



Research Article

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A Call to Serve in the Nursing Profession

 Patricia J. Bartzak¹

¹Lahey Hospital & Medical Center, Burlington, Massachusetts, USA

ABSTRACT

Introduction: A call to serve in the service professions has been viewed as an essential element to provide meaning in one's life as it has been written, "for it is in giving that we receive" (St. Francis of Assisi, 13th century). Other thinking suggests this notion leads to undue personal sacrifice and exploitation of one's goodness.

Objective: To determine the relevance of a call to serve in today's nursing environment and assess if nursing practice is a moral imperative. Also, to determine if nurses value a call to serve in nursing curricula.

Method: An 8-question Likert survey with one qualitative question was posted to the Nursing Research Community Digest on the Sigma Theta Tau website. This study was approved by the Lahey Hospital & Medical Center institutional review board (IRB) and was open for 10 days in December 2023.

Results: Twenty-seven (27) Sigma nurses responded. Opportunities for further exploration include addressing ambivalent responses and qualitative statements related to moral imperative, societal support and inclusion of the arts in a nursing curriculum.

Conclusion: The study suggests that awareness and dialogue is needed to clarify the relationship between esotericism and its influence in the care we provide to the world.

Keywords: call to serve, moral imperative, nursing curricula, societal support, inclusion of the arts, esotericism

Corresponding Author: Patricia J. Bartzak, e-mail: patty@bartzak.com

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INTRODUCTION

Only a few professions have the sense of a calling, and these include clergy, medicine, and law (Gustafson, 1982). Historically, a calling profession was seen in a somewhat negative light, in that the individual was prepared to dedicate their life to a profession, sacrificing some of their own leisure opportunities for low wages (Kallio et al., 2021). More recently, scholars have studied the concept of a career calling and identified three components: a deep internal listening that manifests as the seed of motivation; the search for a meaningful life's purpose; the need to serve others (Kallio et al., 2021).

The benefits of answering a call to nursing include a broader confidence in one's career choice, a commitment to sustain obstacles, increased engagement with patients and support systems, and a sense of a meaningful life. Dik & Duffy (2013) suggest that individuals derive both career satisfaction and overall happiness when they think of their occupation as their vocation. When the individual is living and breathing within the sphere of moral awareness, they derive great meaning and satisfaction in their own lives, and reciprocally, can authentically offer presence, competence, and caring to another human being (Caranto, 2015).

Sister Simone Roach, RN, is known for her six attributes of caring: compassion, competence, confidence, conscience, commitment, and comportment as being necessary attributes for the professional role of the nurse (Caranto, 2015). The commitment to the nursing profession is undergirded by the individual's genuine interest in the human condition and seeks to understand as best they can what the patient is experiencing. When one is called to serve, the primary concern is the therapeutic relationship with the patient. There is little room for personal attention seeking, ego, and short-cuts. The nurse called to serve understands their moral imperative to serve the patient and support system, and acts with the intention to provide competent, professional, and compassionate care to those they serve. Building these trusting relationships with the patient and support system allows for the nurse to provide empathetic care. Nurses, who come to the profession with a sense of moral awareness and an attitude of serving one's fellow human beings, engage in self-reflection, and are motivated to be in the shoes of their patient. Such nurses are internally motivated to learn as much as possible about their patient's needs, preferences, condition, treatments, their life and how their life fits into the greater community and world.

Every nurse brings their life experience into the setting of patient care including prejudices and biases. Many caregivers receive continuing education in the areas of diversity, equity and inclusion (DEI), as well as sexual orientation and gender identity and

expression (SOGIE), among other topics that may adversely affect the nurse-patient therapeutic relationship. Practice environments may require education for what is termed special populations such as the bariatric patient or the patient with mental health needs. A sense of duplicity is felt when the caregiver complies with the education and recognizes that lack of compliance could result in adverse employment actions, however, privately and internally their prejudices remain (Dunning et al., 2021).

