Mattering: Implications for Self and Others

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Introduction

Mattering is a sense that an individual has a place in this world. We can make an outward difference and also be made to feel cared for, included, and wanted. When I reflect on the academic, professional, and personal experiences that have transpired over the course of my undergraduate years at UNC Charlotte, the concept of mattering stands at the forefront of my mind. In this project I explore through the representation of seven artifacts the trifold nature of mattering: how have I made people feel as though they matter, how have I engaged in things that matter, and how do I matter? I explore the impact on others and myself of possessing a caring attitude and an inherent motivation to care, as well as the impact of engaging in meaningful work. Jean Watson’s Theory of Caring and Morris Rosenberg’s construct of mattering serve as the theoretical framework to underpin my project. I selected a nursing theory to support my investigation on mattering because I want a discipline-specific structure to guide my work. Many of my personal beliefs about making others feel cared for and finding purpose to my life, which have been influenced by the types of activities I engage in, as well as my upbringing, are in alignment with Watson’s concepts of caring consciousness and intentionality. Caring is not measurable, so a theory that attempts to shine light on what nurses do acts as a helpful guide. I selected the mattering construct because its foundational premise is that we believe that we matter—something that is difficult to think about and may be perceived as egocentric. However, if I believe that I have a purpose, then I will take an interest in purposeful things. If I believe that others have worth, then I will treat them with compassion. By examining the experiences and revelations that I have had in college, I will illustrate how a belief in mattering plays such a vital role in my life.

Theoretical Framework

This project draws upon Jean Watson’s Theory of Human Caring and Morris Rosenberg’s construct of mattering. Watson is a nursing theorist who believes in Caring Science as the foundation to the profession of nursing. Her conviction in this disciplinary foundation is that it provides an ethical, moral, values-guided meta-narrative for its science and its human phenomena, its approach to caring-
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healing-person-nature-universe (Watson, 2008, pp. 15-16). Watson has a deep belief in the effectiveness of employing a scientific and human approach to nursing and explains the belief in nine assumptions.

Watson (2008) explores nine assumptions of Caring Science to help us understand what she means by that term. Below are five points that have helped me to understand her theory:

- Caring Science is the essence of nursing and the foundational disciplinary core of the profession.
- Caring can be most effectively demonstrated and practiced interpersonally; however, caring consciousness can be communicated beyond/transcends time, space, and physicality.
- Caring consists of Carative Factors/ Caritas Processes that facilitate healing, honor wholeness, and contribute to the evolution of humanity.
- Effective Caring promotes healing, health, individual/family growth and a sense of wholeness, forgiveness, evolved consciousness, and inner peace that transcends the crisis and fear of disease, diagnosis, illness, traumas, life changes, and so on...
- A Caring relationship is one that invites emergence of human spirit, opening to authentic potential, being authentically present, allowing the person to explore options – choosing the best action for self for “being-in-right relation” at any given point in time…. (Watson, 2008, p. 17)

Watson’s caring model—that caring science, presence, and authenticity in our interpersonal relationships characterize the foundation of nursing—provides the theoretical backbone to my belief in mattering. Watson Caring Science Institute [WCSI] A (2016) explains Watson’s belief in transpersonal caring, meaning that everyone is connected by concentric circles of caring. Transpersonal caring originates from the individual, moves to others, to the community, to the world, to Earth, and to the universe (WCSI A, para. 1). If the caring model is based off being in relation with others, and it originates from the individual, then I can initiate the first concentric circle of caring in my interactions with others. In addition to resonating with particular aspects of Watson’s Theory of Caring, namely some of the Ten Caritas Processes, as well as the idea of Caritas/Caring Consciousness, Morris Rosenberg’s mattering construct has significant value to my three inquiries.
In the 1980s Morris Rosenberg introduced the concept of mattering, which was beneficial to the discipline of social psychology. Sociologists Elliot, Grant, & Kao (2004) aimed to reemerge this concept and defined mattering “as the perception, to some degree and in any of a variety of ways, we are a significant part of the world around us” (p. 339). Mattering to others impacts our sense of self. If we believe that there is significance to who we are or what we offer, then we will have a substantive sense of self. Elliot et al. (2004) published an empirical validation study and explored three elements to mattering: awareness, importance, and reliance. Rayle (2006) believes “...if we do not intrapersonally recognize and believe that we matter, we will not actually experience mattering to others” (p. 483). The fact that the concept of mattering is rooted in the idea that we must believe that we have a purpose is intriguing. My focus is primarily on the wellbeing of other people—my family, my clients at work, the students whom I tutor—but I must remember that I matter, too. Perhaps I matter when I make others feel as though they matter, engage in meaningful activities, and when people are patient and kind with me. Rayle (2006) believes that the process of intrapersonally recognizing that we matter “begins with external, interpersonal dynamics but ultimately affects the internal self and self-concept” (p. 483). In our relationships with others and based on how others interact with us, we get the sense whether we do or do not play a significant role in their lives. Whatever conclusions we draw will affect how we think about ourselves. Elliot et al. (2004) have continued Rosenberg’s work and present mattering in two lights.

Mattering may be seen in terms of being the focus of attention as well as being in relationship with others (Elliot et al., 2004). Awareness and importance make up the first form of mattering in which the attention is on the individual. Elliot et al. (2004) believe that awareness constitutes mattering if other people notice that we exist. They write, “In this case, we are recognizable to others as individuals, distinguishable from the masses that populate our surroundings” (Elliot et al., 2004, p. 340). Importance is about feeling “that we matter to others if we are the object of their interest and concern” (Elliot et al., 2004, p. 341). The second form of mattering, portrayed by the term “reliance” because it involves being in relation with others, considers that “we matter to others if they look to us for the satisfaction of their
needs or wants” (Elliot et al., 2004, p. 342). I will identify how these forms contribute to my understanding of how I believe mattering plays a role in my life.

