



IJSRM

INTERNATIONAL JOURNAL OF SCIENCE AND RESEARCH METHODOLOGY

An Official Publication of Human Journals



Human Journals

Research Article

October 2020 Vol.:16, Issue:4

© All rights are reserved by Samuel P. Abraham et al.

The Lived Experiences and the Factors Affecting Assimilation of Travel Nurses into the Culture of Assigned Nursing Unit



Kristen N. Poikus¹, Samuel P. Abraham^{2*}, Deborah R. Gillum³

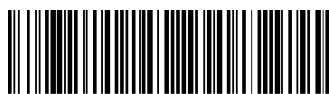
¹Nursing Instructor/Clinical Coordinator, Ancilla Domini College, Plymouth, Indiana, USA. ²Associate Professor, Bethel University School of Nursing, Mishawaka, Indiana, USA. ³Dean, Bethel University School of Nursing, Mishawaka, Indiana, USA.

**Correspondence: Samuel P. Abraham, Bethel University School of Nursing, 1001 Bethel Circle, Mishawaka, Indiana, 46545, USA.*

Submission: 23 September 2020

Accepted: 30 September 2020

Published: 30 October 2020



HUMAN JOURNALS

www.ijsrm.humanjournals.com

Keywords: Travel nursing, assimilation, and culture.

ABSTRACT

The purpose of this study was to explore the lived experiences and the factors affecting assimilation of travel nurses into the culture of the nursing unit to which they were assigned. Travel nursing has become a popular means for hospitals to bridge staffing shortages and continue to provide quality patient care. Though travel nursing is a wonderful and exciting career option for registered nurses, there are challenges that must be considered before choosing this career. This descriptive qualitative study employed interviews from travel nurses. It also explored the lived experiences including the benefits and challenges faced by travel nurses and their assimilation into the culture of their assigned destination unit or facility. The information gleaned from these interviews could be used to assist nurses in their thinking when deciding on a career in travel nursing and to prepare them to face the opportunities or challenges they may come across. Seven themes that emerged from this study are challenges faced by travel nurses, staff treatment of travel nurses, advice from travel nurses, benefits of travel nursing, travel nurse culture, travel nurse interactions with management, and orientation. The results show that travel nurses face a variety of challenges in their career. The treatment of staff nurses and management greatly impacts the morale and effectiveness of the travel nurse. Travel nurse culture is centered around exploration and personal, professional, and financial growth. With adequate orientation and support from management and staff, travel nurses can thrive in their host unit and provide quality patient care while thriving in and benefitting the culture of their host unit.

1. INTRODUCTION

Travel nursing is a popular trend in nursing. It allows health care managers to fill staffing gaps when shortages would otherwise cause interruption in safe, quality nursing care in the organization [1]. Travel nursing also gives nurses the opportunity to travel to new destinations, gain experience by learning to thrive in new environments, and make extra money while they fill difficult positions [2]. The purpose of this research study was to explore the lived experiences and the factors affecting assimilation of travel nurses into the culture of the assigned nursing unit.

Data gathered may be useful to assist future travel nurses with their decision to venture into travel nursing. It will also be useful to help prepare first-time travel nurses to face the challenges of assimilating into the culture of their assigned unit and to feel comfortable and safe while practicing. Current articles were reviewed for content related to travel nursing. For data gathering, travel nurses were interviewed to tell their story about their lived experiences working in their assigned clinical agencies. Their responses were evaluated for themes.

1.1 Background

Travel nursing is defined as a career as a registered nurse that allows one to choose a destination where they will practice nursing and contract with an agency that places the nurse in an assignment [3]. This process involves assimilation. Just as a chef learning a new cooking technique or a student learning to use computer, the individual is adding information to their existing knowledge. Assimilation is defined as “a much-contested notion whereby on entering a new country immigrant groups are encouraged, through social and cultural practices and/or political machinations, to adopt the culture, values, and social behaviors of the host nation in order to benefit from full citizen status” [4]. In this study, the travel nurse adopts the culture of the host’s healthcare organization.

Though travel nursing has become very popular since the late 90s, there is little research published on travel nurse satisfaction and retention [5]. Factors such as the nurse’s level of experience, support systems, and destination facility reputation all affect how the travel nurse will thrive in the new work environment [6]. There are many reasons why nurses choose travel

nursing. Some of these reasons include dissatisfaction with their current work environment, increased pay, and flexibility in their work schedule [7].

A report in the Professional Association of Nurse Travelers [8] indicated that, when travel nursing began in the 1970's, travel nurses were often provided with housing near the hospital. This provided a fun living experience for the travelers, as they had many people to spend their time off during their sojourn. This is no longer the case, though oftentimes travelers choose to take contracts with other travel nurses and find their own housing together. Because of this lack of community readily offered to travel nurses, it is important for hospital staff to embrace the traveler and include them in unit activities and outside gatherings.

While travel nursing is a wonderful opportunity for growth in a nurse's career, it can often be a stressful situation for those who are not prepared for the challenges [9]. This descriptive qualitative study explores the issues faced by travel nurses and provides more information for future nurses to consider when choosing a career in travel nursing. Travel nurses have been interviewed and asked questions related to their assimilation and feelings of acceptance and support by nurses and management in their assigned clinical unit or facility.

1.2 Problem Statement

Travel nursing has become a popular means for hospitals to bridge staffing shortages and continue to provide patient care. Though travel nursing is a wonderful and exciting career option for registered nurses, there are challenges that must be considered before choosing this career [9]. These challenges include handling stressful situations [10] with minimal support, acclimating to new environments frequently [2], and leaving behind family and friends [11]. To provide the best possible care, travel nurses must be able to face the challenges and continue to provide excellent care to their patients. Lack of the literature on the lived experiences and the factors affecting assimilation of travel nurses into the culture of assigned nursing unit inspired the inquiry into this topic.

1.3 Purpose Statement

The purpose of this qualitative, phenomenological research study was to explore the lived experiences and the factors affecting assimilation of travel nurses into the culture of assigned nursing unit.

2. Review of Relevant Literature

2.1 Database

Travel nursing, its challenges, and benefits have been reviewed through the literature search. Most of the research articles have been obtained from online library source. Specific literature sources include EBSCOhost, Ovid, and Cumulative Index to Nursing and Allied Health (CINAHL). Keywords and themes included in the research are *travel nursing, assimilation, and culture*. The nursing research material on travel nursing was very limited; therefore, the search included literature from 1996 to 2017.

2.2 Introduction of Review

Travel nursing has become a popular health care trend as managers of health care facilities find themselves needing to fill positions quickly with qualified registered nurses (RNs). Travel nursing, however, can pose many risks for RNs. This descriptive qualitative research study explored the factors behind what makes travel nurses feel a sense of assimilation into their assigned unit's culture as well as their general experiences during their time as a travel nurse.

Faller et al. [7] suggest factors such as years of experience, proximity of travel destination to RNs home life, and family presence all affect a travel nurse's satisfaction with their travel nursing assignment. Faller et al. go on to say that nurse-to-patient ratios are also an important determinate as to whether a travel nurse will succeed during their assignment or become burned out. One of the conclusions of their research study is that Magnet status hospitals showed an increase in nurses' assessment of quality care and satisfaction [7].

Randolph [1] also stated that nurse-to-patient ratios greatly affect job satisfaction of both staff and travel RNs. This study explored reasons to consider travel nursing and how travel nurses can benefit a facility. Because travel nurses are able to jump right in and start doing the job of a

regular staff member with minimal training, it is more economical and practical to hire a travel nurse instead of a new graduate nurse when there is an acute shortage, such as when a staff nurse leaves for illness or maternity leave [1].