The COVID-19 pandemic caused direct caregivers to provide care to more patients who were sicker and created delays in care as nurses needed to meticulously don and doff personal protective equipment (PPE), some of which was in short supply and needed to be reused. The stress of this two-year period caused some clinicians to move away from a sense of call to serve to survival interactions that were delivered in a more perfunctory manner (Martin et al., 2023). Direct caregivers who recalled their “why” of service experienced frustration due to the imposition of extreme, sustained and external conditions. This deviation from loving service to basic care led some nurses to express that their care delivery was simply minimal, which resulted in a sense of personal failure and disillusionment (Koren et al., 2021). Nursing school students educated during the pandemic had limited clinical rotations and missed important role-modeling in live nurse-patient relationships. Simulation laboratories often served as surrogate clinical settings during the pandemic.

Is the world becoming more mercenary and transactional as we witness the downstream effects of inflation, war, instability, pollution, the role of faith and interconnectedness, relationship fragmentation, population/resource mix, social media, instant gratification and violence? As these issues burden caregivers and patients alike, these concerns are counteracted by a sense of the greater human community and a desire to honor a commitment to provide the best care as a moral imperative. Survey question #4 asked nurses if a call to serve is relevant in today’s society; question #5 asked nurses if a call to serve is now an old-fashioned notion. Though institutions and practice environments may provide important external supports, the caregiver must have the internal motivation to remain true to their call (Kallio et al., 2021). The therapeutic relationship is a privileged one, in which caregivers are a beacon of light assisting patients to their optimal level of function. Personal time for inner reflection is necessary to continually square the philosophical precept of a calling with the sometimes harsh realities of overwhelming patient assignments, lack of resources and supplies, and limited timeframes to complete the work of caring.

Nursing curricula in the United States has a fairly standard format that includes nursing fundamentals, pharmacology, nutrition, mental health, medical-surgical concepts, maternity, pediatrics and clinical rotations. Depending on the educational institution, electives are available such as another language, statistics, and community health to name a few. However, few nursing programs require that a nursing student write a poem about a caring interaction, or view classic art at a museum and then draw a picture to capture a feeling the student experienced while caring for a fellow human. Creativity of expression has shown to consolidate and reinforce the meaning of an experience including a caring interaction (Karnilowicz et al., 2022).

This study poses questions about the nurse's internal motivation to dedicate their efforts to serve others in the extremes of life experiences. Nurses participate and witness new life and support those who are suffering and at the end of life. Those who are called to caring professions are inspired, yet conversations about the pursuit of a professional vocation dedicated to serving others is often a passing conversation around a dinner table with friends and family. Much of the internal puzzle is developed in the subconscious, and not fully articulated or brought forward into full consciousness. The questions in this study seek to create a safe space for nurse respondents to search within to better identify the roots and sustainability of a calling profession.

As nurses journey through their career, there are overwhelming experiences that call the nurse to re-evaluate their life's work that involve ethical challenges, compromises, loss, and a deep reflection of self-confidence, competence and commitment. This pilot study provided a forum for nurses to share their thoughts about the fundamental questions of why to serve in a world that mass markets money, materials, and temporary fulfillment opportunities. The anonymous format of the survey invited nurses to share their thoughts and emotions, while also providing a space for nurses to view other nurse's reflections. This study supports nurse's mental health by openly discussing the concept of a subject that has a dearth of literature, and allows nurses to further reflect on colleague's comments to promote self-growth and re-commitment to the profession.

Objectives; the objectives of this study are to determine:

- relevance and importance of a call to serve in today's healthcare environment
- relevance and importance of a moral imperative for nurses to serve in today's society
- potential inclusion of a call to serve in nursing curricula
- potential inclusion of art, such as short poems and hand-drawn pictures, to support the heart and mind of nursing

METHODS

Lahey Hospital & Medical Center in Massachusetts, USA, approved this study in November, 2023 for a survey to be posted in the Nursing Research Community Digest of Sigma Theta Tau International Honor Society of Nursing. Sigma is an international organization with approximately 135,000 active members, which was started by 6 nursing students at Indiana University in 1922. The Founders sought to advance the nursing profession using the Greek words of storga, tharos and tima, which mean love, courage and honor. Members are from the United States and countries including Australia, Botswana, Brazil, Canada, Columbia, China (Hong Kong), Eswatini, South Korea, the Netherlands, Pakistan, the Philippines, South Africa, Taiwan, Tanzania and the United Kingdom (Sigma Theta Tau, 2024).

