section will integrate these components and the challenges to flourishing and conclude with recommendations that take their direction from the findings.
Context of Rural Nursing

The rural nurse participants readily pointed out that the rural context of care is not for everyone and that some may find the lack of specialization, lower variety in patient population or diagnosis, higher acuity of patients, and job availability too difficult to overcome. Many participants often talked about finding their niche or having a positive attitude when waiting for their preferred area to come available or having a realistic attitude that they live and work in a rural setting and to make the choice to flourish where they are planted. The participants shared how the love of nursing often drove them to seek out opportunities that may be difficult to find in a rural setting or to try new things, not knowing if they would work out or not.

The context of the participants in this study was rural nursing in Wyoming and the participants’ dialogue centered around the rurality of their lifeworld situated within Wyoming. The rural nurse participants often described how they grew up in the region, began their nursing career in this region, and continued to look up to others who set the bar in caring for their friends, neighbors, and community members. Nurse participants took pride in living in Wyoming and talked about how their rural Wyoming context provided them with a sense of enjoyment of the outdoors but heightened the risk of outdoor dangers, raising the stakes to an emergency as they cared for those they knew and loved.

Nurse participants in this study indicated that the drivable distance to larger urban hospitals placed them at risk for short staffing yet increased the value of working relationships with nurses that share their deeply rooted investment in the welfare of their team, their patients, and their rural community. The rural nurse participants in this study
recognized that they were going to be called in to work in challenging situations where someone they knew was hurting, injured, or ill and warned that the risk of burnout was prevalent within their own care environments. Finally, many nurse participants in this study noted that they were experiencing changing leadership within their institutions and that economic challenges in their communities could be overwhelming, yet all were consistent in their message that personal support mechanisms were imperative for flourishing.

Resilience

Researchers Jackson et al. (2007) define the concept of resilience as the individual’s ability to make adjustments when faced with adversity, maintain homeostasis, and continue moving forward in a positive manner. For rural nurses participating in this study, flourishing is deeply immersed in the rural nurse’s ability to cope with adversity, overcome challenges incurred during the typical day of the rural nurse’s practice, and to bounce back with an attitude of hope, positivity, and movement forward to improve, learn, and grow. The rural nurse participant’s narratives described how they had overcome the unexpected turn of events in their lives or career and turned it into one in which they were able to flourish. Rural nurses lived moments of rejection, disappointment, and overwhelming patient care situations to emerge on the other side with an attitude of having learned from the situation and the recognition that the challenge had enriched them somehow.

Attitude. The flourishing rural nurse’s willing and open attitude to change, take the opportunity as it knocks on the door, and maintain the realistic perspective that there is no perfect job was an important theme among the rural nurse participants. The rural
nurse participants readily acknowledge that there will be mistakes yet insist that flourishing nurses continue on picking up the pieces for the love of nursing. This perspective doesn’t come easy for nurses who are “there for the paycheck” or “show up and survive.” The openness to opportunity comes from the decision to flourish and persevere with an attitude that continues to be flexible, resourceful, and creative. Flourishing rural nurses describe themselves as energized and ready for anything that comes along, including the journey that takes them on “bumpy,” “unplanned” twists and turns personally or professionally.

**Adaptation.** The rural nurse participants who flourish describe themselves as knowing a little bit about everything and applying their uniquely crafted skill set to fulfill multiple roles, find their resources, and challenge themselves to stretch, grow, and better themselves. Adaptation to the evolving rural context by “putting one foot in front of the other” characterized how flourishing rural nurses described the meaning of flourishing in their rural practice. A positive attitude and ability to adapt share equal parts as the rural nurse’s essential requirements in resiliency and flourishing within their rural practice.

**Relevant Literature to Resilience Theme**

**Resilience.** The concept of resilience can have a variety of definitions but has been identified by Delgado, Upton, Ranse, Furness, and Foster (2017) as the capacity to personally handle adversity in the workforce. The characteristics of resilience support psychological health and wellbeing, as well as, have a mitigating effect on the emotional exhaustion inherent within intense and prolonged exposure to challenges (García-Izquierdo, Meseguer de Pedro, Ríos-Risquez, & Sánchez, 2018). Resilience plays a protective role against nursing turnover, supports patient satisfaction, better attitudes
toward patients and the perception of better quality of care (Manomenidis, Panagopoulou, & Montgomery, 2019). In the overarching context of the nurse’s work world, resilience is an important part of the nurse’s ability to adapt to the challenges that arise through multiple intrinsic and extrinsic factors (Delgado et al., 2017). Researchers also suggest that nurses who are resilient are positive role models for colleagues, have an ability to problem-solve, balance the emotional demands of the job, and actively utilize resources and skills to create a working culture that is positive (Hodges et al., 2005; Bakker & Sanz-Vergel, 2013).

**Attitude.** Pipe et al. (2012) reports that individuals who exhibit high levels of optimism over a period of time, begin to strengthen and exhibit the characteristics of resilience. Within the constructs of resilience, lie hope, optimism and “flourishing mental health” (Koen et al., 2011, p. 3). An attitude of optimism within the literature is often discussed alongside flourishing and describes one’s ability to interact positively with life’s ups and downs and take an active stance to cultivate a quality of life proactively. (Bunkers, 2009; Bunkers, 2010; Feight et al., 2013; Koen et al., 2011). In addition, the literature further underscores characteristics of a resilient attitude by describing that a sense of control, competence, and the use of multiple sources of strength to transform negative situations into positive growth-producing outcomes for patients and themselves is an important part of a flourishing individual (Agenor et al., 2017; Bunkers, 2009; Fosha, 2009; Tuck & Anderson, 2014).