**Introduction to Artifacts**

I have chosen seven artifacts for this project that serve two main roles: to support my belief in the personal relevance of mattering and to assist me in drawing conclusions on my three main inquiries. These artifacts include (1) a reflective journal assignment on Habitat for Humanity; (2) a collage of pictures from Habitat for Humanity builds; (3) presentation materials on intrinsic versus extrinsic motivation; (4) the computer print-out that I passed my Certified Nurse Aide state exam; (5) my Philosophy of Nursing Paper; (6) two Catholic prayers; (7) and my literacy autobiography. I will begin with my initial experiences with service at UNC Charlotte.

**Artifact 1: Reflective Journal Assignment**

The University Honors Program (UHP) was the first close-knit community I found myself to be part of as a new college freshman. I would never find the intimate class sizes in my statistics, chemistry, or microbiology courses. I could engage in activities with peers who had a certain drive about them. I would work through the first semester of college like many others, but with a special support system behind me. There is an academic curriculum unique to UHP. Some courses were honors sections of the basic liberal studies classes, while others had the most peculiar names. One class that was part of our curriculum was a community service practicum. We would devote an entire semester to volunteering with our chosen organization. My first artifact is a reflective journal assignment that I completed in this class with Professor Arnold. This course was designed for students to each choose a service organization in which they had an interest, volunteer at least forty hours with them, and examine how their understanding of community service changed over the course of the semester. I knew that service was a pillar of the University Honors Program, but I was still deciphering what that meant. Jumping into this course right away dramatically shaped my involvement in the community.

One of our assignments required us to locate a journal article that related to our service organization and reflect on it. I chose to volunteer with Habitat for Humanity, a nonprofit Christian
housing ministry. Building is fascinating, especially when you know that the work will have an immediate and actual impact on a family. Millard and Linda Fuller founded Habitat for Humanity International in 1976 to address the issues of poverty, low-income housing, and families struggling to find affordable places to live (Habitat for Humanity, 2016). The article on which I based my reflection spoke about the advantages of incorporating service learning into classroom instruction. The students were required to create residential plans of a new Habitat for Humanity home, meet with builders, and go through a formal process to implement their construction ideas. They would then volunteer to construct and erect the house (Bonnette, 2006).

The second central idea of the article discusses key service principles of which a successful volunteer is mindful. Three principles that resonate with me are altruism, caring and compassion, and respect (Bonnette, 2006). Bonnette (2006) defines altruism as “offering to help a teammate through difficulties,” caring and compassion as “valuing the contributions of all team members,” and respect as “respecting those individuals for whom the service is being provided” (p. 10). Reading about the positive values that community engagement fosters, in conjunction with the fact that I was embarking on a new service journey, prompted me to make an important decision: I would be cognizant of these ideals each time I contributed to the construction of a Habitat house. It is one thing to volunteer time, but it is something completely different to be mentally present while doing so. I make an effort before every build to reflect on the fact that the beginnings of the house on that red clay lot will be built up to be someone’s home. This reflection reminds me to approach builds with a social conscience and a readiness to embrace the day.

This reflective journal assignment is representative of the genesis of my service identity, or my conception of how I should express myself when I engage with the community. Despite not knowing the first thing about a nail, Habitat—as it became affectionately known—allowed me to involve myself immediately. I would then determine in what ways and with what attitude I wanted to be involved. By reflecting on the values of successful volunteers, I affirmed how I would approach service. My service
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identity was in the works the day I stepped foot into Professor Arnold’s class and will be continuously molded as I move through life.

The theory about service that I gleaned from completing this reflective journal assignment relates to the idea of engaging my mind in things that matter. Kindness, acceptance of the contributions of others, and respect for the recipient of the house are principles that occupy my mind when I build, in addition to how much fun it is to partake in construction tasks that I never thought I’d do! Of course my mind races at some points about what assignment is due Monday or how I should outline my textbook, but I try to focus my attention on the moment. WCSI B (2016) notes that the first Caritas Process, or a way to think about how we care, is to “embrace altruistic values and practice loving kindness with self and others” (para. 1). Caritas is a Latin word that means love and extends beyond the individual. Watson (2008) writes, “Caritas conveys connections between caring and love, allowing for a new form of deep transpersonal caring for self and other” (p. 91). The first part of this Process—“embrace altruistic values”—is my goal. I welcome the thought of being concerned about the wellbeing of others because it guides my belief in the purpose of service. Serving such a dedicated organization with a mind devoted to the present moment and the well-being of others is what matters. The Pew Fetzer Task Group on Relationship-Centered Caring identified four relationships that a healthcare worker has with patients, and one of them concentrates on being present.

These four relationships that the Pew Fetzer Task Group on Relationship-Centered Caring present are: practitioner’s relationship with self, practitioner-to-patient, practitioner-to-community, and practitioner-to-practitioner (as cited in Watson, 2015, p. 88). While these different views of a relationship are designed to assist healthcare practitioners, I find that they are applicable to my volunteer work. The practitioner’s relationship with self focuses on acquisition of self-awareness and the “ability to be authentically present” (Watson, 2008, p. 89). In thinking about my reflective journal assignment and how it helped me develop a mindset for service, I have learned the importance of being present in the moment. This insight has contributed to my self-growth.
Theoretically, volunteers are altruistic. Theoretically, volunteers appreciate what each member has to offer the group. Theoretically, volunteers respect the individuals for whom the service is being provided. It is important to have these key principles in mind, but putting them into practice is the second piece of the equation.

Artifact 2: Habitat for Humanity Collage

Building with Habitat for Humanity has been a significant collegiate experience. I have always found construction to be interesting. Habitat accepts the contributions of all who come out to help, regardless of competency in construction work. I then think about how someone is directly benefitting from my volunteer efforts. Finally, I can actually see a work in progress come to fruition. While my time in Professor Arnold’s service practicum came to an end in fall 2013, I was not ready to end my time with Habitat. I concurrently became involved in the campus chapter of Habitat and continued to attend many builds on Saturdays. The opportunity to build with Altavista Country Habitat for Humanity in Virginia arose in October 2013, so I went and had an amazing time. I traveled to Virginia again the following October and picked up where I left off with some of the friends I had made the year prior. These trips constitute a prominent highlight of my undergraduate years, as the moments that transpired during these weekends were beautiful. My second artifact is a collage of pictures from the Habitat builds I have attended that have been packed with great moments.