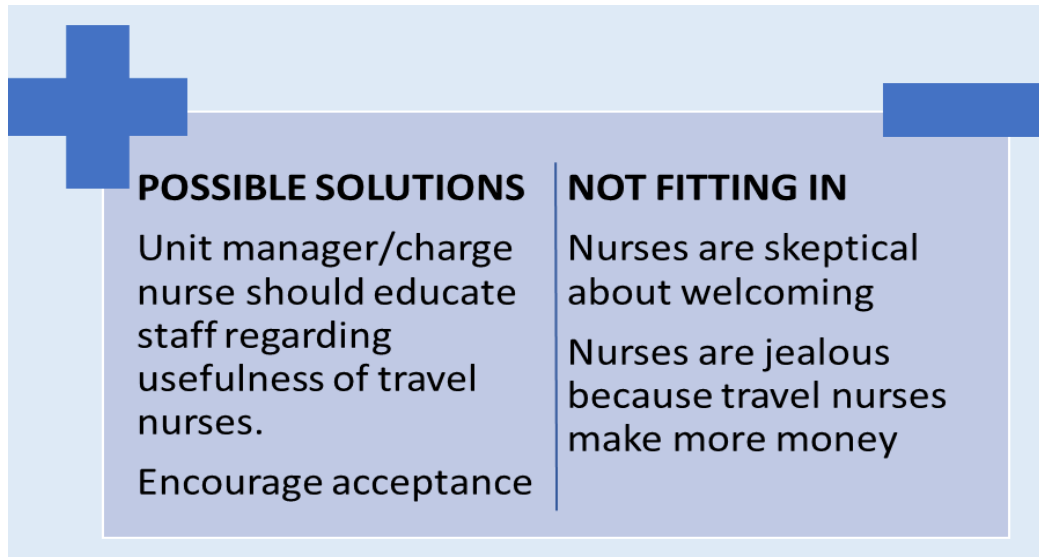
2.3 Need for Travel Nurses

Cottingham [10] explains how travel nurses help fill the gap in the healthcare industry where there is a shortage of nurses that continues to grow as the current nursing population is aging and starting to retire, as well as the baby boomer generation, estimated to number 74 million that will require nursing care services. Cottingham goes on to explain how new nurses are leaving the field because of the stressful work that is typical in nursing. This has made travel nursing more enticing to new RNs who are looking for some adventure and an increase in pay.

Wood [12] indicated that there is a 10% increase in travel nursing growth that is expected to occur, leading to an increasing number of options for travel nurses from which to choose. Some factors that contribute to this growth are the improving economy, increase in insured patients because of the Affordable Care Act (ACA), and the aging population that will require healthcare services. Travel nursing has several job opportunities and pay packages are competitive [12].

2.4 Challenges

Goldstein [13] recognized that one of the greatest challenges that travel nurses can face is the assimilation or *fitting in* on the unit he or she is assigned to work. Oftentimes staff nurses are skeptical about welcoming a travel nurse onto their unit (see Figure 1). There can be jealousy because the travel nurse seems to be making more money than the regular staff members, creating animosity between the unit staff and traveler. With this in mind, it is the job of the unit manager and charge nurses to educate their staff on how the travel nurse will benefit their unit and to encourage acceptance and warmth towards the new member of the team [13].



POSSIBLE SOLUTIONS	NOT FITTING IN
Unit manager/charge nurse should educate staff regarding usefulness of travel nurses. Encourage acceptance	Nurses are skeptical about welcoming Nurses are jealous because travel nurses make more money

Figure No. 1. Challenges and solutions for assimilation of travel nurses

2.5 Years of Nursing Experience

Goldstein [13] assessed that to be fully prepared to face the challenges of travel nursing, RNs should have a minimum of two years of experience in nursing care, as outlined by The Joint Commission's *Certification Handbook for Healthcare Staffing Services*. This requirement will ensure that the travel nurse is prepared to handle the clinical aspects of the unit's care. Nurses with two years of experience are also more familiar with medication interactions and adverse reactions [13].

2.6 Extracurricular Activities

Travel nursing [11] report indicates that travel nurses should ensure their time away from the nursing unit is enjoyable. Bringing along a pet on assignments, making new friends and exploring the assignment destination, and staying connected with family and friends back home are all great ways for the traveler to avoid feeling lonely and homesick. This will boost morale and discourage call-offs or even termination of assignment by the travel nurse [11].

2.7 Orientation

Goldstein [13] also stated that the travel nurse should be given a minimum of two days of general orientation that includes familiarizing the nurse with the electronic medical record

(EMR) service used by the hospital for charting. Knowledge of the facility's EMR is very important to nurse managers in their selection of a travel nurse. The traveler should also be given a two-day unit orientation, where the travel nurse is able to familiarize themselves with the unit's environment, staff, and equipment.

2.8 Welcoming the Travel Nurse

Goldstein [13] suggests that the unit manager should prepare the unit's staff to welcome the travel nurse. They should use the traveler's first name and explain how the traveler will be used to benefit the unit, encouraging staff to treat the travel nurse as a colleague. Implementing these suggestions encourages the traveler to be comfortable in their new environment and renew their contract if it is the need to the unit.

2.9 Contract Issues

Though there is a projected increase in need for travel nurses, there can be times when facilities will hire a travel nurse for a 13-week contract and find that they do not need the nurse for that length of time. This can be an issue for not only the healthcare facility but also the travel nurse. Rosenstock [14] found that travel nurses were being *blacklisted* by healthcare facilities that did not want to honor the entirety of the contract because of financial reasons, though the travel nurses were not found to have practiced unsafely or having caused problems on the unit they were hired. Rosenstock proposed that this treatment of travel nurses is devastating to their career and should be prevented at all costs. If the hiring manager of the facility thinks they will be needing the traveler for a shorter period, this should be addressed in the contract and discussed with the travel nurse and their travel agency. The traveler might also be willing to be moved to another location within the hospital system that needs another nurse. In addition, most reputable travel agencies will be willing to cut the contract short if the hiring facility is honest about their lack of further need for the travel nurse [14].

2.10 Summary of Literature Review

Travel nurses provide hospitals and other clinical agencies with the staffing needed during times of shortages and short time leave of staff. It offers registered nurses with opportunities to explore new places and build their clinical skills as they adapt frequently to new clinical settings, staff,

and management. Knowing the challenges and benefits of travel nursing is important before signing a contract. The nurse must be prepared to act independently, make friends quickly, and thrive in unknown environments to practice as a travel nurse safely and effectively. Assimilation into the culture of the unit that the travel nurse is assigned is important for the traveler to feel supported in the new work environment. This will help the travel nurse provide safe and effective care to her patients and enjoy the experience.

3. Theoretical Framework

The theoretical literature used to support the need for research on the topic of travel nurse assimilation comes from Madeleine Leininger's theory of culture care and sensitivity. Leininger [16] studied how culture affects groups of people and the care they need. Leininger's work has affected how nurses care for patients from varied cultures and backgrounds [17]. As nurses have their own culture, so do travel nurses. Some of the qualitative questions asked during the interviews for this research study will focus on the culture of travel nurses.

Madeleine Leininger developed the theory of culture care diversity and universality in the 1950s in response to a lack of culturally sensitive nursing care being provided by nurses. She studied more than 52 cultures and wrote about their cultural practices related to health and lifestyle. Leininger's culture care model will be used as the theoretical framework to guide this study.

The theory of culture care diversity and universality is necessary for nurses to provide culturally competent care. Leininger [16] claimed, "...cultural care knowledge and practices have meaningful functions and structural patterns derived from the cultural values, world views, social structures, and environmental contexts of diverse cultures." These aspects of culture were studied when interviewing travel nurses. The goal was to ascertain whether travel nurses feel that they have a unique culture and whether they feel cared for as employees within the culture of their assigned area of employment.

3.1 Definitions

3.1.1 Conceptual Definitions

Leininger [18] defined culture as, "the lifeways of a particular group with its values, beliefs, norms, patterns, and practices that are learned, shared, and transmitted intergenerationally." This

research study explored how the culture of a unit affects travel nurses and their ability to assimilate into the culture of the unit and feel comfortable practicing.

3.1.2 Operational Definitions

For this study, *travel nursing* is a career choice by registered nurses to take their knowledge and skills to an alternate destination to practice for a short period. Travel nurses work with agencies that place them in facilities and offer benefits such as housing and compensation for meals and incidentals. *Culture* is the way of life on a nursing unit--how nurses interact with each other and those around them including their patients. *Assimilation* is the way that the travel nurse becomes a part of the unit during their short stay as a contracted employee. Their feelings of comfort and acceptance are taken into consideration.

4. Research Questions

To avoid providing biased material to this qualitative research study, a definitive hypothesis was not given. However, the goal of the study was to discover the lived experiences and the factors affecting travel nurses and their assimilation into the culture of their assigned nursing unit. Two open-ended questions were to gather data (see Table 1).

Table No. 1. Research questions and prompts.