**Adaptation.** Rural nurse participants consistently underscored the need for flexibility, being open to the opportunities that existed within the rural care environment for them to flourish. This theme exists in the literature as well by researchers who
suggest that the flourishing individual must be aware and open to change, engaged, flexible, and reflect upon own practice (Agenor et al., 2017; Fosha, 2009; Ghaye, 2010; Horner & Westcott, 2000; Kear, 2013; Kleinig & Evans, 2013; Sumner, 2013). Interestingly, rural nurse participants mentioned creative problem solving, a motivation to improve and making an active choice to flourish as well. These characteristics were validated in the literature as supporting flourishing, self-acceptance, positive relations with others, personal growth, purpose in life, and environmental mastery (Ghaye, 2010; Keyes, 2002; Tuck & Anderson, 2014; Yalden & McCormack, 2010). Finally, Jackson et al. (2007) suggest that the more often the individual engages in actions to overcome adversity, the more the individual adapts to develop a greater range of resources, in a positive cycle of increased resilience.

**Meaning**

For flourishing rural nurses, working with a sense of purpose, meaning, and intention to make their lives and their patient’s lives better is a part of their everyday practice. Rural nurse participants described how they are motivated by multiple intrinsic and extrinsic connections to develop processes that make things easier or better. Rural nurse participants narrated how they strive for positive outcomes, prepare for low incidence/high stakes encounters, and hone skills within themselves and their practice to take on the multiple roles required in rural nursing care. The rural nurses in this study narrated how they believe doing what one loves is the meaning behind each encounter, whether that is with a peer, patient, other healthcare team member and leads them along the fruitful journey to flourishing.
**Intentional.** The rural nurse participants in this study mirrored intention in their nursing practice as they shared their stories and photographs of accomplishment, whether that was in accolades from others, degrees earned, or a simple ‘thank you’ from a patient, that inspired them each day to make a difference in the lives of their patients and in their community. Study participants consistently took purposeful, mindful action and mentioned that not everyone is motivated by a strong desire to meet the next challenge or strive for something better and suggested that the hunger for more than the status quo may be an intrinsic characteristic of an individual that cannot be taught, but one that was highly esteemed by the flourishing rural nurse participants in this study. Rural nurse participants shared the importance of finding meaning by working hard with intention or purpose to make a difference in their lifeworld.

**Connection.** Often, the rural nurses who participated in this study mentioned the importance of caring for oneself in order to fully be present and be able to provide the quality of care their patients “deserve.” Each nurse participant provided insight into what sustains them, grounds them, recharges, or revitalizes them to give back, work hard, or remain focused on the goal at hand. The rural nurse participants felt a deep connection to their communities and their role within the community as a nurse. The rural nurse participants shared not only how the rural care environment can be a challenge, but that having a voice and active engagement in the working units of the team and hospital was a valuable part of their connection and freedom to intentionally care for themselves and still remain patient-centered.

Paradoxically, flourishing rural nurse participants seemed to have successfully addressed the difficult crossroad of separating their professional and personal lives while
providing for their own well-being and supporting the needs of the members of their lifeworld. Flourishing rural nurse participants narrated the evidence of their ability to set aside time to care for themselves or find ways to recover from the challenges of rural nursing as a meaningful part of their ability to remain a relevant, viable member of the rural healthcare team. In fact, flourishing rural nurse participants consistently stated that without the ability to set boundaries, disconnect, and care for themselves, they would be in danger of languishing, burning out, and not have anything left to contribute.

**Relevant Literature to Meaning Theme**

**Meaning.** Meaningful work or finding meaning in work is explored in the literature as a determinant in a positive working culture and is defined as “the discovery of existential meaning from work experience, work itself and work purpose/goals” (Lee, 2015, p. 2259). The perspective of meaningful work often includes how one would gain positive emotions from participating in the work itself and notes that the work lends purposeful meaning, contributing to an overall meaning for their existence (Lee, 2015). The journey toward flourishing requires an active engagement in meaningful work and engenders a sense of productivity, achievement, self-concept, self-confidence and positive emotional outcomes that extends beyond a mental state of contentment (Agenor et al., 2017; Bakker & Sanz-Vergel, 2013; Fosha, 2009; Ghaye, 2010; Hodges et al., 2005; Keyes & Simoes, 2012; Molinari & Monserud, 2009). Nurses experiencing the attributes of meaning within their work are able to flourish within a context that gives their lives meaning, purpose, focus, and strengthens their internal resources that can contribute to workplace satisfaction (Lee, 2015).
**Intentional.** In the nursing literature, intention is described as purposeful, directing the mind to be attentive, present, and is focused on the activation of one’s intention prior to the delivery of care (Aghebati, Mohammadi, Ahmadi, & Noaparast, 2015; Sofhauser, 2016). This definition describes the nurse’s preparation for care through connecting with themselves, their inner resources and engaging in a transpersonal caring. Sofhauser (2016) suggests that intention is an act of the nurse in choosing their state of mind when delivering care and that the mindset of the nurse has a direct relationship to the nurse’s care and the health outcomes for the patient. The intentional perspective shifts the nurse from “doing for to being with the person in the moment” (Sofhauser, 2016 p. 32). The literature further connects the attributes of flourishing nurses and intention by describing how nurses who flourish have consciously developed processes that are earnestly intent on fully attending to the needs of others in the care environment (Sofhauser, 2016; Tuckett, 2000; Yalden & McCormack, 2010). Finally, the literature suggests intention’s relationship to flourishing in nurses who promote flourishing within themselves, or in others, are mindful of what is good for the team, the environment and the patient and intentionally reflect on their journey toward authentic practice (Edgar & Pattison, 2016; Sofhauser, 2016; Sorrell, 2017; Sumner, 2013; Tuck & Anderson, 2014).