This collage is representative of putting into action my love of building and everything that happens on site. Countless times have a group of friends and I woke up early Saturday morning, arguing who would get up earlier than the rest to warm up the car during certain months. Once we conquer the it’s-cold-outside-and-my-bed-is-so-warm temptation and get on site, the atmosphere changes. Some volunteers are ecstatic to be there and cannot wait to get started. Their uplifting energy is contagious. There are certain moments when I am building where I am overcome with gratitude. We are able to help, and we are helping. We are able to bring joy into the life of a homeowner, and we are bringing joy. We are able to laugh over how much longer the supervisor will make us hold the five hundred pound truss, and we do laugh. Those kinds of moments matter.
In Watson’s discussion of the health practitioner-caring relationship, the practitioner-to-community level aligns with my engagement in Habitat. This relationship recognizes that caring extends beyond the individual model of caring—the practitioner’s relationship with self that relates to my service identity—to the community. Watson makes an excellent point about how being attentive to this relationship allows us to see a greater picture of our shared humanity. In healthcare terms, a practitioner would be able to acknowledge his/her own humanity by interacting with patients, and vice versa. In volunteer terms, my perception of humanity is deepened when I meet homeowners, work alongside them, and hear their stories. By finding local builds and immersing myself in whatever the task is for the day, I feel that I contribute to society and learn how to be accepting. Watson (2008) states, “… it is by giving expanded attention to community relations that we bring forth our belongingness, our connectedness, and our shared human conditions. It is through this awareness and awakening that we cultivate more compassion, wisdom, and skills for caring and for relationships, individually and collectively” (p. 97). In giving my attention to the happenings on a build site, whether it is nailing on shingles or observing the homeowner’s joyful and gratified smile, I feel more connected with why I chose to be there that day. I do not identify with living in substandard housing and the issues of safety, health, and the emotional toll it must take on an individual who is eager to work for a better future for his/her family. However, I am aware that these social issues exist and feel that I have a moral and personal duty to at least be present and offer my talents.

My collage also represents a collection of moments in time during which I have realized many things: I am blessed to have the safe home, supportive family, opportunity to attend school, and so on, that I do. I plan on continuing my service with Habitat in order to be part of more meaningful moments. After I graduate from school and have fewer academic priorities, I want to maintain the sense of purpose that I feel when I build. By sharing my gifts of time and talent with others, I hope the homeowners feel as though they mean something to me because they do. It is satisfying when members of UHP tell me how much they enjoyed building, how much fun they had, or how they returned because it
was so much fun last time. I am thankful that I am able to share my enthusiasm about Habitat with UHP and that this opportunity has been well-received. Sharing a love of service matters.

**Artifact 3: Presentation Materials on Motivation**

In addition to learning about my love of service, during my undergraduate career I have become more aware of what motivates me. I conducted a group presentation in Accelerated College Writing and Rhetoric (ENGL 1103), my freshman English class with Dr. Rand, on the two main types of motivation: extrinsic and intrinsic. An individual possesses extrinsic motivation when he completes a task for an external reason. For example, he completes his homework on time because of the reward of going to a restaurant for dinner. The individual who is motivated intrinsically may be aware of external forces, but does not allow them to drive his work; he completes his homework because he desires to make progress in his class and learn through practice. Viewing individuals as having immense value is related to the type of motivation I possess.

In describing the different types of college students, Bain (2012) points out that everyone has different academic motivations. Some people are strategic learners, meaning they “primarily intend simply to make good grades, often for the sake of graduate or professional school” (Bain, 2012, p. 36). They may appear to be deep learners, individuals who take control of their education and make the decision to want to understand, but their core goals are to get the good grades, graduate with honors distinction, and make others proud. Strategic learners have extrinsic motivators that influence what they do. Deep learners on the other hand have a genuine interest in making connections, understanding the rationales, and asking questions. They are driven by intrinsic motivators. Bain (2012) uses a confession by Neil deGrasse Tyson, American astrophysicist, to support his definition of intrinsic motivation. Tyson says, “I’m moved by curiosity, interest, and fascination, not by making the highest scores on a test” (as cited in Bain, 2012, p. 45). Deep learning and finding value in understanding what I am taught in nursing school work well together. Nurses are lifelong learners.

My ENGL 1103 presentation materials serve as my third artifact. They represent the personal discovery of how I am mainly driven by internal factors. It is intrinsic motivation that causes me to care
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for people for the sake of caring. For example, I do not partake in a Habitat build because I am required to; indeed there are service requirements to be met for UHP, and I am thankful that I can build, regardless if it will satisfy a requirement. Building brings me personal satisfaction because I know that my participation has a direct effect on providing decent and affordable housing to a worthy future homeowner. Likewise, I am not pursuing nursing solely because it provides health insurance. Rather, this profession allows me to engage in continuous learning on how to provide care and where I need improvement, as well as enter into the lives of families who may be enduring difficult times. I am pursuing a career in nursing because it is a profession that blends science with compassion, feeling a sense of purpose with making others feel cared for—combinations that I find to be very unique. It is rich in anatomy and physiology, pathophysiology, mathematical calculations, as well as the needs of communication and compassion. When I reflect on the dual nature of nursing, I wonder if the compassionate aspect can be learned.