RQ 1.	Please tell me your lived experience as a travel nurse.
RQ 2.	What was your experience as you assimilated into the culture of the assigned nursing unit?
Prompts	<ul style="list-style-type: none"> • Tell me about nursing actions that made you feel welcome/included? • Tell me about nursing actions that made you feel unwelcome/not included? • Tell me what you did to feel more comfortable on the unit? • Describe some challenges you encountered as a new travel nurse feeling accepted? • What were your fears about being accepted? • Describe a memorable moment as a travel nurse of being accepted or not accepted into a unit's culture?

5. Methodology

5.1 Design

A descriptive, qualitative, phenomenological research design was used for the study. This method was chosen because it allows the participants to describe, in detail, their experiences as travel nurses [15]. Colaizzi's strategy for phenomenological data collection and analysis was used in the data collection process of this study.

5.2 Plan for Data Collection Using Colaizzi's Strategy

In this study, semi-structured interviews were conducted using two open-ended questions. Prompts were used if sufficient information was not delivered with the open-ended questions. Participants were encouraged to talk freely and to tell stories using their own words. Each interview lasted 20 minutes to one hour and all the interviews were conducted by the main researcher. At the end of each interview, the researcher reminded the participants about the possible need for a second contact with them via telephone calls, e-mails or one-on-one sessions to discuss the study findings and to make sure that the study findings reflect their own experiences. The level of data saturation was determined by the main researcher and by the professor. The data saturation was based on consensus between the researcher and the professor. The transcripts were double-checked by the professor who has experience in qualitative research.

Participants were sought out on one of the travel nursing Facebook group pages online. An announcement was posted on the Facebook group page requesting participation in a nursing research study regarding factors that contribute to travel nurses' assimilation into the culture of their assigned unit. However, no members of the group were willing to participate in an over-the-phone interview, so the researcher used the snowball method for gathering participants and started with friends who had experience travel nursing. Those friends provided the researcher with more potential participants and after contact was made 15 participants total were gathered.

Participants were asked what date and time worked best for their schedule as to allow for the interview to be as convenient as possible for the participant. Contamination of data was avoided by carefully recording the participant's responses using a recording device. Numbers were assigned to the participants (as P1, P2 and so on) so that data remained organized and identities

remained anonymous. Printed consents were kept in envelopes separate from the interview documents. Electronic documents were carefully transcribed and kept in a password protected locked file on a secured hard drive in the researcher's home.

Online participants were asked via Facebook messenger if they would be willing to participate in a telephone interview on the topic of travel nurse assimilation. The personal friends of the researcher and participants found using the snowball method were asked to participate in person or over the phone. They were not intimidated into participating in the study in any way. Participants were sent a consent form regarding the specifics of the study and were informed about the anonymity of the results.

5.3 Data Analysis Using Colaizzi's Strategy

Steps for Colaizzi's process for phenomenological data analysis are as follows [19]:

1. Each transcript will be read and re-read to obtain a general sense of the entire content.
2. For each transcript, significant statements that pertain to the phenomenon under study will be extracted. These statements will be recorded on a separate sheet noting their page and line numbers.
3. Meanings will be formulated from significant statements.
4. The formulated meanings will be sorted into categories, clusters of themes, and themes.
5. The findings of the study will be integrated into an exhaustive description of the phenomenon.
6. The fundamental structure of the phenomenon will be described.
7. In the end, validation of the findings will be sought from the research participants to compare the researcher's descriptive results with their experiences.

The steps were followed as written above. The data obtained was from recorded phone and face-to-face interviews transcribed into Word® documents. The data was analyzed for themes and trends in the responses. Emergent themes from qualitative data was analyzed for categories of clusters, frequency of occurrence by individual word or phrases, and frequency of occurrence by clustered category. To prevent bias, effort was made to encourage participants to respond to the question on the lived experiences of a travel nurses rather than just answering the prompts.

5.4 Setting

The setting for the study was face-to-face and over the phone. Participants were asked to find a quiet, comfortable place to answer the research questions. For telephone interviews, the researcher was in her own home in a comfortable setting where it was feasible to actively listen and record the interview. Fourteen interviews were conducted over the phone. One interview was completed in person. This was based on the preference of the travel nurse.

5.5 Population

The population for this study was both male and female registered nurses who are employed by a travel nurse company or who have had previous experience as a travel nurse. Nurses of varied levels of experience were interviewed about their lived experiences as travel nurses and the factors influencing their feelings of acceptance or assimilation into the culture of their assigned nursing unit. The goal was to acquire as many nurses of varying age, gender, education level, and ethnicity until data saturation was obtained.

5.6 Method of Sampling

Participants were requested to join the study via social media using the Facebook website, previous contacts, and snowball sampling. The researcher through contacts knows some of the nurses while working as a travel nurse. Members willing to participate in the study were entered into the study. Participants were interviewed until data saturation occurs. Permission for recording were obtained through informed consent and verbal request. The travel nurse participants were labeled as P1, P2 and so on until data saturation was reached.

5.7 Ethical Considerations

Permission to conduct the study was obtained from the College Institutional Review Board. After IRB approval, the researcher began to request interviews from the travel nurses. A consent form was via email to the online participants. The one participant interviewed face-to-face signed the consent before beginning the interview. Once signed, participants were asked to send or give the signed form back to the researcher. For the online interviews, confidentiality was maintained by recording the interviews in a private residence. Names were excluded from the interview documents. The recorded interviews were transcribed into Word® documents, which were saved

onto a locked computer in a zip file. This ensured that participants' responses would remain anonymous. The data will be stored, password protected, in the researcher's possession for a period of three years and permanently destroyed thereafter. Any written paperwork will be double-locked and kept safe until destroyed with the rest of the documents.

5.8 Instrument

The researcher used 1:1 in-person interviews as well as telephone interviews to glean information on the personal experiences of the participants' experiences as travel nurses (See research questions and prompts below). The participants' answers were recorded, transcribed, and evaluated for themes related to assimilation, acceptance, and culture. The questions have been developed by the researcher and are based on a thorough literature review on travel nurses' experiences and assimilation into the culture of the assigned unit. The research tool has been developed and validated with the guidance of college faculty. To avoid bias, prompts were avoided if the participant provided enough information on their lived experiences as a travel nurse.

6. RESULTS

6.1 Demographics

A total of 15 participants were contacted individually and interviewed on their experiences as travel nurses including the challenges they faced and their ability to assimilate into the culture of the assigned nursing unit (see Table 2). Many of the participants were personal acquaintances of the researcher. Others were gathered using the snowball method. Two males and 13 females participated in the study. The participants' ages ranged from 26-60 years old. Nine participants were within the 26-35 age range; one was within the 36-45 age range and five were within the 46-60 age range. Thirteen participants identified themselves as either white or Caucasian. Two participants identified themselves as black or African-American. Nine participants stated that they had completed anywhere from one to five assignments. Six participants stated they had completed anywhere from six to 10 assignments. Eleven of the participants worked in either a medical, surgical, or telemetry nursing specialty of nursing or a combination of those specialties. Three participants worked in ICU settings. One working in the ER. Three participants were ADN prepared nurses; 11 were BSN prepared nurses and one was an MSN prepared nurse.

Table No. 2: Descriptive Statistics for Travel Nurses Demographics

Variable	<i>f</i>	%
Gender		
Male	2	13%
Female	13	87%
Age Range		
26-35	9	60%
36-45	1	7%
46-60	5	33%
Highest Level of Education		
ADN	3	20%
BSN	11	73%
MSN	1	7%
Ethnicity		
Caucasian	13	87%
African-American	2	13%
Nursing Specialty		
Medical/Surgical/Telemetry	11	73%
ICU	3	20%
ER	1	7%
Number of Travel Assignments		
1-5	9	60%
6-10	6	40%

Note. (N=15).

6.2 Emerging Themes

Seven themes emerged from the interviews (see Figure 2). The themes are ranked 1-7 in descending order as follows: (1) challenges faced by travel nurses, (2) staff treatment of travel nurses, (3) advice from travel nurses, (4) benefits of travel nursing, (5) travel culture, (6) travel nurse interactions with management, and (7) travel nurse orientation. Many of the participants were willing to share their experiences, but some were more willing to share openly than others, though the anonymity of the data was maintained as indicated in the ethical considerations section above.