**Connection.** Descriptions are prevalent within the literature of flourishing that include the need for the development and access of personal resources as a means of self-actualization, stress management and awareness of one’s own needs to create an empowered workplace where one can flourish and remain engaged for the long term (Hodges et al., 2005; Pipe et al., 2012; Sergeant & Laws-Chapman, 2012). Further, the
literature suggests that a well-rounded connection to one’s own perception of their own abilities, the presence of positive relationships, and an ability to determine their own direction in life indicate a quality of engagement that is necessary for a flourishing state of existence (Keyes, 2002). The connection of the humanistic side of nursing within the social constructs of rural nursing is also suggested by Edgar and Pattison (2016) who purport that flourishing lies not only in the individual’s story but as it overlaps and intertwines with the social context. The connection between the nurse and the rural working environment was validated in the nurse participant's photographs as they described a connection to a means of support, relationship to the greater good, or in their workplace setting where they felt empowered to focus on the patient’s needs. Nurse participants also took the stance supported by the literature that there is a need to find a means to manage stress and care for one’s self in order to give their community their best and avoid burnout.

**Relationship of Themes to Rural Nursing Theory**

**Resilience.** The Rural Nursing Theory concepts isolation, distance, self-reliance, and role diffusion were most prevalent in the discussion relating to the theme of resilience (Bushy, 2000; Fahs, 2017; Hunsberger et al., 2009; Kulig et al., 2015; Long & Weinert, 1989; McCoy, 2009; Molinari & Monserud, 2009; Paré, 2015; Roberge, 2009). Rural nurses mentioned how it is difficult to obtain continuing educational opportunities, stating that it is hard to find someone to cover their shift, take off work, and travel to educational opportunities. Rural nurse participants shared how there is a sense of isolation in their practice, where they may be “the only nurse” in their area during a shift, and in their ability to dialogue about best practices with others. For example, one
participant stated that they would like to have the opportunity to get together several nurses from hospitals to “get ideas, see what’s outside.” Paré’s (2015) study of rural nurses in critical access hospitals confirmed the congruence between the nurse participant’s responses in this study and the Rural Nursing Theory concept of isolation in her findings that indicated a sense of isolation, particularly from the larger nursing community, is an important part of the rural nurse’s lived experience in a critical access hospital.

Self-reliance was mentioned by the rural nurse participants as they narrated stories of being in situations that required them to rely on themselves and other resources within their reach to make critical decisions relating to patient care. Nurse participants described that sometimes they were the senior nurse in the area despite very little experience or that they had to know their own limits in order to make wise decisions when calling for assistance. Nurse participants reported relying on resources, instincts and their own judgment when determining what needed to be done, how to proceed, and what should be done next time to improve. In paradoxical contrast, participants consistently narrated that they never felt alone because they relied heavily on their rural peers and could readily receive multiple sources of assistance from a variety of team members just by placing a call.

Role diffusion also prevailed within the theme of resilience as rural nurse participants narrated the multiple roles they fulfilled within their working world and the need to switch back and forth as needed by either the needs of the patient, the type of patient that presents for care, or the presence or absence of other team members on the unit at the time. Most participants report not ever having had a job without multiple roles
and prefer the opportunity that arises from cross-training, developing multiple skill sets, and working with multiple areas and departments within the rural care environment. The rural nurse participants in this study dialogued how the ability to know a little bit about everything keeps them engaged and makes them a more valuable asset to their community, team, and other job markets. The perspective of “generalist” that arises from the Rural Nursing Theory connects well with the participants’ role diffusion narratives and Knight et al. (2016) who concurred with the unique rural nurse characteristics and capabilities required for rural nursing practice.

The value in work and the derivation of self-concept from work is interwoven in the Rural Nursing Theory concept of anonymity (Bushy, 2000; Heaslip & Board, 2012; Hunsberger et al., 2009; Long & Weinert, 1989; McCoy, 2009; Swann & Hobbs, 2016). Mirroring this value of work within the Rural Nursing Theory, a strong work ethic has been instilled within the rural nurse participants and shared throughout their narratives reflecting the interrelatedness of the nurse’s life world within the rural context (Long & Weinert, 1989). An expectation among the participants existed that they needed to work hard, continue to improve, find ways to stay meaningfully busy, and this expectation extended to those with whom they worked alongside. The rural nurse participant’s high expectations of themselves and others in their work ethic is also expressed through the participant’s narrative highlighting how complacency can be a challenge to flourishing for the rural nurse.

Within the Rural Nursing Theory concept of anonymity there is a paradox between the inherent connectedness and need to disconnect or be independent that arose often in the participant’s narrative relating to the theme of meaning (Bushy, 2000;
Heaslip & Board, 2012; Hunsberger et al., 2009; Long & Weinert, 1989; McCoy, 2009; Swann & Hobbs, 2016). The rural nurse participants fully recognized that they were always on duty, were known as a ‘nurse’ throughout all encounters with the public and acknowledged that this level of anonymity prompted them to be more invested in the outcomes of their work. Interestingly in the participant narratives of this study, the burden of being everything to everyone all the time as mentioned by the Rural Nursing Theory’s concept of anonymity resided alongside the reward of knowing that they made a difference in the lives of individuals who are part of their “family” (Bushy, 2000).