Watson (2008) believes that possession of caring literacy implies that an individual has “an intentional, cultivated, and learned approach of the whole person to have ‘fluency’ and learned skills of emotional and heart-centered intelligence, knowledge, and skillful ways of Being Human” (p. 281). Caritas (Caring) Consciousness and intentionality are two elements of Watson’s Theory of Caring that help nurses to have this “fluency.” Caring consciousness is a conscious attention to what transcends a person’s physical body, as individuals are spiritual beings who need to feel acceptance, love, and belonging—as though they matter. I still wonder, though, can compassion be learned, or is it Watson’s deeper view of compassion that can be learned once an individual has a basic sense of caring? I will explore the idea of all nurses possessing a basic intrinsic motivation to care for others, if caring literacy can be learned, or if it is a combination of both.

I understand that a healthy workplace combines intrinsic (an enjoyment of one’s job) with extrinsic (receiving a paycheck for the work one does), but at the most fundamental level, are all nurses in this profession because they have a genuine love of all that nursing entails? Perhaps some people become nurses because someone gave them an ultimatum. Some people are drawn to the profession solely for
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economic security. Others recognize the importance of having a sustainable career and truly care about making a difference in the lives of patients and their families. One’s life experiences, upbringing, culture, etc. can influence why an individual is a nurse. My hope is that all nurses possess a glimmer of intrinsic motivation—that it is in their nature to care. Based on Watson’s transpersonal caring theory, it seems as though nurses can make a decision to employ “a consciousness and awareness that are directed toward a mental object, with purpose and efficacy toward action, expectation, belief, volition, and even the unconscious” (Watson, 2002, p. 14). Ideally a nurse would know how to make a patient feel as though he matters, regardless of the type of motivation the nurse possesses, and the nurse would guide her practice with a personally relevant nursing theory. However, it was determined in a study of Estonian nurses that the large majority of nurses did indeed possess an intrinsic drive to work.

In a study of 201 registered nurses working in various hospitals in Estonia, all participants answered questions related to their work motivation. The Motivation at Work Scale was used to determine why these nurses did what they did. Toode, Routasalo, Helminen, & Suominen (2015) write, “The mean scores for the test on extrinsic work motivation demonstrate that hospital nurses in Estonia were low or moderately motivated by instrumental factors such as paycheck, reputation, pride, personal values, or career and life plans” (p. 253). Toode et al. (2015) also write, “The mean score for intrinsic work motivation demonstrates that hospital nurses were strongly motivated by the enjoyment of doing their specific job” (p. 253). All nurses had some degree of self-determination and intrinsic motivation. I saw this finding in practice when my grandpa was hospitalized as his cancer worsened.

In 2008 my grandpa died of multiple myeloma, a cancer in the plasma cells of the bone marrow. I do not remember the details of his hospitalizations, but I do remember how appreciative my grandma was for the exceptional nurses who took care of him. She and her sons never had one complaint, as the nurses were in tune with my grandpa’s condition and the approach they would use to convey to us the information we needed to know. It seemed that the nurses’ awareness of their practice came naturally. They were nurses because they had a special intent. Working on an oncology floor may sometimes become habitual in nature—working with families who may be terrified about losing their
loved ones, helping patients cope with chemotherapy and drastic changes in body function, and so on, but each floor has its unique undertakings. These nurses can have such a positive and uplifting impact on a family during a challenging time, and I do not think that they would be able to connect with patients and families on such a personal level if they did not possess an intrinsic motivation to work as oncology nurses and provide that kind of care. I aspire to have that type of concern for my patients and their families. The role of a nurse matters.

Artifact 4: CNA State Exam Passing Note

I would not have happened upon the revelation that nurses matter if I had not experienced working as a Certified Nurse Aide. Enrolling in and successfully completing a state-accredited Certified Nurse Aide program was a prerequisite for admission into the School of Nursing at UNC Charlotte. The “Congratulations, you passed the state exam” notification that came out of the printer was a monumental piece of news. This fourth artifact symbolizes the first stepping stone toward my progression into the healthcare hierarchy. Once I was certified, I could work as a CNA, and work has given me both practical and personal knowledge. The practical knowledge I have gained includes learning how to execute my nurse aide skills in a competent manner in order to provide my clients with the assistance they require. The personal knowledge I have gleaned includes an understanding of how to be present, leave a positive mark on others, and show my clients that I care. In gaining both types of knowledge, I have collected a plethora of “CNA stories,” as I call them. While not all days run smoothly, I have left my clients’ homes feeling satisfied in the care I provided. Sometimes this personal satisfaction is provoked by my client’s verbal appreciation, whereas other times I leave their homes feeling fulfilled because I was present in a time of need. I will share a story to illustrate the latter.

I had an experience with death soon after I began working as a CNA. My client resided in an assisted living facility and was diagnosed with schizophrenia and dementia. My responsibility was to provide companionship for the day. That typically means chatting, walking, and eating together. I quickly determined that “companionship” for this day needed to be sitting, reading, and praying.
I walked into the facility, found her room, and thought I walked in on the wrong client. This woman looked as though she was sleeping and did not want to be awoken. I tiptoed out of her room, introduced myself to the staff, and asked one of the staff members how that client was doing. I was let in on the information that she went into a coma a few days before and that per her code status in her medical record, they would allow life to take its natural course.

I pulled up a chair and sat in her room for eight hours. I read to her, tried to provide comforting words, rubbed her arms and told her that it was okay, and found a radio to play some soft music. I was confident that she could still hear me and sense an auditory presence in the room. It was only until I mentioned to the nurse that this woman was breathing really heavily and seemed to be in pain and suggested that we wash her up that she called the physician to receive an order for morphine. Reality was hard to accept. I was baffled that there was no family in the area and that my client was going to exit this world alone and unnoticed.

The doctor arrived and listened to her heartbeat, saying that it sounded great. The plan of care at this stage was to no longer intervene, so his instructions to the CNA were to keep her comfortable. Everyone exited the room. I stayed. Two minutes passed and I noticed that she had stopped breathing. No more rise and fall of her chest, no more groaning, no more coughing. I could not believe it. The doctor was nowhere to be found, so I informed the CNA. The CNA walked in and confirmed that the client had no pulse. She got a hold of the nurse whose first concern seemed to be the time of death. I reported to her the time that I recorded, and she began a death certificate protocol.