The survey was posted on the Sigma website for a period of 10 days from December 7, 2023 to December 16, 2023, a limitation of the organization's listserv. A common sample size for a survey is typically around 30 participants. Twenty-seven nurses responded. However, the pool of all nurses on the listserv who saw this survey is unknown as some may have been uninterested in the topic, others may have been away from their computers or on holiday. It is unclear how many nurses viewed the posting or were interested in participating in a research study. The Nursing Research Community Digest is a forum for general discussion, as well as a venue for participating in nursing research. Voluntary discussion board members likely choose to participate in research studies of interest, applicability to their practice and time commitment to complete a questionnaire. There was no specified inclusion or exclusion criteria, however, members of the Nursing Research Community Digest are nurses from around the world who have an interest in nursing research.

Auto collect of participant email addresses, IP addresses and other identifiers were turned off. Participation was completely voluntary and no remuneration was provided. A

Study Overview and Information Sheet was emailed to members of Sigma's Nursing Research Community Digest. This overview explained that there was no direct benefit to participation other than knowing that the participant would be contributing to increased knowledge by providing a pulse check on the notion of a call to serve in the nursing profession. Risks and discomforts were deemed minimal as having no more risk of harm than experiences of everyday life. The study acknowledged that responding to the questionnaire could cause emotional or social difficulty for participants who do not readily share their thoughts. Sigma managed the mechanics of sending the email to the Nursing Research Community. Data was collected in a Google document from which the quantitative and qualitative data was analyzed.

Survey questions in Figure 1 were developed by the author and have not been reproduced or tested for interval validity and reliability (Robinson, 2018). Neither a nurse reviewer nor a nurse expert reviewed the survey questions as the subject of a "call to serve" has minimal exploration in nursing literature. The novel questions in Figure 1 require replication in future studies to establish internal consistency and external validity. Survey development guidelines were utilized including positively worded questions, clear and concise language, and an opportunity for free text (Pew Research Center, 2024).

Descriptive statistics were used to develop percentages of strongly disagree, disagree, neutral, agree and strongly agree. Responses were then distilled again to agreement, neutrality and disagreement. A simple percentage of agreement on a Likert scale alone does not indicate statistical significance. Rather further research using a p-value set below 0.05 would suggest significance. This author considered any agreement, neutrality or disagreement that fall below 61% as an area of opportunity to learn more and suggest future research.

Figure 1. A call to serve in the nursing profession survey

Multiple Choice Questions:

Each of the multiple choice questions uses the following Likert Scale:

- Strongly Agree
- Disagree
- Neutral
- Agree
- Strongly Agree

Questions

1. I feel a call to serve in the nursing profession.
2. I have a moral imperative to serve in the nursing profession.
3. Today's society is supportive of a call to serve in the nursing profession.
4. A call to serve in the nursing profession is relevant to today's society.
5. A call to serve in the nursing profession is an old-fashioned notion.
6. A call to serve is a concept that should be included in the nursing curricula.
7. Experienced nurses should have periodic reflections/education in the call to serve.
8. I believe that scholarly nursing publications should encourage free-form art, such as short poems or hand-drawn pictures to support a written piece.

Free form (open response) Question:

9. Please share any experiences about your call to serve in the nursing profession.

RESULTS

Quantitative Survey Results

Percentages were calculated for each of 8 survey questions in each of the 5 Likert response categories, and then aggregated to 3 categories as agree, neutral and disagree. The responses "strongly disagree" and "disagree" were aggregated to disagree; a neutral response remained as neutral; "agree" and "strongly agree" were aggregated as agree. Each Likert response is weighted at 20%.

- Disagree consists of 2 possible responses ranging from 0 – 40%.
- Neutral consists of 1 possible response ranging from 41 – 60%.
- Agree consists of 2 possible responses ranging from 61 – 100%.

Table 1 shows agreement greater than 61% in 5 of 8 areas: 1) a positive relationship between a helping profession and a call to serve, 2) service work as a moral imperative, 3) a call to serve is relevant in today's society, 4) inclusion of a call to serve in nursing curricula and 5) the use of reflective practice to reinforce commitment to the profession.