**Meaning.** Participant’s described their lack of anonymity in a positive way when they narrated caring for their friends, family, and neighbors, but also in a negative way when they encountered someone at the grocery store whose family member had not had the health outcome they had hoped to achieve. Paré’s study of rural nurses (2015) validated the connection between the Rural Nursing Theory concept of anonymity and the rural nurse participants’ narratives by finding that rural nurses feel a sense of responsibility to provide the best quality of care to their friends and neighbors and that it requires finding spiritual ways to manage stressful situations. The rural nurse participants in this study also confirmed the Rural Nursing Theory’s anonymity paradox, and rural-based literature findings that the rural context could be overwhelming and that it was imperative for rural nurses to disconnect from their surroundings at times to maintain a separateness from their role as a nurse (Paré, 2015; Swann & Hobbs, 2016).

**Recommendation Discussion**

Rural living and aspects related to the rural dweller’s health are a part of the rural nurse’s everyday world. Rural nursing theoretical concepts such as anonymity, role
diffusion, isolation, distance, and self-reliance reside within the confines of the Wyoming rural nurse participant. The influence of the rural nursing context infuses every part of the rural nurse participant’s practice and is heavily threaded within their narratives and photos depicting their meaning of flourishing. The following section discusses the implications of the findings on the rural nurse currently in practice, the rural nurse who may be considering relocating to the rural practice, the rural nurse leader, the rural nursing education programs that prepare rural nurse graduates to practice within the rural care environment, and to the larger audience of nursing as a profession.

**Recommendations**

The rural nurse participants in this study described how aspects of resilience and meaning supported their ability to flourish. Specifically, rural nurses narrated their journeys as they successfully navigated disappointments, difficult circumstances, and the inherent challenges of anonymity, isolation, and role diffusion within the rural care environment with a positive attitude on their journey to make a difference. Participants also provided pearls of wisdom for those who are struggling with their ability to flourish by sharing that fear, complacency, and blurred lines are easy traps to fall into and must be avoided by nurses who want to flourish.

**Resilience.** The flourishing nurse participants in this study narrated that the key to their ability to manage the challenges within their environment is that they recognize they have the freedom to choose a positive direction within their practice through becoming flexible, being willing to try new things, and taking opportunities as they present themselves. Maintaining a positive outlook, visualizing the range of future possibilities, and seeing the good within something unplanned are important
characteristics of resilience that the rural nurse participants suggest can be fostered within oneself (Jackson et al., 2007; Jackson, Vandall-Walker, Vanderspank-Wright, Wishart, & Moore, 2018). Through their personal insights, flourishing rural nurse participants have shared how they’ve used the literature supported strategies for resilience in the management of their emotions, efforts in achieving life balance, and reflective practices (Jackson et al., 2007). Finally, rural nurse participants have consistently shared that nurse mentors were a positive influence on their ability to be resilient within the complex rural health care settings.

Based on the interpretation of the rural nurse participants’ narrative in this study, the recommendation for nurses who are practicing or hope to flourish within a rural practice is to engage in strategies that support their own personal resilience. Rural nurses are encouraged to develop inner mechanisms and processes in their thinking to manage emotions and to foster a positive outlook despite the surrounding circumstances. As discovered in this study, fear of failure or fear of change can serve as hindrances to the flourishing nurse’s practice. Therefore, the findings from the interpretation of the rural nurse participants’ data suggest that rural nurses need to develop strategies to overcome their fears, strengthen their self-confidence, and fully actualize their potential to flourish as a rural nurse. These strategies can involve reaching out to other nurses to encourage them as they navigate the twists and turns of rural nursing practice.

**Meaning.** Flourishing rural nurse participants narrated their successes in recognition of their own talents that contribute to the whole, affirming the value of others in their lifeworld, working for the betterment of their working environment, team, and patients and a readiness to build a collective strength for resolving problems (Ghaye,
As a starting point for others to consider, the flourishing rural nurse participants narrated how they had avoided the pitfalls by setting boundaries to disconnect at home yet focus their abilities on being patient-centered while at work. Rural nurse participants that flourished found time to recharge their personal battery, reflect on their own practice or lives, and found the support to sustain them through the adversity encountered in the workplace (Aghebati et al., 2015; Sofhauser, 2016).

Based on the interpretation of the rural nurse participants’ narrative in this study, the recommendation for rural nurses to flourish in their rural practice is to find a source of support, connect with positive influences within their life and find personal strategies that support life balance and clear boundaries. This recommendation of the engagement of the mind, attitude, and action toward improving the patient or one’s own holistic health was verbalized by the rural nurse participants as playing a role in their ability to flourish within their own nursing practice. Interpretation of the findings also suggested that finding meaning within themselves by intentionally connecting to their purpose and stepping outside themselves to make a difference in another’s life is important for nurses to attend to in order to flourish in their rural nursing practice.

As discovered in this study, complacency and blurred lines can serve as hindrances to the flourishing nurse’s practice. Therefore, the findings from the interpretation of the rural nurse participants’ data suggest that rural nurses need to develop strategies to find meaningful work, think of ways to improve processes in their care areas, and voice ideas that strengthen team collaboration and function. These strategies require setting clear boundaries at work by leaving personal issues at home and focusing on the important role of working together with the team to meet patient care
outcomes. To overcome the hindrance of blurred lines, the rural nurse needs to establish an awareness of own self limits so that a connection to important professional and personal resources can be established.