I learned so much from this experience. Firstly, the way my grandpa passed away was not how all people were going to die. He had family with him nearly all the time, was being cared for by excellent nurses, received Holy Communion and Anointing of the Sick, and so on. My client’s final moments were in stark contrast. Secondly, people care about different things. As a CNA and someone who truly cares about the lives of my clients, I needed to be present, comforting, and gentle. I do not understand what the alternative would be. On the contrary many of the staff members brushed off this woman because “she was going to die regardless.” Priorities exist in all situations, and making it a point to ensure that this
client was comfortable should have been a priority of the doctor and nurse. She was an individual deserving of love and care regardless of her lack of consciousness. Thirdly, I realized once again how fortunate I am to have a loving family. I texted our family group chat after work a simple, “I love you all!” While those words are a common exchange among us, my parents and sister did not know at the time what that “I love you” meant. Finally, I learned that these CNA experiences are good because I learn which characteristics of others I want to embody and which ones will never enter my practice. We are all so human, and engaging in CNA work has allowed me to see that.

What transpired that day at work regarding how certain staff members treated the death of this older woman is in stark contrast to how I would treat my patients. I share this story because it represents one of the many opportunities that I have had to see how other people live and are treated. CNA work has given me perspective. Quinn, Clare, & Woods (2012) conducted a study to see what predicted whether caregivers of dementia patients found meaning in their nursing roles. Recker and Wong (1988) believe that finding meaning involves making sense out of one’s existence and has three components: “a cognitive component, as it is a way of making sense of one’s experiences”; “an emotional component as it is linked to feelings of satisfaction and fulfilment”; and “a motivational component, as individuals are motivated to pursue goals that lead to meaning in life” (as cited in Quinn, Clare, & Woods, 2012, p. 1196). Quinn et al. (2012) argues that finding meaning in one’s work helps to cope with the stress.

A major stressor for nurses may be a large patient load. This reality makes providing meaningful support to patients challenging. One must balance being present with accomplishing time-sensitive tasks in the acute care setting, such as giving certain medications, preparing patients for surgery, conducting an assessment before the doctor makes rounds, and so on. However, Watson (2008) reminds us that a Caritas Nurse, one who embodies the Caritas Processes and is in tune with caring science, recognizes that every time a nurse touches a patient’s body, the nurse is touching the physical body and the person’s mind and heart. Being aware of the impact that a nurse can have makes me want to be aware of this perspective even on my busiest days. Certain patients will require more of my time than others because they have more components to their plan of care, their culture dictates the length of interaction with
healthcare professionals, etc. On the days that my assignments include complex patients, the only thing I can do is my best—acknowledge that the day will be fatiguing and devote as much time as I can. The presence of stress is an inevitable reality in nursing. However, identifying with the purpose of the profession matters because all individuals are deserving of my best effort. Having an understanding of what I believe nursing to be helps me make sense of what my role is on the busiest of days. Owens, Stryker, & Goodman (2001) write about the symmetry in a caregiver-care recipient relationship—and it is not always symmetrical.

As illness assumes a larger role in the relationship, the caregiver may find himself giving much more than he is receiving. As cognitive function declines in Alzheimer’s disease, the example the authors provide, the affected individual is no longer able to reciprocate the type of care that the caregiver is providing (Owens, Stryker, & Goodman, 2001, p. 286). Each person offers varying levels of depth to a conversation; there are differences in overtures, and one person carries a greater responsibility for physical care. Owens, Stryker, and Goodman (2001) point out that although this imbalance exists, individuals continue to provide indefinite care (p. 287). A few explanations as to why this is are as follows: reciprocity is based on the amount of satisfaction derived from previous interactions, solidarity assumes greater importance than reciprocity, and reciprocity is based on the notion that people do what they are able to do (Owens, Stryker, & Goodman, 2001, p. 287). Mattering offers a final explanation as to why caregivers continue to provide care even though they do not receive much in the relationship; ideally a relationship is about each person contributing to the other person’s well-being. If the relationship was full of reciprocity before the disease struck, it suddenly becomes acceptable to provide indefinite care (Owens, Stryker, & Goodman, 2001, p. 287). However, I did not have a history with the woman I took care of that day, and I will generally never have a pre-established relationship with my patients before they enter the hospital. I wonder then, how can a caregiver-patient relationship be two-sided? I clearly see how patients rely on nurses, but that cannot be the end. There must be some degree of reciprocity even if the nurse and patient have had no prior relationship.
I see nursing as a profession in which we give of ourselves—offer empathy, use therapeutic communication, do the research, and go the extra mile to inform the family, but it is important to remember that we depend on the people for whom we provide care. As a new CNA, for example, I hadn’t the slightest idea how to empty a urinary catheter bag. I was so concerned that the contents of the bag would leak all over the bathroom floor. My client was incredibly patient with me, spoke me through the skill, and answered all my “what if” questions. The stereotype is that the “professional” is supposed to know what to do. However, I sometimes learn more from my patients than I would ever expect. I learn how to perform practical skills because a certain patient has received his blood thinner a thousand times before, and “this is how you hold the skin to inject the medication, student nurse.” I learn how important family support is for some patients. I learn how not to ask certain questions after the patient has undergone a certain procedure or is agitated. Initially I thought that there was no answer to the question, “How do we rely on our patients?” I thought that the only choice was for a nurse to give her patients all that she could because if she did not, then there would be no substance to the relationship. I have modified my understanding: the nurse-patient relationship is bidirectional. We both rely on each other. It is the bidirectionality of this special relationship in which feelings of being heard, understood, and cared for arise, and that matters.