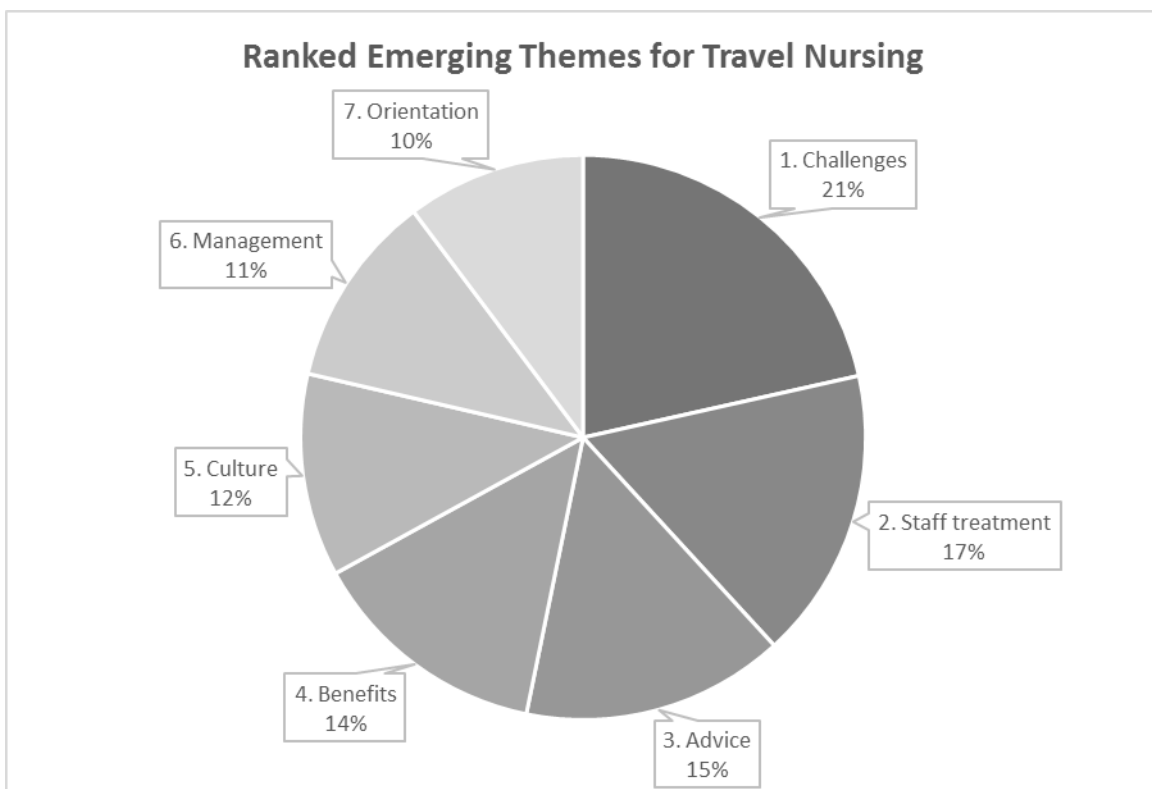


Figure No. 2: Ranked emergent themes based on the number of times the theme was mentioned. Note. N=15

6.2.1 Theme 1: Challenges Faced by Travel Nurses.

According to the participants, there are many challenges to travel nursing. These challenges include the difficulty of travel nursing as a long-term career; working with travel agency/company/recruiter; learning unfamiliar equipment; loneliness and isolation; the logistics

of travel nursing; working at assigned facilities; working in understaffed hospitals/units; and negative feelings of travelers towards self. Each specific type of challenge is described individually below.

6.2.1.1. As a long-term career.

The participants stated travel nursing can be a difficult long-term career because of a variety of factors including being floated frequently; inconsistency of work/instability of the market; having no rapport with physicians; walking into unknown situations; having an inflexible work schedule; possibility of contract being cancelled; oversaturation of travel nurses; and consistently being in stressful situations. One participant (P14) stated one of her greatest challenges is *...not having a regular church community because I am moving around from place to place*. Another nurse (P6) who quit after her first contract ended said that the reason she quit travel nursing was because *it seemed unsteady because you never know how long you will be off work in between contracts and it's just too unstable*.

6.2.1.2 Working with travel agency/company/recruiter.

The data indicated that working with the travel agency/company/recruiter is the second most difficult aspect of travel nursing as a long-term career. This is due to recruiter/company not matching the traveler with appropriate specialty/area of expertise; recruiter/company overinflating the skill/experience level of the traveler when marketing the travel nurse; RN being given misinformation by recruiter/agent; RN finding the right company/agency; recruiter/company penalizing the travel nurse for cancellation of contract by facility and RN getting taken advantage of financially by the travel agency/recruiter.

One travel nurse stated that she tried to get a contract at a specific hospital, but her recruiter told her that there were no travel contracts at that hospital at that time. The travel nurse then was told this statement was untrue from a recruiter at a competing agency and felt that her current recruiter had lied to her to keep her in the position she was currently in. She assumed it was because the recruiter was getting a larger percentage of the bill rate while keeping her in her current situation. This situation caused her to distrust her recruiter.

Many of the travel nurses complained about the lack of information and preparation when signing a contract with their travel agency/company. Some did not know what questions to ask their recruiter, how to research fair compensation packages, or that they could negotiate their compensation rate with their travel recruiter. This lack of understanding prevented them from understanding what they were “getting themselves into”. Many of the travel nurses felt that they were scammed and taken advantage of when they found out that other travel nurses were making more money than they were.

6.2.1.3 Learning unfamiliar equipment.

Having to learn unfamiliar equipment quickly was the third major challenge travel nurses faced, as the facilities, they travelled to utilize a variety of pumps, monitors, and vital sign equipment for the travel nurses to learn. Learning a new electronic medical record (EMR) charting system was one of the most challenging aspects for any of the travel nurses. Though most unit managers required the travel nurse to have some experience with the EMR charting system before signing a contract with their facility, some managers allowed the travel nurse to start working at their facility without that prior knowledge and to learn as they went after a short orientation to the EMR. The travelers interviewed did not think that was the best option and preferred to be placed in facilities where the EMRs used were ones they were already competent in using. This was especially true for first-time travelers interviewed.

6.2.1.4 Loneliness and isolation.

Loneliness and isolation were two of the most sadly spoken of challenges of travel nursing. Being far away from family and friends; not knowing what to ask during the interview process; not knowing staff; not knowing available resources; being the “new person”; feeling like they didn’t know anybody; having difficulty making short-term friends and not having a church community were all factors that made the travel nurses feel lonely and isolated.

A few of the travel nurses identified themselves as introverts, as those who did not need a lot of personal interactions with other people, or simply as someone who is not interesting in ...*dealing with other people and their drama*. Many of the travel nurses interviewed said that it is a challenge to make friends because of they were floated frequently from unit to unit. Some were

even floated among facilities within the healthcare system they contracted with. This happened mid-shift and prevented them from providing their patients with continuity of care.

6.2.1.5 Logistics of travel nursing.

The logistics of travel nursing theme was composed of a cluster of information gathered from the interviews that included: finding short-term housing; moving frequently; moving expenses; frequent blood work/physicals; not knowing the destination city/neighborhood; not knowing who you will stay with and the preparation and planning it takes to begin a new contract. These challenging aspects of travel nursing were the main reasons why a few of the travel nurses decided to quit travel nursing and instead take staff positions at various facilities.

6.2.1.6 Working at the assigned facility.

The challenges of working at the assigned facility included not knowing where everything was in the facility; not knowing the facility policies/procedures; unfamiliarity with working in large hospitals; learning the facility; and learning new hospital systems. One nurse tells a story about her contract being terminated because she was *...not performing according to their standards*. This nurse goes on to share that she felt so lost and unprepared in the facility because it was much larger than any place she had ever worked at before and the doors of the rooms in the facility were not clearly labeled. She stated that finding the simplest item was a challenge because she was not given a proper orientation to the facility and unit. Her response was to draw herself a map of the unit and label where each room was so that she would have a better understanding of the layout of the facility.

6.2.1.7 Working in understaffed facilities/units.

Working in understaffed facilities/units posed a great challenge for the research participants. Oftentimes, travel nurses walk into unstable environments where tensions are high, and support is minimal. The morale of the staff is often suffering when a travel nurse enters the scene. High turnover rates; lack of support staff; unsafe ratios; and heavy workloads are just a few of the issues that the travel nurses reported facing daily.