**Education**

The rural nursing program is equally challenged by demands to remain relevant, accredited, accommodating, and a quality endeavor that produces students appropriately prepared for practice. The aging of the workforce, changing economic climate in Wyoming forcing budget cuts within state-funded educational institutions, and the isolation of the region placing roadblocks in faculty recruitment and retention are only a few of the challenges faced by the rural nursing education programs within the northwest region of Wyoming. However, the rural nursing education program also recognizes that rural practice is unique and that rural health, rural nurses, and rural education programs are framed contextually within the context of rurality. Thus, playing a larger role in preparing students who not only enter rural nursing practice but choose to stay and flourish. Rural nursing education has the opportunity to learn from the flourishing rural nurses and take the findings developed within this study to engage in a deeper level of understanding of the meaning of flourishing within the rural practice and begin collaborative conversations with clinical partners, curriculum designers, and nursing leaders.

Based on the interpretation of the rural nurse participants’ narrative in this study, the findings suggest that nursing students need to be prepared with strategies to foster resiliency to include developing their ability to foster a positive outlook by remaining hopeful about the horizon of possibilities despite their surrounding circumstances.
Nursing students need to take heed from the flourishing rural nurse participants to leave fear behind and step into opportunities that present themselves, remain patient when the perfect job doesn’t rise to the surface right away and to learn to be resourceful. The flourishing nurse participants also stated that it is easy to fall into the trap of complacency, particularly on slow days in the rural care setting, and to find ways to engage themselves in meaningful work that serves the purpose of making a difference for the team, their working environment, their patients, or their community. Finally, rural nursing students need to learn to find ways to balance their lives, unplug from stressors, and recharge their own personal batteries with enriching activities that are a positive influence on their emotions, relationships, and within themselves.

Nursing education leaders can also learn from the narratives of the rural nurse participants by fostering resilience within themselves. Nursing academic environments are not always civil or supportive and finding ways to foster resilience within oneself as a nursing education leader, a nursing faculty member, or among the team of academic educators would support nursing education’s need for retaining nurse educators and foster a positive working culture. The interpretation of the findings suggest that nursing education leaders and nursing faculty could also foster flourishing within themselves and their nursing education units by finding meaning in their work and connecting to sources of strength, such as mentors. The act of seeking ways to balance the stressful demands of nursing education by engaging in restorative activities would serve as a role model for students to follow in their journey to flourish. Finally, nursing education leaders are also encouraged by the flourishing nursing participants to move past fear of change or failure and step into possibilities. For nursing education leaders that may involve leaving the
traditional ways of educating nurses behind to embrace a different vision for the future of nursing education.

**Nursing Profession**

Resilience, meaning, intention, and connection have all been validated within the literature and the rural nurse participants’ narratives and photos as contributing to one’s ability to flourish. The rural nurse participants are examples of the stories of how the individual’s flourishing can exist amidst the adversity and challenges within the rural nurses’ lifeworld. There is a larger connection in which the flourishing individual’s story combines with others within the overall social context to make up a flourishing institution (Edgar & Pattison, 2016). In a symbiotic relationship, flourishing individual rural nurses support and sustain the ability of rural institutions to flourish, mutually fostering the individual’s connection to find meaning and care with intention, while remaining resilient collectively to weather the storms of the rural context of care (Edgar & Pattison, 2016).

Based on the interpretation of the rural nurse participants’ narrative in this study, the findings suggest that investing in fostering flourishing collectively among all nurses would support an overall institutional culture of flourishing that could prevent burnout, foster resilience and longevity, and support institutional quality initiatives (Adams, 2016; Delgado et al., 2017; Edgar & Pattison, 2016; Manomenidis et al., 2019). One means of support of institutional flourishing of rural nurses can be found in the establishment of mentoring or precepting of new nurses to the profession or new nurses to the institution. The consistent thread evident within the rural nurse participant’s narratives validates the literature’s value in nurse-nurse mentoring relationships and teamwork that connects
them to the institution, provides them with a way to give back, and supports their ability to flourish collectively (Mbemba et al., 2013; Paré, 2015).

Flourishing nurses within the institution can reach out further to begin conversations about fostering flourishing to strengthen their community and serve as a springboard for a locally positive impact (Ghaye, 2010). The rural nurse’s deep connection and sense of responsibility to their community suggest that a larger achievement of flourishing is attainable for rural communities (Paré, 2015). The findings within the rural nurse narratives suggest that collectively supporting nurses to flourish not only helps retain a much-needed rural workforce but serves to engage the creative characteristics of the flourishing workforce and empower them to solve problems and seek solutions (Belden et al., 2012; Fahs, 2017; Lea & Cruickshank, 2017). Finally, fostering the integration of strategies to promote flourishing across institutions and into the nursing profession as a whole supports a community of change that prepares and sustains a healthy rural workforce and communicates a vision of flourishing with the potential to reshape the future of the nursing profession (Bunkers, S, 2010; Edgar & Pattison, 2016; Ghaye, 2010).

**Study Limitations**

Several limitations were present in this study. First, participants who were nominated or self-nominated had prior professional encounters in the workplace or the academic setting with the researcher. Some were previous students of the researcher, and this prior relationship may have influenced the voluntary participation of some of the participants or influenced their answers to meet the expectations of the researcher. Second, although confidentiality and privacy occurred throughout the study, some
participants may have felt they could not engage in open honesty when discussing aspects of their experience that would make them appear less than positive. Thirdly, due to the rural nature of the study, nurse participants could have had conversations with each other between interviews that altered the content or responses during the second interview.