Artifact 5: Philosophy of Nursing Paper

In many ways passing the CNA state exam was the gateway into my encounter with several humbling experiences. As time passed I was accepted into nursing school and began the academic curriculum. In NURS 3102: Introduction to Nursing Science with Dr. Herron, I wrote my Philosophy of Nursing Paper. One section of the paper required me to conceptualize the central concerns of nursing. I wrote, “It is important to identify what each patient’s concerns are so that the nurse can best meet those needs and maintain or increase patient satisfaction in regard to feeling cared for, safe, and worthwhile. However, the only way the needs of the patient will be met is if the nurse has a caring attitude.” Without a caring attitude the nurse cannot simultaneously meet the physical and emotional needs of the patient. It is truly wonderful to be working towards a profession in which I can care for
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others by detaching myself from the inevitable mayhem that occurs on a shift and focus on the human self of each of my patients.

This one section of my Philosophy of Nursing paper represents what I feel to be a supporting premise of mattering. Mattering entails depending on others as well as feeling depended on. The only way I see my patients feeling comfortable relying on me is if I offer a caring attitude. The fourth Caritas Process is “developing and sustaining a helping, trusting, authentic caring relationship” (Alligood & Tomey, 2006, p. 116). I must determine what strategies to use to get my patients to open up about their concerns so that we can begin the road to recovery. For example, my patient may be concerned about understanding his disease process and is embarrassed to ask because he has been in the hospital before for the same reason. By being inviting and open, perhaps I can encourage him to voice his concern and then educate him to make him feel part of the team. I have had my share of triumphs and struggles in clinical.

I once worked with a post-operative who was recovering from a surgery for a hiatal hernia. He had a nasogastric tube, a tube inserted through the nose that is placed in the stomach, to suction abdominal contents and keep his stomach decompressed. He had such a minimal understanding of what its purpose was and why he could not eat anything just yet. He was frustrated and resistant to my help in the beginning. I took time to explain to him what surgery he just had, the purpose of the tube, and the type of diet he could expect to have after the removal of the tube. We had a good day together, and when it came time for me to leave the floor, he asked when he was going to see me again. I was thankful for the compliments and well wishes that he gave me. I think we accomplished what we needed to in our time together—completion of appropriate activities of daily living, engagement in education, and maintenance of trust and feelings of support. Having meaningful interactions with my patients is all I can hope for and try to make happen. Establishing trust puts a good day in action.

The hardest part of the nurse-patient relationship may be establishing trust. It is essential for the relationship to go well, and it may be the most difficult thing to initiate. By not giving up on the patient who cannot talk due to a brain injury or the patient who does not understand his disease process, by not making assumptions about someone’s culture, by not being preoccupied about personal challenges when
in the presence of a patient, I can make the people I care for feel cared for. Perhaps part of my success with my patients in clinical or clients at work is my ability to see the potential in others. I took a StrengthsFinder test through The Gallup Organization while I was enrolled in my CNA class to identify what my strengths were. I felt that I would be more in tune with my behaviors and how I related to others if I sought out information on my natural abilities.

My Signatures Themes report identified a strength of mine as being a “developer,” or someone who sees the potential in others. It felt odd to read about myself, but I was excited to learn that the test had taken notice of this as a strength—and I feel it is true. Every person has so much to offer, learn, grow from, and do. I do not view what many people may deem as a disability a disability. I get frustrated when I hear people talk about how their peers are incapable of learning and are doing terrible in the class. It bothers me when my clients at work feel defeated that they can no longer go about their daily routines without some sort of assistance. With the right attitude and drive, knowledge of resources, and/or a support system, any individual can be successful in his or her own way. It is my role to encourage the right attitude, promote someone’s motivation, make people aware of the resources available to help them, and be part of their support system. It is my hope that these actions make people aware of their potential and feel that they matter. This is a big undertaking considering how many nurses become fatigued and hardened over time.

As I am learning the profession and developing my nursing philosophy, I am eager to be accountable for my patients. It is natural for me to express my concern for my patients, and I hope that my attitude towards the compassionate side of nursing remains that way. While the Estonian study illustrated that most nurses were self-determined and intrinsically motivated, we sometimes see that nurses who entered the profession truly caring now behave differently and do not embody the characteristics of a nurse. I am curious what causes that shift and how I can avoid it.

There are several reasons why a nurse’s enthusiasm for the profession may dwindle with time. The nature of nursing is demanding. There is little time to recharge. In my experience whenever one patient is discharged, the nurse is preparing to admit another patient to the floor. Whenever the nurse sits
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down to chart her morning assessment, a patient rings his call bell. Whenever a nurse’s night shift ends, there is always “one last thing” to do in order to assist the day nurse. While a nurse struggles with being pulled in many directions at once, it is possible to avoid allowing a feeling of being worn out to affect one’s performance as a nurse. Jackson et al. (2007) offer the concept of resilience as a means to maintain performance.

Jackson et al. (2007) believe that the development of resilience, an essential quality to possess in nursing, happens through (1) building positive professional relationships through networks and mentoring; (2) maintaining positivity through laughter, optimism, and positive emotions; (3) developing emotional insight to understand one’s own risk and protective factors…; (4) using life balance and spirituality to give one’s life meaning and coherence; (5) becoming more reflective to help in finding emotional strength and assist in meaning-making in order to transcend the present ordeal (as cited in McAllister, 2013). A patient relies on his nurse to travel with him on his road to recovery; the nurse who believes in the basic dignity of a person, takes pride in her work, and is aware of the strategies she must use to keep a level head will accept that challenge, and that matters. My next artifact explains how I have utilized my faith to nurture my resiliency and purpose.