A disconnect between today’s society and a call to serve were reflected by responses related to lack of societal support for a call to serve and perception of this concept as an old-fashioned notion. While survey reflects nurses wanting to include a call to serve in nursing curricula, it stops short of honor society nurses wanting to actively incorporate art forms into standardized nursing curricula.

Table 1. Likert Question Responses – Agree, Neutral, Disagree

	Question 1	Question 2	Question 3	Question 4	Question 5	Question 6	Question 7	Question 8
Agree	85%	77%	45%	70%	45%	71%	71%	60%
Neutral	0%	11%	26%	22%	19%	19%	19%	32%
Disagree	15%	12%	29%	8%	36%	10%	10%	8%

Approximately 85% of nurses felt called to serve in the nursing profession. Nurse are compassionate and dedicated professionals who have a desire to serve humanity. This is demonstrated in the trust that the American public places in nurses; for the 22nd straight year, the annual Gallup Poll has reported that nurses are the #1 most trusted profession in America (ANA, 2024). Although the entire team provides comprehensive care, patients are aware that nurses provide the most personalized care and comfort.

The survey findings identify cognitive dissonance, with more than 70% of nurses identifying with the call to serve as being relevant and necessary in academic curricula and the profession. However, nurses were lukewarm to society’s support of their call to serve. Nursing is not a glamorous profession; today’s society is influenced by media, money, and material goods. Nurses frequently assist others with bodily functions, pain, and anxiety episodes. Naturally, nurses want to share their working experiences with loved ones. Some friends and family may be active listeners and genuinely interested, whereas others find nursing stories to be morbid and gross. Society can do more to support the call to serve as families, communities, and countries develop an appreciation of the global connection that is common to the human condition.

Caring for one another is both an art and a science. Nurses are educated via the body system method with some integration of common concepts such as oxygenation, peristalsis, immunity, cellular regulation, grief and coping. However, curricula are largely standardized to prepare the undergraduate nurse to pass the nursing boards, which tests the minimal competency of a nurse to practice in the profession. Educational studies that integrate the arts

into nursing curricula provide students with insights into the human experience. Aesthetic learning has shown to improve sensory perception and empathy, in addition to self-efficacy and growth (Sandberg, 2024). The time has come to reinforce these positive outcomes by incorporating art, film, drama, and poetry into nursing and other science-based curricula.

Qualitative Survey Themes

Sixteen (16) of 27 nurses who responded provided full sentences in the free-form question that asked the nurse to share their experiences with a call to serve in the nursing profession. Some participants continued to send email to continue the discussion. Themes were derived using the step-by-step process of thematic analysis used in qualitative analysis. Quotes were obtained from the survey's open-ended question, "Please share any experiences about your call to serve in the nursing profession". Qualitative analysis included these steps: quote selection, keyword identification, keyword grouping, theme emergence and theme articulation (Naeem, 2023). Themes that emerged were largely positive about the call to serve reflected in these themes:

- vulnerable patients need compassionate care
- an early childhood surgery sealed a commitment to help others
- serving humanity is really the calling
- serving as full partners with providers has reinforced our call
- though times are demanding, service is valuable to mankind
- the prudent nurse will continually self-evaluate their call, and when no longer viable, will have the wisdom to exit the profession
- money is secondary
- family background and role-modeling supported a service mindset
- when nurses volunteer their services more, the call to serve becomes more palpable
- nursing is a profession and a calling; be careful not to allow exploitation of the calling
- the call is apparent when the nurse is aware that they serve all of humanity
- without the call, nursing work is linear and reductionist

Alternative themes in response to the free-form question yielded these themes:

- Nursing is a way to make a living and there is a nursing shortage; need a way to increase numbers without holding back applicants who may not have the call to serve
- Nursing as a calling contributes to burnout and poor mental health; damaging construct
- (Some) newer generation nurses were raised with privilege and have not incorporated the call to serve mindset.