One travel nurse shares a story of her time floating to another unit and being given five patients while the other nurses on the unit only had three patients. She ended up feeling as though she

was “drowning” and unable to care for her patients safely while the other staff nurses were sitting at their computers shopping online or reading books. When the charge nurse of that unit called this nurse and told her she was getting the next admission (putting her at six patients), she could no longer take mistreatment. She finished her shift and then went to her own unit manager and demanded that she never be sent to that unit in the future, as they had treated her so poorly and made her put her other patients’ safety at risk. This is just one example of the unfair treatment that travel nurses face frequently. There were 12 occurrences of travel nurses mentioning they had been given unfair assignments during their time travel nursing. This was a great offense and deterrent to many travel nurses.

6.2.1.8 Negative feelings towards self.

The participants noted the added challenges of negative feelings towards themselves (lowered self-esteem and confidence) during their time travel nursing. Travelers reported feeling as though they had no say; were inadequate; felt overwhelmed; were lacking in confidence in their skills; felt the need to prove themselves; didn’t own anything and feared the consequences of unmet expectations. One travel nurse reported being fired from her first contract due to her not meeting the host manager’s expectations. She stated “I just didn’t know what to say! I was shocked! And I was going through these thoughts of ‘Oh, maybe I am a bad nurse’. And thinking I couldn’t do this”.

6.3.1 Theme 2: Staff Treatment of Travel Nurses

6.3.1.1 Positive treatment of travel nurses.

Staff treatment of travel nurses was the second greatest theme that emerged during the data analysis process of this research study. This theme was divided into sub-themes entitled: positive treatment of travel nurses and negative treatment of travel nurses. The positive treatment of travel nurses theme included aspects such as: supportive of traveler; traveler feelings towards self; praise and recognition; and fair assignments.

The sub-theme of the positive treatment of travel nurses by staff RNs was developed based on the responses of travel nurses to varying versions of the prompt to share with the researcher the ways staff RNs treated them in a positive manner. Aspects of the cluster *supportive of traveler*

included statements from travel nurses such as the staff nurses: took me under their wing; explained things to me; made me feel as though there was comradery; tried to get to know me; were supportive charge nurses; knew me quickly; accepted me and treated me like one of their own.

The cluster *travelers' feelings towards staff* was developed based on examples provided by the travelers with statements such as they were a wonderful staff; they were a helpful staff; they helped my experience to be really good; they were nice/welcoming; they made sure I was comfortable; they were supportive; they made me feel included in their potlucks (N=1) and they were open to learning about me as a traveler.

The cluster of data *praise and recognition* was composed of statements from travel nurses such as they respected my experience; they encouraged me to learn; they were thankful I was there; they gave me flowers when I left; they threw me a going away party; they showed that they appreciated me; they called me by name and they showed me praise and recognition.

The cluster *fair assignments* included statements from the travel nurses on the way they were provided with patients who were of the same difficulty level (or acuity) as that of the staff RNs working on the unit. These responses indicated that not all travel nurses are treated poorly by those making patient assignments. Some participants stated they had never been given unfair assignments.

6.3.1.2 Negative treatment of travel nurses.

The participants gave responses to the prompts to speak on the ways that staff nurses had treated them negatively. This theme included clusters of information including *not supportive of traveler; traveler given unfair assignments; not praised or recognized; higher expectations of traveler; and staff attitude towards traveler*. Some participants were reluctant to speak about the negative treatment they had received from staff nurses. While others were more than willing to share how they had been mistreated by them.

The participants spoke about a variety of ways that they had been treated in a negative manner by staff nurses in their host units. The cluster *not supportive of traveler* includes statements from travelers including they disliked me; they refused to help me when I needed it; they did not

accept me; they were impatient with me; they treated me unkindly and they talked negatively about me/gossiped about me. One travel nurse (P9) told the researcher a story about her first travel assignment. She was assigned a patient without being provided adequate report from the emergency room nurse. When that patient was admitted to her host unit, the traveler noticed signs of distress and the patient was to be transferred to a higher level of care. When she called the nurse to give report on the patient, she struggled to provide him with the information he was asking her to provide. He spoke to her with a disrespectful, irritated tone which made her feel inadequate and as though she could not remember anything due to the distress he was causing her to experience because of his rude manner of communicating with her during handoff.

Others talked about the fact that they were not praised or recognized for their hard work, while the staff nurses were praised and recognized for their hard work. This behavior made the travel nurses feel as though they were not appreciated by the host unit staff and management. Some of the statements that the travelers made included...*they questioned me aggressively, they belittled me for lack of knowledge, they questioned my knowledge, skills, and abilities; and they made me feel as though I was just filling a need.* This mistreatment of the travel nurses decreased their morale and interest in participating in conversation and activities with the staff nurses.

The travel nurses made statements about being given unfair assignments. They stated that there were *different expectations of them*, and that *management and staff had higher expectations of them than the staff nurses*. These greater expectations made the travel nurses feel a heightened sense of anxiety, a sense of unfairness, and resentment towards the position they were in.

The negative attitudes of the host unit's staff toward the travel nurses also had a negative impact on their morale and quality of patient care. The travelers made statements such as...*they were jealous of me; they said I take advantage of my position as a travel nurse; they were not understanding of my struggles; they distrusted me and they said travelers are disloyal to the facility and host unit.* These negative attitudes of the staff towards the travelers prevented travelers from feeling supported, accepted, and liked. It caused them to feel isolated and rejected by their colleagues, who should have gotten to know them personally before treating them negatively based on their preconceived notions of the travel nurses' character.

6.4.1 Theme 3: Advice from Travel Nurses

Because of their desire to prepare future travel nurses for the challenges they would face, the participants provided a great amount of advice to them during the research interviews. It was the theme that was taken the most seriously and the one that the participants seemed to enjoy talking about the most. Their desire was to prevent new nurses from being taken advantage of and avoid the mistakes they themselves had made during their time travelling. They also wanted to encourage aspiring travel nurses to take the risk and try travel nursing because of the benefits and rewards present as well.

The participants encouraged future and present travel nurses to self-advocate. This meant that travel nurses need to...*speaking up; know your limitations; advocate for yourself; make sure the agency and host unit understand your experience and abilities; be protective of your nursing license; ask for help; ask questions and know your resources.* One travel nurse stated...*Be your own advocate. Know your strengths and weaknesses. Know what kind of unit you are comfortable working on and when the hospital calls you for an interview, you need to know what kind of questions to ask. You need to make sure your recruiter doesn't put you in over your head just so that you can get a job. Make sure to advocate for yourself. If you don't, no one else will. It doesn't make you a bad nurse because you know your weaknesses. It is actually a strength to know your weaknesses.*

The participants gave advice for how to work with travel nurse agencies and recruiters. The travel nurse needs to: *find a knowledgeable, trustworthy recruiter; tell the agency what they are looking for; ask the recruiter lots of questions; research and understand tax laws; carefully review the contract; negotiate your rate; research various agencies for the best rates; research the hospital location before signing a contract with them; and put scheduling needs in the contract.* P11 stated...*I make sure to put the days I want off in the contract. I make sure there is an overtime rate that is fair.* P12 stated...*lay out your options and figure out what your living expenses will be compared to what you are getting paid...larger agencies tend to take advantage of you. They tout high rates but it's because they know how the market is (P12).*

The participants also encouraged travel nurses to prepare themselves for a career in travel nursing by taking actions such as having low expectations such as *getting adequate experience in*

nursing (2 years minimum); being confident in their skills; being financially secure; asking current travelers for advice; preparing questions to ask managers; not expecting familiar experiences; having low expectations; not rushing into travel nursing and getting experience floating as a staff nurse first. P13 stated...if you bring good, sound nursing skills then that helps you alleviate a lot of the problems. But if you go in and you are not a strong nurse and all the outside factors of being new to a place—my advice is that you just feel very confident in your nursing skills and have a bit of experience under your belt before you take on travel nursing. It will bode you well.