Artifact 6: Catholic Prayers

A significant guiding force in my life is religion. I was raised in a Catholic household since infancy. Nightly prayers, learning about the sacraments, receiving sacraments, attending Mass each week and on Holy Days of Obligation, and completing my dad’s “Jesus Questions” were part of my regimen. As I got older I was able to speak with my parents about the struggles I encountered through a lens of faith. What I had been taught as a child could be applied to these conversations. My sixth artifact consists of two prayers I say regularly, the Memorare and the Serenity Prayer. They represent a commitment to my faith in that I must pray about and live what I believe. My faith grounds me and guides my interactions with others. Before I explain the meaning of each prayer, I would like to provide some context as to how religion came to be such a powerful force in my life.
A monumental experience that contributed to my view of the power of faith was my mom’s conversion from Judaism to Catholicism through the Rite of Christian Initiation of Adults (RCIA) program. I was in grade school when my mom followed through with this decision. There were certain requirements to be met, just as one must take certain courses in an academic program, but with many things, the priority requirement was a desire to be there. My mom was required to attend Mass every Sunday. We as a family shifted our Mass time to 10:30 every Sunday morning, since this was the RCIA Mass. Before the Celebration of the Eucharist began, the individuals who were going through this process would leave the church and walk over to a classroom in the connected school. A priest conducted the class, and by the time my dad, sister, and I were finished with Mass, my mom had just a little longer in class. In the meantime, we would socialize in the school auditorium and take advantage of the complimentary bagels and cookies. It was beautiful to see such life and optimism each week. Those who had a deep connection to the church understood the significance of welcoming others into the faith. My dad served as my mom’s sponsor, which shows his commitment to her. I feel so fortunate to have the parents that I do because they were there to support each other during a major transition in our family’s life. Seeing the loving example that my parents set and having contact with so many wonderful people made church a welcoming and safe place. I am constantly working on my prayer life, but I would not be as close as I am to my faith had I not been immersed in it during my mom’s time in the RCIA program.

I am proud that religion still holds a special place in my life. It is a privilege to be able to identify with other Catholics in college. Many individuals waiver in the faith once they leave home for the first time, and Catholic beliefs have become increasingly unpopular in a society that preaches several opposing ideas—two difficult ideas to contend with as one enters some of the most transformative years of life. Is it easier to follow the ideas of society that consume us on social media or those of a structured religion? Because my faith was introduced to me in such a positive light at such an early age, it has remained an influential force up to the present day. In addition to having this rock to turn to when I get overwhelmed in school or in my relationships, my faith teaches me to treat others with dignity, a God-given right we all possess.
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When one sees another person as worthwhile and deserving of respect, that person feels valued. My goal as a nursing student and conceivably as a future nurse is to do what is best by acting on my belief that everyone deserves respect. When I “do what is best,” I am working in the interest of another person. When people are made to feel as though they have a place—that they matter—then I have done what is best. Involving my patients in their care, encouraging good habits, giving a rationale for why a decision may be counterproductive, and allowing my patients to express their thoughts are all ways in which I try to make others in the clinical setting feel important. I can expect that some days will be challenging. It is during these times of tension that I must realize that differences in beliefs may exist, but they should not detract from the focus of providing safe and dignified care.

The first of the two prayers I will share is the Memorare. It invites us to ask the Blessed Mother for daily assistance and guidance. A part that resonates with me is, “… never was it known that anyone who fled to thy protection, implored thy help, or sought thine intercession was left unaided. Inspired by this confidence, I fly unto thee…” Having support in my family, church community, and in the prayers I say strengthens my religious backbone, making my central belief of dignity that much easier to implement in reality.

The Serenity Prayer also has personal meaning based on what stage I am in life. The opening lines in particular—“God, grant me the serenity to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference”—hold different meaning for different situations. Most recently I have interpreted these lines as they relate to nursing. I worry sometimes that I will not be able to make a huge difference in the lives of my patients. I think about how I may not relate to them, how I may not be perceived as providing the care they expected, how I may have a patient for three consecutive twelve-hour shifts but not leave a positive lasting impression on him, how my actions may not matter. However, I have built up confidence in praying this prayer which tells me to be at peace when I cannot change something and to act bravely when I can make a difference. While I will be sensitive to the diverse religious beliefs that I will encounter in my nursing career, I am called to bring my credence into every facet of my life. That has meant telling the young girl who shared her personal story
of being sexually abused that she means something as a person and is deserving of respect. That has meant telling the older gentleman who just lost his wife that his family will be in my prayers. Engagement in religion provides me with the feeling that there is meaning to my life and is a way for me to bring hope to other people.

Artifact 7: Literacy Autobiography

In addition to feeling supported in my faith by my family, the young Catholics I have met in college, and by the prayers I say, a feeling of support in any new endeavor makes me feel as though someone cares about my success. In ENGL 1103 we worked on three major projects: a literacy autobiography, an inquiry project, and a multi-genre project. My literacy autobiography serves as an artifact that represents a parallel process between learning how to make a sound on the flute and learning how to be a nurse. It also represents the importance of a support system. Just as I was made to feel important by my music teachers spending hours with me each week, I want to make others feel the same. It is important to reflect on what a support system can offer. By exploring my thoughts on how I have been made to feel as though I matter, the desire heightens for others to have that feeling too.

I had the most difficult time trying to get a sound out of my flute. After the music director had introduced all of the instruments during a school assembly one day, I was blown away by how effortless flute playing seemed. It was a beautiful instrument that could make people feel the emotion attached to a song. After my first flute lesson, I rushed home, assembled my new instrument, and sat down in front of the mirror so that I could properly place my lips on the head joint. I achieved somewhat of a wispy sound, nothing to be proud of, and something that definitely needed work. I attended a piano lesson four days later, and that music teacher had asked about my progress with the flute. I expressed my frustrations, and she took out her flute and recommended that I practice getting my first sound by only using the head joint. Upon incorporation of her suggestion later that night, I had achieved my first full sound. Rather than focusing on the fingerings that my flute teacher had drilled into our heads—“Left and right pointer fingers down; your left thumb presses this key, and your right pinky goes here,”—I focused more on the way my lips were positioned on the mouthpiece. Ultimately it was the positioning of my
lips, not of my fingers, that caused me to not produce a sound. My piano teacher had a broad musical knowledge base, so it does not surprise me that she could help with a flute issue, but it is ironic that a piano teacher, someone who constantly focused on correct fingerings, was able to identify my problem of focusing too much on fingerings and direct my attention to a solution relating to the position of my lips.