DISCUSSION

Societal pressures and world events continue to challenge nursing professional's call to serve as they attempt to be present and provide active listening to vulnerable others, while at the same time work short-handed with pressing time constraints. These circumstances can distance the nurse from their "why" of choosing their profession and pressing onward. However, the majority of nurses, while recognizing these issues, are soldiering on and see their work as internally inspired and connected to improving the human condition. Exploiters of goodwill remain among us, however, reflection of our thoughts, behaviors and actions reminds the nurse about their call to serve. The world condition is a swirl of moments of complete wonder and horrific tragedy delivered universally and instantaneously to members of the human race. At any point in time, a vulnerable and fearful patient or community may need assistance. Some deliver goods and services and want to be recognized at every turn with the mindset of doing a job – nothing more and nothing less. Still others want to provide care with intention, skill and heartfelt giving. Does it matter? Are the goods and services still rendered? Patient experience suggests that the manner of care does matter (Oben, 2020). And the social sciences suggest that while faking empathy can work in the short-run, it is the inner light of motivation that others can perceive and respond to that yields improved outcomes (Stefanello, 2021).

Three Dog Night, an American Rock Band in the 1960s and 1970s, released a popular song in 1969 at the height of the VietNam War entitled, Easy to be Hard, with the classic lyrics of "How can people be so heartless? How can people be so cruel? Easy to be hard. Easy to be cold" (Easy-to-be-Hard, n.d.). Service professionals over time can build protective walls as a result of becoming inured to the demands and profound circumstances encountered in daily work. However, this pilot study found that reflective practice reconnects the moral imperative and internal calling back to the service. Music and the arts are an expression of society's influence in all areas of life. Why wouldn't the arts be included in nursing curricula? Nursing curricula is evolving, however, many schools of nursing continue with a reductionist view of body systems, mind separate from body, chemical reactions, intake and output, electrical tracings of the heart and the brain, bones, muscle and sinew. While important to provide skilled care to the body, only recently has holism and connection been explored in curricula. This study suggests that there is a recognition of including the arts in nursing curricula.

Dr. Charcot for which the Charcot Foot was named lived in the mid-nineteenth century and was known as the "father of neurology". He assigned his medical students to draw anatomy, however, such assignments are now supplanted by digital technology and viewed as

time-consuming (Bgousslavsky & Boller, 2013). Dr. Charcot was a good artist and believed that artistic freehand drawings were essential for the student to fully internalize anatomy. Studies have demonstrated that nursing students develop more acute observational skills when they visit a museum and present some sort of depiction of their thoughts, feelings and reflections (He et al., 2019).

Where does the call come from? Philophers and theologians suggest that a deep inner voice opens one's perception to a life with a greater purpose than individual needs. This internal knowing aligns the individual's presence with a a larger sense of the universe. Such recognition guides the individual to act with authenticity and empathy. These traits are bolstered with self-reflection, meditation, helping others and mentorship (Reiss, 2017). There is some mystery, meaning that all is not yet known, about how the deep inner voice is sparked. Many who choose the helping professions must guard against the compromise or loss of their inner voice for which their colleagues, insitutions and society can support them to maintain their moral imperative and ongoing commitment to their profession.

Limitations of the Research

This study was conducted with nursing participants from a single professional organization in which 27 partipants constituted the numerator, however, the denominator is unknown so a percentage of respondents cannot be calculated. The questions in this novel survey were not previously tested for validity and reliability. Rather, this IRB-approved study serves as a pilot to pulse check the relationship between the helping professions, specifically nursing, and a call to serve. This topic is not ubiqistously encountered in nursing literature. Philosophical and theological writings are repositories of more robust discussion.

CONCLUSION AND RECOMMODATIONS

This pilot project suggests that helping professions acknowledge a call to serve in their life's work and the majority practice with an internal moral imperative to serve others. The findings suggest a tepid acceptance of including a call to serve in nursing curricula, however, hesitate to support specific art forms such as hand-drawn pictures or short poems. More awareness, discussion and future research are needed to ensure that helping professions provide the light of healing in their daily encounters with those who are vulnerable and suffering, while also being mindful of corporate efforts to exploit the loving care of service professionals.

This author offers this short poem as a reflection of their experiences in medical-surgical nursing practice:

- I am present
- I wipe your tears
- I share your breath
- I care
- I am with you

Research Statement

Conflict of Interest: The authors declare that there is no conflict of interest for the study.

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