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Introduction of the Engaged Feedback Reflective Inventory During a Preceptor Training Program

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The purpose of this article is to explore how effective communication, in the form of engaged feedback, may aid in the self-care of the preceptor and an improved working relationship between preceptor and orientee. The application of the Engaged Feedback Reflective Inventory offers opportunity for both new and seasoned preceptors to discover growth opportunities in the realms of effective communication and self-care. Further research needs to be conducted in order to assess improved outcomes post training.

The purpose of this article is to explore how effective communication, in the form of engaged feedback, may aid in the self-care of preceptors and an improved working relationship between preceptor and orientee. *Engaged feedback* is a method of effective communication that is rooted in respect, shared accountability, and partnership between stakeholders. It promotes strength-based learning, illuminates opportunities for growth, encourages leadership development, and prevents a disempowered, uncomfortable work environment (Brown, 2012). In addition, it acknowledges that vulnerability is at the heart of the human condition and the nursing profession, and that it is the basis for courage, compassion, and connection (Sellman, 2005; Brown, 2010). *Self-care* may be defined as, "Tending to (or attention to) the mind, body, and spirit through activities such as creative expression, physical exercise, time in nature, mindfulness, and healthy eating" (Shields, Levin, Reich, Murnane, & Hanley, 2016, p. 321). The relationship between communication and self-care is explored in the literature noted below.

Giving and receiving feedback is a mainstay of nursing practice and particularly of the preceptor–orientee relationship. Foy, Carlson, and White (2013) report that over 65% of preceptors rate learning to give feedback as "extremely important," with more than 41% considering preceptor stress management, a form of self-care, as "very important" (p. 67). One possible inference is that a converse relationship exists between the ability of the preceptor to provide effective feedback and simultaneously prioritize self-care. What if preceptors could learn that effective communication can function as one aspect of the self-care they require to maintain orientation success, build healthier relationships with orientees, and experience a sense of well-being?

Swihart (2007) identified the varied consequences of both positive and negative feedback. Positive feedback, which is delivered by the preceptor constructively and reinforces desirable behavior, helps to afford feelings of accomplishment for the orientee and encourages their continued learning. On the other hand, negative feedback, which is given in a nonconstructive manner, disrupts an effective learning process and may demoralize and devalue the recipient. For example, when an orientee forgets to document vital signs before administering an antihypertensive medication, the preceptor needs to address the error in a timely manner. Positive feedback might question the orientee's thought process, assess their need for further instruction, and acknowledge the part of the medication administration process they executed successfully. Negative feedback might shame or blame the orientee, contributing to their self-doubt or insecurity in carrying out future protocols. Both methods address what went wrong and review the events leading up to the error, but they have significantly different outcomes on the orientee's morale and confidence. Clearly, it is not enough for the preceptor to be "positive." Preceptors must move past content-based feedback and learn to be conscious of *how* feedback is delivered.

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Nursing professional development (NPD) practitioners may encourage preceptors to use engaged feedback as one possible method to foster positive communication strategies. Using Brown's (2012) *Engaged Feedback Checklist*—principles that promote vulnerability and self-awareness in communication with others—NPD staff created a series of self-guided questions based on each of the 10 guideposts to support preceptors' personal reflection. The resulting Engaged Feedback Reflective Inventory, shown in Table 1 and discussed in this article, was introduced during a major urban academic medical center's preceptor training self-care module and provides a theoretical foundation for further qualitative research.

Observations by NPD staff managing the preceptor training program noted that, although the program covered topics such as the preceptor role, organization methods for the preceptor, and how to validate competencies and assess orientee learning needs, there was a vital component missing that contributes to the success or failure of the preceptor–orientee relationship: communication. The development of the Engaged Feedback Reflective Inventory emerged from conversations that suggested the link between communication and self-care. The inventory was created to connect authentic communication strategies and self-care for the preceptor and to emphasize the importance of interpersonal engagement in the preceptor–orientee relationship. Through use of the personal inventory, preceptors may self-reflect on their own communication strategies and increase awareness regarding *how* they communicate. This self-reflection method provides an opportunity for the preceptor to care for self and deepen self-understanding in the process.