Travel nurses can increase their own experience and knowledge level in a unique way. Travel nurses should be open-minded and willing to learn. Many of the travelers interviewed suggested to new travel nurses to...*try it at least once.*

Thriving as a travel nurse has a lot to do with one's own attitude. Travel nurses must be *flexible, confident, kind, respectful, and helpful.* They should also *have a good attitude, be ok with change, do their best, and step back and observe the culture of the host unit.* P14 said...*don't doubt yourself and your abilities. Because I was scared to death when I started my very first contract like three years ago. I was just scared about my abilities and I had been a nurse before I went travel nursing...I was just so terrified that I wouldn't be a good enough nurse. But I think if someone wants to go into travel nursing, they should do it and be confident in their training and skills.*

The participants also encouraged travel nurses to *stay social.* This included *trying to make friends; being outgoing; traveling with other nurse friends; bringing food to show you are interested in the other nurses on the unit; building in time off between contracts; explaining how travel nursing works to the staff; developing a travel nurse network; planning ahead for visits with family and friends and investing in technology to communicate with loved ones that are far away.* P15 said...*they (my recruiter) always ask me what days I need off for vacation before presenting me to a facility for an interview. That way the manager of the unit can look at the dates I need off and determine if they should even set up an interview with me based on the time that I am available to work with them.*

Being professional is an important aspect of maintaining a career as a travel nurse. Suggestions included: *don't be picky with patient assignments; don't complain; don't cause trouble; don't compare your current assignment/host unit to past experiences; don't isolate yourself and know when to shut your mouth.* P13 said...*doctors can be intimidating so I think (it is important to be) confident and have manners; but being a people person is important...*

Social media is a great way to stay connected with family and friends back home as well as to network with other travel nursing and search out job postings and housing options available. There is a wide variety of websites, groups, and pages online dedicated to travel nursing. There are also many online resources available to the travel nurse when researching housing options. The participants suggested social media is helpful because *the ability to share experiences* is possible online. Travel nurses are also *able to get input from other travel nurses* about specific locations they have worked at and decide if the facility is the right fit for them. Travel nurses can *research travel nursing tips online* through researching available forums and social media pages dedicated to travel nursing. The participants suggested looking into Furnished Finder and Air BNB for cost-effective housing options. The also suggested travel nurses network using the Gypsy Nurse travel page on Facebook. This is a closed group that one must request permission to access online. There is also a Premium Jobs page on Facebook where recruiters and travel nursing agencies can post good paying travel nursing jobs.

6.5.1 Theme 4: Benefits of Travel Nursing.

The benefits of travel nursing are immense. By travel nursing, one can *grow professionally, socially, personally, and financially.* Some ways that travel nurses *grow professionally* include *learning new things; gaining new skills; networking; experiencing how other healthcare systems/hospitals/unit functions; learning how to be more adaptable and learning quickly.* Travel nurses can grow professionally by *picking the brains of other nurses and travel nurses.* Multiple nurses said that travel nursing *made them a better nurse and made them more well-rounded nurses.* P14 stated...*as a traveler my hospital did not have an IV team, so I learned how to do IVs during my first contract. And I learned how to draw blood out of PICC lines and ports. It was just a lot of on the job learning.* P13 stated...*It's interesting—all the things that I've seen and gathered. I think it's helped me to be more well-rounded in a lot of areas. I'm more open-minded*

and you know people get bent out of shape because of change and I just say come on; it is what it is. Let's just go with it.

Exploring new places is one of the most exciting benefits of travel nursing. Travel nursing allows nurses to take their skills all over the world if they choose to go that far away. They can also travel back to their own hometown if they maintain a taxable home address of greater than 50 miles from their travel location. The participants said that travel nursing is *a fun experience*. They liked the freedom to work while *seeing new places*. A few travelers stated that they *like change* and it is a *benefit to not be in any place for too long*.

Travel nurses *grow socially* as well. The participants stated that *meeting new people* was a benefit of travel nursing. Some travel nurses said they grew socially by realizing that travel nursing caused them *to appreciate their staff job and home*. Other nurses said they were able to *make new, lasting friendships*. *Getting to see family that live far away* was what one travel nurse said was a benefit of travel nursing. Other travelers said that they travel with their spouse and/or kids. This prevented them from getting lonely while they were away from home.

The *personal growth* that occurred while travel nursing was very apparent to the travel nurses. The participants stated that, after travel nursing, they had *increased confidence due to their experiences overcoming challenges* that they faced while travel nursing. Some stated that they had a *changed mindset and perspective* on nursing and life itself. P9 shared that her family was surprised when she told them she was beginning a career as a travel nurse. They were surprised because she was not the type of person to *leave her comfort zone* and venture out and try something new. But travel nursing was exciting enough to inspire her to take a chance and try something new with her nursing career. The gained ability to *learn to self-advocate* was what a few participants stated was a benefit of travel nursing. One travel nurse said that her time travel nursing *made her rely on God* because of the challenges that she faced. Others stated that it was *something they always wanted to do*. One travel nurse called travel nursing *a good life experience*. Another like that she was being used *to fill a great need in her host unit*. *Experiencing new cultures* was a personal benefit to one travel nurse.

The *financial growth* that travel nurses gain is one of the most common motivators to choose travel nursing. Because of the tax laws currently in place, travel agencies can provide their

employees with tax-free stipends to pay for their housing, meals, and incidentals while travel nursing. Some travel nurses save money by taking the *tax-free stipends* and finding their own housing, while some travel nurses choose to accept the “free” company provided housing. Though taking the housing provided by the company is more convenient and safer in some cases, the travel nurse’s take-home pay is significantly less because they are not taking home the tax-free money. There is the potential for higher pay, should the travel nurse be aware of their ability to negotiate their rate with the travel agency.

6.6.1 Theme 5: Travel Nurse Culture

The culture of travel nursing was a theme that emerged during the interviews. The participants were asked if they thought travel nurses had a culture unique unto themselves. A few travel nurses stated they did not think travel nurses were different from other nurses; however, these same nurses had been the only travel nurse around during their time working on their host unit. There were positive and negative aspects of travel nurse culture that emerged.

6.6.1.1. Positive aspects of travel nurse culture.

The positive aspects of travel nurse culture were the *unique community and network* that travel nurses have developed over the last few decades that travel nursing has been popular. The participants said that the travelers would *get together a lot* outside of the facility they were contracted to work at on their days off. P14 stated, *I made a really good friend and we still keep in touch. Another traveler buddy. We had a lot of days off work that we spent together. We did a lot of stuff together. We went to Yosemite for the weekend and to the city, and all kinds of other fun things.*

Several of the participants stated that they worked with many other travel nurses and changed the culture of the host unit due to the number of travelers contracted to work at that specific unit and facility. Several participants reported that they *met during orientation* and quickly became friends with the other travelers they met then. One participant *traveled with a friend*. The agency marketed the two travel nurse friends as a *traveling pair* and would place them at hospitals that had work for them.

Travel nurses also have a *strong support system* among each other, as they are all aware of the challenges and benefits of working away from home. Statements made by the travelers included *we understood each other's situation because of our shared experiences. We shared advice among each other. We look out for one another. We shared the cost of rent and lived together. We shared our stories with each other as well as with the staff nurses who were interested.*

Teamwork was an important topic to the travel nurses when speaking about the *culture of travel nurses*. Oftentimes the travel nurse felt a sense of *comradery* among each other because of the difficult situations they were working in. One participant stated...*we were forced to work together because of the understaffed places that we worked.*

Several of the travel nurses described themselves and other travelers as having *easy-going personalities*. They described themselves as *laid-back, relaxed, and adaptable*. The participants stated that travelers need to be able to *handle change well; get along with anybody* and be in the *sink-or-swim mindset* at the beginning of their contract with the host unit. However, some of the travel nurses described themselves as *introverted* and *guarded at first*.

The participants noted that each host facility and unit had their own culture as well. Several of the travel nurses stated that they preferred working at *teaching hospitals* because of the greater opportunities to learn and grow their resume'. Others said they preferred *smaller hospitals* where the culture seemed more family-oriented. Others said that *Magnet status* hospitals provided them with their best experiences travel nursing because of the increase in pay, the high tech, advanced facilities; and the greater opportunity for professional growth.

Several travel nurses identified themselves as single and able to move around frequently. While others traveled with their spouses and/or children. P12 mentioned the struggle of moving frequently with a spouse and child. He mentioned that it is almost impossible to be a travel nurse with school-aged children, as you are not guaranteed to have a job lined up after your current contract is over.