The processes of learning how to play the flute/achieving music literacy and learning how to be a nurse/achieving nursing literacy are similar. There is preparation, reading, practice, examination, feedback, guidance, and improvement in both progressions. Additionally, an important element of mattering is having a support system—having someone who cheers on another person, the idea of reliance that Elliot et al. (2004) explain. Just as I was encouraged in the beginning my music literacy journey and consequently did not have faltering self-esteem, Rosenberg (1965) explores how adolescents feel about themselves after receiving supportive reactions from their parents about their academic performance.

Rosenberg (1965) explains that there are three responses that parents may offer to an adolescent regarding his poor grades: (1) punitive reactions; (2) supportive reactions; (3) indifferent reactions. Adolescents who received support from their parents for their academic performance had the highest self-esteem. Elliot et al. (2004) attribute this finding to the belief that these adolescents knew they mattered to their parents. One may think that the adolescent who received criticizing remarks would have the lowest self-esteem, but the findings showed that adolescents whose parents were apathetic to their performance in school had the lowest self-esteem. Although it is frustrating to be reprimanded for doing poorly in school, some type of response was better than no response, that is, “to be punished is to be convinced that parents really care, even if that caring is not pleasurable” (Elliot et al., 2004, p. 341). When I reflect on Rosenberg’s findings, I am reminded of the importance of a support system.

In the endeavor of achieving music literacy, I was supported by my flute and piano teachers. Not once did they become frustrated, as I did, when time after time I could not produce an audible sound on my flute. They provided constructive feedback for me to take home and incorporate. While one teacher was a more constructive sponsor than the other, as she offered more developmentally appropriate suggestions for producing a sound on my flute, I began my journey of achieving music literacy with two
understanding and persistent literacy sponsors on my side. I am currently on the journey of achieving nursing literacy.

I sometimes struggle with learning this literacy. It is not that I cannot learn or that I do not like to, but learning requires asking for help. Oftentimes I feel unprepared to begin to work as a nurse because there is an overwhelming amount of information that I do not know but want to know, an overwhelming number of skills that I do not feel completely confident performing, but want to feel confident with. I want to be self-sufficient when I graduate, and I look forward to the responsibility that I will have as a nurse. However, familiarity with and mastery of a different language comes with time and develops with the guidance of clinical instructors and classroom professors. I will need to rely on others, and it is okay to accept help. I have perceived a supportive environment in nursing school, which has enabled me to believe that I matter. The wellbeing of my nursing student identity is partly contingent on the manner in which my instructors work with me—if I am approached with constructive criticism, then I feel as though I matter and that my instructor wants me to learn from my mistakes—and partly contingent on how I internally view the profession—I believe that nurses have a purpose in the lives of others and that I can contribute to that prospect. I can recall several times when I have received encouragement from my clinical instructors despite making mistakes.

I had an experience in clinical in which I was having difficulty drawing up into a syringe the entire amount of heparin, a medication given to patients to prevent the formation of blood clots. I ended up wasting some, and my clinical instructor and I had to remove another vial of heparin from the medication room in order to finish drawing up the correct dose. He did not express frustration or anger, but instead reassured me that with time, I will be able to manipulate the syringe and vial with more dexterity and draw up the entire vial in one sitting. Having a supportive clinical instructor who pointed out my error and suggested improvements for the future made the situation seem okay. He reminded me that I am learning. I would have learned a lesson, too, if I had received criticism for the way I drew up the medicine. However, his supportive reaction to my accidental mishap allowed me to continue to move
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through the clinical day with confidence. My decision to choose nursing as a profession is further solidified when I encounter supportive professors who offer their time and insights to their students.

In addition to being the recipient of supportive reactions by my clinical instructors, family, professors, friends, and parish, I am part of the support system for my patients in clinical, my clients at work, the individuals whom I tutor, my family, and my peers. I am pursuing nursing because I want to apply a scientific knowledge in a compassionate way for the betterment of other people. I tutor because I love learning, and I want to help students fill in the missing pieces or be the person whose explanation finally made it click for them. Neither of these goals could be achieved without a belief in the importance of a support system.

Conclusion

My project, Mattering: Implications for Self and Others, brings the reader through my thoughts on having significance in world, which, in the context of the three questions I initially posed, depends on several things. Ultimately, here are my conclusions: Firstly, I make people feel as though they matter through a caring attitude. I have a genuine concern for the people I look after, work with, and who are close to me. As I step into my nursing role, this concern translates to the belief that my patients matter to me. Secondly, I engage in things that matter by identifying what I find meaningful and what has personally relevant purpose and creating my path. Poverty alleviation is a cause that is dear to me. I know how comforting “home” is, and I want others to experience that comfort, security, and ownership. I discovered Habitat for Humanity, and I build often. Thirdly, I matter because I care for others and engage in meaningful work, the facts in the first two questions I pose. I am a productive citizen because I have created a role for myself, whether that is nursing student, granddaughter, sister, tutor, UHP member. It is important for me to shape whatever I am part of and for me to learn from whatever I am part of, but it is unacceptable for me to solely shape me without me contributing to its growth.

How I make people feel cared for, engage in worthwhile activities, and matter myself is a work in progress. I will continue to be influenced by my thoughts on the nature of nursing as they relate to my
understanding of Watson’s Theory of Caring, personal volunteer and CNA experiences, intrinsic motivation, my religious beliefs, and the support systems that surround me. By being mindful of several things—my ability to be present, tone of voice, an awareness of exhibiting care, an optimistic disposition, and a level of resilience that will mature with time, I will grow in the ways in which I can live out my full potential in caring for others—and that definitely matters.
References


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