Next, although the researcher was successful in recruiting participants identifying as male and female, with a variety of years of experience, age range, and from various practice settings and hospitals in the region, there was no ethnic variation among the rural nurse participants. Although this mirrors the 92.3% Caucasian demographic in Wyoming, ethnic components of rural nurse flourishing were not addressed in this study (Health Resources and Services Administration, 2019). Next, the botanical nature of the photograph chosen for the recruitment flyer could have influenced or limited the participant’s thinking about a photograph to discuss as the embodiment of flourishing. The perspectives of non-flourishing nurses were not part of this study. Therefore, the challenges to flourishing could be perceived differently by nurses that were not flourishing. Lastly, rural nurse recruitment was conducted based on self-nomination or nomination by another nurse and continued until a counternarrative was present and redundant data emerged. Therefore, the rural nurse participants in this study largely represented another nurse’s perception of rural nurse flourishing and may not have represented the full spectrum of flourishing characteristics possible outside this region.

**Recommendations for Future Research**

The findings of this study provided a deeper understanding of flourishing among rural nurses and the contextual influences within their flourishing rural practice. However, the understanding achieved in this study open the door to other inquiries of
equal importance to the rural nursing workforce. First, the theme of resilience that evolved from the flourishing nurse narrative and photos needs further investigation. Specifically, does the need for resiliency persist among rural nurses who flourish outside the rural hospital practice? Or does the theme of resiliency exist outside the region of northwest Wyoming? And are there specific aspects of perseverance within resiliency that play a significant role in rural nurse flourishing?

Secondly, due to the positive outcomes of flourishing on the individual nurse, the workplace, workforce, and the patient’s quality of care, the exploration of how to measure flourishing among rural nurses within the rural context would be important. Determining a quantitative value, alongside the qualitative data, would lend a powerful mixed methods research foundation for meaningfully informing rural nursing practice. Nursing leaders with a grasp of this measurement within their working environment could determine next steps to mitigate nursing workplaces that are experiencing declining levels of flourishing among their nurses.

Next, there is a need for preparing nursing students while in their rural nursing program to flourish as they enter their first rural nursing job. Further research is needed to determine what strategies or specific information needs to be included within the nursing curriculum that would prepare for the rural nurse’s successful transition to rural nursing practice. Questions that remain unanswered are “Are there aspects of flourishing that can be taught?” or “Does the inclusion of flourishing findings bridge the gap for new nurses entering rural practice?”

Lastly, there is a need for fostering collective nurse flourishing within the profession of nursing. Further research is needed to determine how to engage the rural
nurse’s sense of connection to one another and value in mentoring to encompass a larger vision beginning with their own institution, communities, and then the nursing profession. Suggestions for further questions to consider in future research are “What is known about institutional flourishing?” and “Are the themes of resilience and meaning important for supporting institutional flourishing?”

**Conclusion**

This qualitative interpretive phenomenological study began with an identification of the changing rural health landscape involving a declining nursing workforce, economic restraints and sparse resource allocation among rural critical access hospitals, rural health disparities and the need to sustain a flourishing nursing workforce to meet the underserved and aging rural dwellers. The purpose of the study was to explore, describe, and interpret the meaning of human flourishing as it is lived among rural nurses in Wyoming by posing the following question:

Q1 What is the lived experience of a flourishing rural nurse?

The study was framed in the philosophy of social constructivism, underpinned with the middle range rural nursing theory, and used an interpretive phenomenological design. The study’s findings provided a detailed description of the meaning of flourishing among rural nurses as they lived in their everyday world and included perceived challenges to flourishing. The findings of the study were integrated into the literature, discussed through the contextual lens of rural nursing, and correlated with relevant tenets of the rural nursing theory.

During two consecutive unstructured interviews, nine participants individually narrated their experiences as a flourishing nurse and described their meaning of
flourishing within their rural practice. The rural nurse participants submitted nine photos that embodied their meaning of a flourishing rural practice. Two central themes emerged from the data as supporting flourishing, resilience, and meaning. Within each theme, there were two subcategories. Attitude and adaptation were subcategories of resilience that described the rural nurse’s reliance on an attitude of positivity and ability to remain flexible to the changes and challenges experienced in rural nursing practice. Intentional and connection were subcategories within the theme of meaning describing how the flourishing rural nurses worked with a purpose to make a difference in their lifeworld while drawing upon inner resources for a balanced life. Three themes representing the challenges to flourishing, fear, complacency, and blurred lines also emerged as important constructs of the rural nurse participants’ lifeworld that was illuminated.

The participants in this study narrated the nurse’s journey through the ups and downs of rural nursing and their responses to the unexpected, unplanned, and the unknown that is inherent within the rural nursing context of care. The photographs in the study lent insight into the importance, relevance, and influence that the themes of meaning and resilience have within the constructs of the flourishing nurse’s everyday life and practice. The participants shared how fear, complacency, and blurred lines can serve as obstacles to the flourishing rural practice and described how the rural nurse must take active strides through these barriers in order to flourish.

Through the description of emergent themes that support and challenge flourishing, this study was able to offer potential insight into addressing the rural nurse workforce preparation and retention problems identified in the introduction and literature review. This study provided a deeper understanding of the meaning of flourishing among
rural nurses and provided insight for rural nurses in practice or nursing students preparing to practice, the need for the development of strategies to support resilience, working with meaning and purpose, and finding supportive resources that promote a healthy life balance. Further, this study suggested potential implications for rural healthcare institutions and the nursing profession to consider collectively fostering flourishing for the greater good. Although questions remain to be explored for future research, this study provides an important first step in the understanding of flourishing among rural nurses.
References


http://dx.doi.org/10.1155/2013/676953


APPENDIX A

INSTITUTIONAL REVIEW BOARD APPROVAL
DATE: May 10, 2018
TO: Marneé Crawford
FROM: University of Northern Colorado (UNCO) IRB
PROJECT TITLE: [1234083-2] Blooming where one is planted: Understanding flourishing among rural nurses
SUBMISSION TYPE: Amendment/Modification
ACTION: APPROVAL/VERIFICATION OF EXEMPT STATUS
DECISION DATE: May 10, 2018
EXPIRATION DATE: May 3, 2022

Thank you for your submission of Amendment/Modification materials for this project. The University of Northern Colorado (UNCO) IRB approves this project and verifies its status as EXEMPT according to federal IRB regulations.