6.6.1.2 Negative aspects of travel nurse culture.

There were several aspects the culture of travel nursing that prevented the participants from feeling fully accepted in the culture of the host unit. Oftentimes it is *difficult for the travel nurse*

to “mesh” with the staff. Some participants stated that they *didn’t feel like they were a part of them (the staff) or their “inner circle.”* Some of the travel nurses felt that the *charge nurses on the host units were protective of their staff but not the traveler.* One went on to say they *didn’t get along with the staff.* One participant said that this could be because the travel nurse is viewed as a *disruption to the host unit “family.”* Some travelers didn’t feel that they were part of any type of culture because they *never had the chance to work with other travel nurses on their host unit.*

Oftentimes travelers are viewed by the staff nurses on the host unit as *lazy and disloyal.* However, this *prejudice against travel nurses* is part of what prevents them from working together with the staff. One travel nurse stated that she *felt the need to prove herself.* Another said it is *difficult to overcome the negative stereotypes* of travel nurses.

6.7.1 Theme 6: Travel Nurse Interactions with Management

The participants stated that the actions, traits, and communication of the management of the host unit can greatly affect the experience the travel nurse has during their time working on the host unit. Negative and positive interactions emerged from the interviews. Since most of the travelers interviewed worked night shift, there were less interactions with management among the travelers. Some of the travelers mentioned this as being a good thing, while others were frustrated at the lack of communication between themselves and management. Randolph [1] stated that travel nurses are an economically savvy option for short-term staffing needs. The manager of the host unit should consider the length of the need and hire the traveler accordingly. As Goldstein [13] stated, nursing managers should be the first to welcome the travel nurse and encourage their staff to do the same.

6.7.1.1 Negative actions of managers.

The *negative actions of managers* included *rarely being seen on the unit due to not working after normal business hours; not wanting to approve overtime; not being present on the unit despite the time of day; high turnover in management; and undervaluing the traveler due to their education/degree.* Some travelers stated that managers were defensive and protective of their staff. P1 stated that she worked with a nurse who came in drunk for his shift. She mentioned his appearance and behavior to the manager of the unit, who told the travel nurse that this was not

possible and that she should not spread rumors about the staff. This instance made the traveler feel that her *input was not valued* and that the manager was simply being protective of her staff member and not the patients he was caring for. One traveler said that she *never saw the host unit's manager after their initial meeting*.

6.7.1.2 Negative traits of managers.

Participants also highlighted the traits of their host unit's manager as being negative if they were *unfriendly, unsupportive, and unstable*. A perceived *lack of trust* in the traveler by the host manager was something that the participants stated prevented them from feeling supported and secure in their position as a travel nurse on the host unit. Some travelers felt that the *managers saw them as just filling vacancies* and that the managers did not invest in them as nurses because of their short time on the host unit. One traveler said that the manager of her host unit made her feel that she was a *bad influence on the staff nurses*.

6.7.1.3 Negative communication between managers and traveler.

The participants noted that the *communication* between their managers and themselves greatly affected their experience during their time on the host unit. Negative aspects of communication included the manager: *lacking in interaction with the traveler; being hard to reach or unavailable; not introducing themselves; not providing feedback to the travel nurse; and speaking in a crisp and exact tone* when speaking with the traveler. P1 stated...*they (management) don't like you influencing their staff because it might cause trouble*. P3 stated *I barely talked to management except for the first day I got there. I feel like management sees travelers as more of just a body and someone to work there. And so, they don't really interact with you much*.

6.7.1.4 Positive traits of managers.

The *positive traits* of managers that the travel nurses mentioned were that they were *supportive; present with staff; helpful; very nice; treated the traveler nicely; and valued the traveler's education and degree*. P10 shared a story about a manager she had for her first travel assignment...*she would come out of my patient's room saying 'Oh, I just emptied their foley'. Or 'I took them for a walk'. She was always in patient's rooms. She was always asking people if*

they needed help. Or just doing it because it just needed to be done. She was the nicest. Whereas here at home, my manager might have worn scrubs but that was just for show.

6.7.1.5 Positive actions of managers.

The *positive actions* of managers that the travel nurses mention included that the managers *offered them permanent positions; checked on the traveler and staff; handled issues professionally; and accommodated the traveler's schedule.* P4 stated...*the manager I have now is really great. She makes a point to be available and talk to me personally and see how I am doing. She comes right up to you and is willing to talk to you.* P9 stated that after she was fired from her first travel nurse position that her manager said *I do want you to know that everybody liked working with you. It just wasn't a good fit.*

6.7.1.6 Positive communication of managers.

The *positive communication* that occurred between the travelers and management included that the managers *talked to the traveler in a personal manner; introduced themselves to the traveler; communicated with the charge nurse on duty; corresponded with their superiors; and were responsive to emails.* P5 stated *I've had multiple managers at (hospital) that were very nice. They went out of their way to introduce themselves to me, which I think is what's missing with everybody. Nobody says hi anymore.* P6 stated about her manager...*Oh yeah, I think I emailed her a couple of times about stuff and she got right back to me. So that was really good.*

6.8.1 Theme 7: Orientation

The participants spoke of their orientation in various ways. Some had very minimal, insufficient orientation during certain contracts while others stated they were given extensive, unnecessary orientation. Overall, the participants seemed to think that two shifts of unit-specific orientation with an experienced preceptor was the best way to be given orientation. Goldstein [13] agrees that the hiring facilities should provide at least two shifts of precepted orientation for the travel nurse especially if the EMR is new to them. Managers should ensure that their travel nurses have previous experience with the EMR as well.

6.8.1.1 Most important aspects.

The participants' responses showed that *EMR/computer training* was the most important aspect of orientation for a travel nurse. A *tour of the facility* was the second most important aspect of orientation to the host facility/unit. The participants also stated that being given an *overview of the organization specific policies and procedures* was important, as these varied from facility to facility. *Orientation on the patient-care equipment* was also noted as important. *Knowing who and what resources were available* to the travel nurse during their shift was necessary in order for the travel nurses to feel supported and able to perform their duties to the greatest degree possible. *Specifics on charting* was important for participants to know. Even within the same hospital system there were variances in the charting requirements. *Telemetry monitoring* was mentioned by several medical surgical nurses as being a skill they used during their shift but was something they were given minimal orientation on. *Being introduced to their coworkers* was important to the travelers as well. This allowed them to establish a relationship with their colleagues.

6.8.1.2 Length of orientation.

The length of the orientation was also a key factor in determining whether or not the travel nurse felt as though they were comfortable and prepared to jump in and care for a full team of patients on the host unit. Most of the travelers said they were *given only one shift of orientation* on the host unit. Most of the participants stated that this was not enough time to acclimate to the unit. *Two shifts of unit specific orientation* were spoken of as being common practice, though some nurses still felt that they needed to ask several questions of the staff nurses during their shift and were not completely comfortable working independently. A minority of the participants stated that they were given *sufficient orientation* or *extensive orientation*. A smaller minority used the terms *thorough orientation* and *insufficient orientation* to describe their training periods on the host units. Some travel nurses stated that they felt travelers were too often forced to attend a week-long house orientation as part of their contract. Those who had plenty of experience travel nursing stated that this was *too much orientation* and that the orientation travelers received should be tailored to travel nurses specifically, including the most important aspects of orientation detailed above.

6.8.1.3 Various forms of orientation (besides preceptorship).

Many of the travelers who had been to larger facilities, Magnet status hospitals, or teaching facilities reported being sent to a *skills validation* before beginning their time working on the host unit. *Online preparation and assessments* were required of all the travel nurses. A couple of the travel nurses said they had to be part of *simulations* as part of their skills validations before beginning their time working on the assigned nursing unit. And some were required to complete a *packet of learning material* during their first week of their contract.

7. CONCLUSION

7.1 Limitations

Most of the interviews were conducted over-the-phone. The weakness of this setting is that the researcher and participant were not interviewing in person. This may have prevented the researcher from making inferences about body language and assessing any extraneous environmental variables that might be present during the interview. The number of participants is also a limitation. The fact that 87% of participants were females is also a limitation to the study. The data would have been without gender bias had there been a more equal number of male participants as female participants. Time constraints were another variable that limited data saturation. The age range of the participants also could have been more diverse. And the racial diversity was also lacking, as most of the participants were Caucasian females.

7.2 Implications

Results from this study could benefit future nurses interested in pursuing a career in travel nursing. The information provided could give them a clearer understanding of the challenges and benefits offered. This study could also provide travel companies a resource to refer their new travel nurse clients to when explaining the lived experiences that are common for travel nurses. Nurse managers could also find this study helpful when deciding to hire their first travel nurse.