Returning to the example of the medication administration error mentioned above, if a preceptor is able to reflect on how he/she addressed the problem, he/she can come to learn the difference between holding someone accountable and shaming them. If the preceptor is able to improve communication habits as a result of this

TABLE 1 Engaged Feedback Reflective Inventory

Engaged Feedback Checklist (Brown, 2012)	Reflective Inventory Questions
1. I'm ready to sit next to you rather than across from you.	*How do I sit with my orientee, emotionally and physically, and prepare to engage with them? Do I give thought or consideration toward how my body language affects their perceptions and ability to listen and perform?*
2. I'm ready to put the problem in front of us rather than between us (or sliding it toward you).	*Am I willing and able to look at challenges objectively? Can I avoid making things personal and decide to look at the big picture?*
3. I'm ready to listen, ask questions, and accept that I may not fully understand the issue.	*Can I let go of assumptions and address concerns in the moment as they arise? Can I ask for clarification and forfeit my role as "expert" in order to further effective teaching-learning?*
4. I want to acknowledge what you do well instead of picking apart your mistakes.	*Can I actively identify and acknowledge my orientee's successes? Can I encourage their confidence by celebrating accomplishments?*
5. I recognize your strengths and how you can use them to address your challenges.	*Can I focus on and build my orientee's strengths? Can I help them to utilize those strengths in facing obstacles and challenges?*
6. I can hold you accountable without shaming or blaming you.	*Am I able to accept that mistakes will be a normal and expected part of the orientation process? Do I know how to differentiate between holding someone accountable and attacking them?*
7. I'm willing to own my part.	*Do I actively seek out, own, and express responsibility for my part in the day-to-day orientation process? Do I remember that orientation is a cocreated experience and joint venture for which I both own and play a part?*
8. I can genuinely thank you for your efforts rather than criticizing you for your failings.	*Do I recognize and thank my orientee and his/her efforts each day? Do I thank myself each day for showing up and being available?*
9. I can talk about how resolving these challenges will lead to your growth and opportunity.	*Is my focus on my orientee's growth or failure? Do I resolve challenging situations quickly or allow them to be prolonged unnecessarily?*
10. I can model the vulnerability and openness I expect to see from you.	*Do I walk the walk or just talk about what "they" should be doing? Do I value vulnerability and honesty in my professional relationships, or do vulnerability and honesty make me uncomfortable?*

The items under the Reflective Inventory Questions column were created by Rosa & Santos in response to the Engaged Feedback Checklist by Brown (2012).

self-inquiry, they may be able to decrease stress and unnecessary confusion in the relationship with their orientee. Decreased stress and more clarity in working relationships may contribute to more positive and healthier working environments. In this way, effective communication actually becomes a method of self-care for the preceptor. Prior to describing the structure of the class offered, the technical-interpersonal roles and responsibilities of the preceptor, the call for self-care in nursing, the notion of communication as self-care, and the significance of integrating vulnerability and authentic presence education into preceptor preparation are addressed.

BACKGROUND AND SIGNIFICANCE

Preceptor Technical-Interpersonal Roles and Responsibilities

Bureaucratic constraints, clinical obligations, and time-sensitive orientation scheduling may erroneously lead preceptors to believe that their sole priorities in teaching orientees are to familiarize them with administrative policies, institutional standards, unit-based protocols, and technical competencies. Various preceptor training programs (Finn & Chesser-Smyth, 2013) acknowledge that skills necessary "to teach and facilitate" and "to maintain standards" are vital to a fruitful orientation experience, yet "role modeling" and the "ability to provide continuous constructive feedback" still rank high among preceptor competencies and indicators of performance. In short, effective communication is still ranked paramount among overall preceptor learning needs. Preceptors wear several hats to guide the professional development and autonomous growth of the new nurse. These hats include not only socializer, evaluator, educator, and protector but also servant leader, coach, encourager, and role model. (Boyer, 2008; Swihart, 2007).

An inherent component of preceptor success is their understanding that, "preceptors are role models that teach, nurture, exemplify, reach out, and support nurses helping them become independent practitioners," and that, in essence, the preceptor–orientee dyad is built on a healthy "partnership" (Delfino, Williams, Wegener, & Homel, 2014, p. 123). When a dignified working relationship becomes the priority, nurses have the potential to enhance ways of working, promote person-centeredness, and inspire flourishing within the workplace for all involved (Yalden & McCormack, 2010). For example, when the preceptor is able to prioritize the individual learning needs of the orientee, create a safe environment for authentic communication, and nurture partnership, both the preceptor and orientee may feel an increased sense of trust and ease in the relationship. The most successful transitions for the new nurse entering professional practice exist in positively reinforced environments where preceptors address not just the technical but also the human components of the job (Bradley et al., 2015). The preceptor can adequately nourish the importance of such an interpersonal relationship only when he/she receives the training to mentally, physically, and emotionally do so (Washington, 2013).