Marneé -

Thank you for clearly making the requested changes to your consent form. Your application is now verified/approved exempt.

Please be sure to use this amended consent form in your participant recruitment and data collection.

Best wishes with your research.

Sincerely,

Dr. Megan Stellino, UNC IRB Co-Chair

We will retain a copy of this correspondence within our records for a duration of 4 years.

If you have any questions, please contact Sherry May at 970-351-1910 or Sherry.May@unco.edu. Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Northern Colorado (UNCO) IRB's records.
APPENDIX B

RECRUITMENT FLYER
Do you know someone who blooms where they are planted?

My name is Marneé Crawford, a nursing PhD student at University of Northern Colorado, and I am conducting a research study to learn more about rural nurses who are blooming or flourishing in their nursing practice.

If blooming where you are planted describes you or someone you know, please email me at craw4365@bears.unco.edu

I’m offering a $20 gas gift card for your participation and I’d love to learn from you.
APPENDIX C

INFORMED CONSENT
CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH
UNIVERSITY OF NORTHERN COLORADO

Project Title: Blooming where one is planted: Understanding flourishing among rural nurses
Researcher: Marnéé Crawford, MSN, RN, Nursing PhD Student
Email: craw4365@bears.unco.edu
Research Advisor: Dr. Audrey Snyder, PhD, RN, ACNP-BC, FAANP, FAEN, FAAN
Associate professor, AGACNP Program Coordinator
Phone: (970) 351-2202 Email: audrey.snyder@unco.edu

Purpose and Description: The proposed qualitative phenomenological research study will explore the meaning of human flourishing as it is lived among rural nurses in the northwest region of Wyoming. This study seeks to fill an important gap between rural healthcare’s need for a flourishing workforce and the preparation of graduates from the rural nursing education program that can successfully meet this demand. This qualitative study poses the following question: What is the lived experience of a flourishing rural nurse? The results of the research study will be used to inform rural nursing program curriculum as it prepares nursing graduates to bloom in their own rural nursing practice.

Should you choose to participate in this study, you are consenting to two audio recorded interviews that occur one-on-one with the researcher and the sharing of a digital visual image that portrays blooming where you are planted in rural nursing through your eyes.

The audio recordings of the interview will be immediately transcribed and deleted. The digital image is one you will capture using your cell phone of an animate or inanimate object, or an environment that will help the researcher develop a deeper understanding of flourishing among rural nurses. Although the researcher will provide specific guidelines before taking the digital image, there will be no photographs of the participant or individuals, nor will there be any personally identifiable aspect of any individual in the photographs.

By participating in this study, you are consenting to the researcher’s use of the photographs as part of the research data, analysis and specifically for the use of the image during the dissemination of this research project.

Page 1 of 2 ______________ please initial
Transcribed interviews, field notes, and the digital visual image data collected will be kept confidential by assigning a sequential alphabetical identifier to each participant and password-secured on the University of Colorado One Drive. No personally identifying information will be linked, saved, or used. All data will be destroyed after three years.

Foreseeable risks are not greater than those that might be encountered conversing in a public setting with a colleague. The cost for participating in this study is the time invested to participate in two sequential interviews, lasting approximately 30 minutes each, and taking a digital image. Participants will be compensated with a $20 gift card upon completion of the data collection process. Further benefits of participation in this research project is the opportunity to share positive attributes of a successful rural nursing practice and from providing important information relating to the understanding of a flourishing rural nurse workforce and influencing nursing program curriculum that prepares future rural nursing graduate preparedness to practice in a rural healthcare setting.

Participation is voluntary. You may decide not to participate in this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. By signing below and completing the interview, you give your permission to be included in this study as a participant. You may print a copy of this form to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact Sherry May, IRB Administrator, Office of Sponsored Programs, 25 Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-1910.

Participant signature: Date:

Researcher’s signature: Date:
APPENDIX D

PARTICIPANT RECRUITMENT LETTER
Dear rural nurse,

I am conducting a qualitative phenomenological study that is interested in how you describe your own blooming where you are planted. My study seeks to explore the meaning of human flourishing among rural nurses in Wyoming. The results of the study will be used to inform the rural nursing program curriculum as it prepares graduates to bloom in their own rural practice. Would you be willing to allow me to interview you twice for approximately 30 minutes to develop a deeper understanding of what blooming in your nursing practice means to you? Your participation and your responses will be kept confidential by assigning a sequential alphabetical letter to the data and deleting audio recordings of the interview immediately upon transcription. The data will be secured on the University of Northern Colorado One Drive, accessible only to me as a researcher. I’ve attached the consent form that describes the study further. After I have summarized information from your first interview, I will schedule a second meeting to review my understanding of your responses. I’d like to connect with you to share more about the study and determine a space and time to delve further into this important concept to rural nursing. Please contact me at the email or phone number below.

Thank you for your consideration of participation in the study,

Marneé Crawford, RN, MSN
UNCO Nursing Ph.D. student
Craw4365@bears.unco.edu
APPENDIX E

INITIAL INTERVIEW GUIDE AND FIELD NOTES
Initial Interview Guide and Field Notes

(Approximate time required-30 min)

Title: Blooming where one is planted: Understanding flourishing among rural nurses

1) Review abstract, purpose of study, interview process, and document/image discussion

2) Review how they were selected, and processes in place to protect individual’s identity and information, assign/circle participant letter (A, B, C, D, E, or F) and whether nominated or self-selected.