Travel nurses leave their families, friends, and communities to work in facilities that are (typically) understaffed and consequently stressful to the travel nurse. Without their support systems, they suffer from the lack of community and support they are used to when at home. Because of this loneliness, they can tend to become ill more frequently, leading to increased call-

offs; and generally fail to connect with the other nurses on their units if the staff nurses do not show them kindness and make them feel welcome and secure.

Some of the nurses interviewed stated that they do not go into travel nursing to make friends. They go to work and then take time off in between assignments to visit loved ones. The ability of the travel nurse to cope with the loneliness very much depended on their personalities. One participant identified herself as an introvert and stated...*I'm here to be a nurse so I put that above everything else. I mean, if I don't talk to anybody I'm ok with that. I'm not going to just go and start chatting with people. I'm not that kind of person anyways. I don't really start conversation. But I think I'm easy to talk to*". Another traveler said that she made friends easily and never had issues with feeling lonely or isolated because she always had friends wherever she went, as well as her husband, who traveled with her for a period of time (P13).

Because of this, travel nurses are oftentimes viewed as the "saviors" of the unit because they are filling many gaps in the staffing book. This can also create a situation where, because travel nurses are viewed as dispensable by some charge nurses, they are given greater workloads and more difficult or a greater number of patients. The unfair treatment of these travel nurses is undeniable. And many choose to decline extensions to their contracts because of this unfair treatment. This effect the morale of the travel nurse and their willingness to resign a contract once their initial contract is completed.

This descriptive qualitative phenomenological research study may give nurses thinking about travel nursing a greater insight into the life of a travel nurse. It may allow them to gain a better understanding of the challenges and benefits of travel nursing before they choose to accept a travel assignment. This study may also assist travel companies to better prepare their travel nurses before beginning a travel assignment. Because of the large gap in published nursing research on the topic of travel nursing, this qualitative study could add more published material on the topic. Findings will be shared with participants via email as requested. A copy of the finished research study will be sent to those who requested one.

7.3 Recommendations for Travel Nurses

Travel nurses should have a good understanding of their own knowledge, skills, and abilities before signing a contract with a travel agency and host manager. They should also know the

expectations that the manager of their host unit has of them. The traveler should have a good understanding of the situation they will be getting themselves into when they sign a contract with a travel agency. They should know the exact amount their financial compensation will be and how the compensation disbursed. They should know the amount of money that is fair for a travel nurse to make in the area of the country that they will be working. If they feel that the compensation is inadequate, they should communicate this to the agency and ensure they are provided with fair compensation for their nursing services. The travel nurse should always ensure they have money saved in case their contract is cancelled. This amount should be enough to allow them to survive for three months without pay (in case they are unable to find work right away). The traveler should work with a few different travel agencies to be request competitive compensation offers.

Travel nurses should have a minimum of two years of experience in their nursing specialty. This ensures they are competent in their nursing abilities. They should question the potential host manager on the skills frequently performed on the unit to ensure they will be comfortable practicing safely and effectively. The travel nurse must be prepared to face challenging situations, as oftentimes travel nurses work in facilities with unsafe ratios. If the traveler feels that their nursing license is in jeopardy or that they are in an unsafe environment at the host facility, they should communicate this with their recruiter or nurse advocate employed by the travel nursing agency.

The participants suggested that it is more exciting and rewarding to travel with other nurse friends. This ensures you will enjoy your days off work and save money on housing. They should not accept the “free housing” from the travel agency, as the housing provided is oftentimes cheap and in an unsafe neighborhood or decent and costing a quarter of what the travel nurse would have been paid in housing stipend cash. This prevents the traveler from making the most money. Travelers should also ensure that they get out and explore the area they are living in provided the area is safe. And travel nurses should enjoy those they work with. They should be willing to talk to the staff at the host facility. They should be professional in their demeanor and ensure that they are giving travel nursing a good name.

REFERENCES

1. Randolph, L. (2003). Why consider travel nurses? *Nursing Management*, 34, 4-5. doi: 10.1097/00006247-200303001-00001
2. Hinson-Smith, V. (2003). Check off these benefits of travel nursing. *Nursing*, 33, 4-7.
3. Morrison, D. (2011). What it takes to be a travel nurse today. *Healthcare Traveler*, 19(1), 14. Retrieved from <http://healthcaretraveler.modernmedicine.com/healthcare-traveler/content/tags/career/what-it-takes-be-travel-nurse-today?page=full>
4. Holohan, S., & Holohan. (2012). Assimilation. In H. K. Anheier, & M. Juergensmeyer (Eds.), *Encyclopedia of global studies*. Thousand Oaks, CA: Sage Publications. Retrieved from <https://search.credoreference.com/content/entry/sageglobal/assimilation/0>
5. Faller, M. S., Gates, M. G., Georges, J. M., & Connelly, C. D. (2011). Work-related burnout, job satisfaction, intent to leave, and nurse-assessed quality of care among travel nurses. *Journal of Nursing Administration*, 41(2), 71-77. doi: 10.1097/NNA.0b013e3182059492
6. Dawson, M. (1996). Travel nursing guide. Travel nursing: Having the right stuff. *Nursing*, 26(6), 62. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/8788885>
7. Faller, M. S., Gates, M. G., Georges, J. M., & Connelly, C. D. (2012). On the move: Exploring the perceptions of travel nursing. *Nursing Management*, 43(7), 42-47. doi:10.1097/01.NUMA.0000415492.43449.99
8. Professional Association of Nurse Travel. (2016). Retrieved from <http://www.pantravelers.org/articles/history>
9. Fraleigh, J. (2010). Ten don'ts: Steer clear of these travel nursing pitfalls. *Healthcare Traveler*, 18(1), 30-35. Retrieved from <http://healthcaretraveler.modernmedicine.com/healthcare-traveler/news/modernmedicine/modern-medicine-now/ten-donts-steer-clear-these-travel-nursi?page=full>
10. Cottingham, J. (2017). Health care demands push growth of NLR's travel nurse. *Arkansas Business*, 34(21), 24. Retrieved from <https://search-proquest-com.contentproxy.phoenix.edu/docview/1905640461?accountid=458>
11. Travel Nursing. (2009). Association of operating room nurses. *AORN Journal*, 90(1), 143. doi:[http://dx.doi.org/10.1016/S0001-2092\(09\)00443-8](http://dx.doi.org/10.1016/S0001-2092(09)00443-8)
12. Wood, D. (2015). Why travel nursing jobs are booming again. *NurseZone Newsletter*, 12. Retrieved from <http://www.nursingworldnigeria.com/2015/09/why-travel-nursing-jobs-are-booming-again>
13. Goldstein, P. C. (2014). Nurse Managers' expectations and utilization of travel nurses. *Medsurg nursing: official journal of the Academy of Medical-Surgical Nurses*, 23(6), Suppl-7-8, 15. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/26281638>
14. Rosenstock, F. N. (2016). Blacklisting: The dirty side of travel nursing. *Nephrology News and Issues*, 30(5), 20-23. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/27386607>
15. Grove, S., Burns, N., & Gray, J. (2013). *The practice of nursing research: Appraisal, synthesis, and generation of evidence*. Saint Louis, MO: Elsevier Saunders.
16. Leininger, M. (2009). Leininger's theory of nursing: Cultural care diversity and universality. *Nursing Science Quarterly*, 1(4), 152-160. doi: 10.1177/089431848800100408
17. Nelson, J. (2006). Madeleine Leininger's cultural care theory: The theory of culture care diversity and universality. *International Journal for Human Caring*, 10(4), 50-56.
18. Leininger, M. (1996). Culture care theory, research, and practice. *Nursing Science Quarterly*, 9(2), 71-78. doi: 10.1177/089431849600900208
19. Speziale, H. J. & Carpenter, D. R. (2007). *Qualitative Research in Nursing: Advancing the Humanistic Imperative*, (4th Ed.). Philadelphia. Lippincott, Williams and Wilkins.

	<p>Kristen N. Poikus, RN, MSN <i>Nursing Instructor/Clinical Coordinator, Ancilla Domini College, Plymouth, Indiana, USA.</i></p>
	<p>Dr. Samuel P. Abraham, RN, MS, DHA– Corresponding Author <i>Associate Professor of Nursing, Bethel University, 1001 Bethel Circle, Mishawaka, Indiana,</i></p>
	<p>Dr. Deborah R. Gillum, PhD, MSN, RN, CNE <i>Dean of Nursing, Bethel University, Mishawaka, Indiana, USA</i></p>