3) Opportunity to ask questions and obtain signed consent

Central research question: What is the lived experience of a flourishing rural nurse?

Key open-ended questions:

1) As you think about the phrase “blooming where you are planted,” what does it mean to bloom or flourish where you are planted? Or how have you experienced blooming or flourishing where you are planted?

2) What contexts or situations have typically influenced or affected your experiences of blooming or flourishing where you are planted? Influenced how? Affected how?

Other questions to consider if not encountered in previous question responses:

1) What does a rural nurse who blooms where they are planted do or know? How would they learn this?

2) What are some challenges to blooming or flourishing for rural nurses?

3) What fosters blooming where you are planted?

Thank you for your time and participation. Is there anyone you think I should interview who could help me develop a deeper understanding of blooming where one is planted as a rural nurse? May I collect a few demographic items from you?
Demographic Information: Part time or Full time (over 20 hours)

Gender: Age: Ethnicity: Years in rural nursing:

Practice setting (clinic, hospital, ED, OR, etc.):

Your responses are confidential and the information you’ve shared today, including the digital audio recordings, are protected by a password. After I have interviewed everyone and summarized the information, I will meet with you a second time to validate my understanding of what flourishing means to you. I would like to offer the opportunity for you to share a digital photograph, taken on your cell phone, that you think represents blooming where you are planted as a rural nurse. You can either share the digital image before we meet again or bring it with you at our next meeting. I will provide time for you to discuss the digital image’s meaning to you and how it embodies blooming where you are planted as a rural nurse.
APPENDIX F

GUIDELINES FOR PARTICIPANT PHOTOGRAPHS
Guidelines for participant photographs

Purpose of participant photographs is to help the researcher develop a deeper understanding of the contextual elements of flourishing rural nurses’ lived experience.

Digital visual images will be discussed at the second interview by allowing the participant to show, discuss, and describe aspects of the photograph chosen and the aspects surrounding taking the photograph to the researcher. Photographs will be part of the data used during the data analysis phase of the research study and will become part of the data analysis written in the final manuscript.

1) Ask participant if they are familiar with camera function on their cell phone

2) If unfamiliar, orient participant to use and encourage participant to take one picture while in interview session to ensure understanding.

3) Ask the participant to consider the prompt: What does blooming where you are planted as a rural nurse mean to you? Consider an image you could share that would help me, the researcher, better understand what this phrase means to you.

4) Take as many photographs as necessary to help you determine what this phrase means to you but choose one to share with the researcher that most reflects ‘blooming where you are planted as a rural nurse’ as seen through your eyes.

5) The photograph you share must be taken by you, chosen by you, and can be of any animate, inanimate object, or environment that does not contain any personally identifiable information.

6) Relay to the participant that there is no right or wrong photograph and that there is no reason to please anyone with the photograph selection, other than themselves.
7) Relay to the participant that they are welcome, but not obligated, to write down any thoughts as they take the photograph(s) or make the choice of which photograph to share with the researcher. Inform the participant that the participant notes will become part of the data collected that contributes to a deeper understanding of what it means to flourish as a rural nurse.

8) Ask the participant if they have any questions about the process of taking or choosing the photograph.

9) Inform the participant that there will be an opportunity for them to give the photograph a title and to begin thinking about how they would title the photograph for the next scheduled interview time.

10) Allow the participant to ask questions about how the photograph will be used, safely stored, and their identity kept confidential.

11) Thank them for their time in taking photographs, choosing one photograph to share that they think will help me better understand flourishing among rural nurses.

12) Encourage participant to contact me if a question arises prior to the next interview relating to the photograph.
APPENDIX G

FOLLOW UP INTERVIEW GUIDE AND FIELD NOTES
Follow Up Interview Guide and Field Notes

(Approximate time required-30 min)

Title: Blooming where one is planted: Understanding flourishing among rural nurses

Participant letter: (A, B, C, D, E, or F)

1) Review questions and summary responses from initial interview with participant
2) Solicit feedback from participant to confirm understanding, make appropriate edits in margins of transcriptions or summary statements.
3) Note any further elaboration in margins and any other observations during the follow-up interview.
4) Ask to see digital image on the participant’s cell phone that the participant perceives as embodying the concept of flourishing as a rural nurse.
5) Describe the process you used in determining what picture to take?
6) How many pictures did you take before choosing this one?
7) What criteria were you looking for when taking the photographs?
8) What led you to share this particular photograph out of all that you took?
9) Tell me about this photograph?
10) How does this photo describe blooming where you are planted as a rural nurse?
11) What is important about this photo that you want me to understand about flourishing or blooming as a rural nurse?
12) What would you choose for a title for this photograph?
13) Were there any notes you took about the photographs or choosing the photographs to share?
14) Review understanding of the photograph and title with participant to validate the meaning.

15) Review summary statements from the first interview notes taken by participant while taking photograph (s), and notes taken by researcher during the second interview with participant before leaving the second interview in order to begin to co-create analysis with participant.

16) Validate written and photographic data equally with participant to ensure researcher understanding of participant’s meaning.

Thank you for your time and bringing the image. I’d like your permission to use this image as part of the data for analysis in this study. Would you please send this to either my email or cell phone? By doing so, you consent to the use of the image by the researcher for data analysis and potentially published as part of the study’s results. Upon receiving, I will immediately delete this photo from my phone or email and move it to the secure University of Northern Colorado One Drive password protected file. I’d like to thank you for participating in this study by giving you this gift card. Thank you again for helping me understand the concept of flourishing in rural nursing.