The Call for Self-Care

Providing self-care education for all nurses has been promoted by the American Nurses Association (Blum, 2014; Richards, Sheen, & Mazzer, 2014) and is included in the scope and standards of practice for national professional organizations, such as the American Holistic Nurses Association (n.d.) and the American Association of Critical-Care Nurses (Bell, 2007; Mariano, 2013). Data reflect that as the responsibilities of caring for others increases—such as the demands placed on the preceptor while navigating the learning process of a new orientee—poor self-care management ensues. These demands further the need to continuously create, implement, and reassess the quality of self-care training offered to students and nurses (Ashcraft & Gatto, 2015).

Self-care is essential for the health and well-being of all nursing professionals. In the absence of self-care knowledge and application, nurses are at an increased risk for experiencing nursing-specific malignancies, such as compassion fatigue, moral distress, burnout, and nurse-to-nurse bullying (Rosa, 2014b). Compassion fatigue refers to emotional, mental, physical, and spiritual depletion among nurses repeatedly exposed to trauma, loss, and human suffering (Houck, 2014; Lombardo & Eyre, 2011). Compassion fatigue results in a host of symptoms such as increased mental, physical, and emotional exhaustion; detachment and depersonalization during patient care; and compromised working relationships to name a few. Moral distress arises when one knows the morally correct action or response to a situation but is unable to pursue it due to administrative or hierarchical constraints, such as being required to follow a physician's order when the nurse is in ethical disagreement about its appropriateness. Moral distress has been observed in clinicians who face difficult care situations and ethical dilemmas within their practice settings (Jameton, 1984; Oh & Gastmans, 2015). Burnout can be described as a work-related exhaustion related to environmental frustrations that may contribute to increased absenteeism, turnover, and disengagement, in addition to exorbitant organizational costs. It affects all nurses, particularly those in high-intensity settings (Consiglio, Borgogni, Alessandri, & Schaufeli, 2013; Rushton, Batcheller, Schroeder, & Donohue, 2015). The American Nurses Association's (2015) Professional Issues Panel on Incivility, Bullying, and Workplace Violence acknowledges nurse-to-nurse bullying and its harmful effects as a threat to the profession's integrity and encourages nurses and employers to build healthy and safe work environments. Preceptors need to remain alert on how they can provide support to new nurses who are

particularly vulnerable to such horizontal violence (Rush, Adamack, Gordon, & Janke, 2014).

When the integrity of the nursing care team is weakened through individual self-care neglect, the work milieu becomes vulnerable to the nursing-specific malignancies mentioned previously. This vulnerability can then impact intraprofessional team stability and the quality of care provided and heightens the risk for adverse patient events (Van Bogaert et al., 2014). Healthy work environments are those that promote self-care strategies, provide nurses with the time to implement them, and nurture caring-healing environments for all staff. The benefits of such a work milieu leads to improvements in patient outcomes, significant increases in staff satisfaction, and a marked decrease in staff turnover, which may also contribute to a notable cost savings for healthcare institutions (Desmond et al., 2014). The effective delivery of self-care training to preceptors by NPD practitioners may be just one intervention to promote health and well-being for individuals, teams, and hospitals as a whole.

COMMUNICATION AS SELF-CARE

Several research-based, medical, and healing traditions acknowledge the art of compassionate communication and the ability to speak one's truth as essential to overall health and well-being (Shields & Wilson, 2016). For example, yogic philosophy describes the throat area as an energy center that maintains vitality through the full and empathic communication of one's inner emotional life (Desikachar, 1995). Ayurveda notes that the way to effectively deal with the unwanted effects of negative emotions is to observe and thoroughly release them in order to prevent physiological imbalance and the formation of disease-causing toxins (Lad, 1990). Acupuncture acknowledges that the failure to fully express and move mental-emotional stagnation may block the energetic pathways or meridians of the body, causing pathophysiological consequences at the nervous or vascular level (Gerber, 2000). Energy healers and medical intuitives have documented in the literature the far-reaching health risks associated with ineffective communication, emotional isolation, and the inability to fully express oneself in relationship with others (Brennan, 1987; Myss, 1996).

As evidenced above, there is a clear connection between the ability to communicate effectively and the health and well-being of the communicator. Learning to provide engaged feedback is one method of communication that allows the communicator or preceptor, in this scenario, to engage vulnerability, handle and manage uncertainty, find compassion for the lived experience of the orientee, and care for themselves while creating a healthy and dependable work environment. The preceptor's ability to understand his or her inner self, connect with the mental-emotional variables that influence their behavior choices and communication patterns, and use this knowledge to inform moral practice has the potential to create a caring relationship that is, in and of itself, healing (Watson, 2008). Engaged feedback provides opportunity for the preceptor to mature as both an individual and teacher-leader and attend to the ethical priorities at hand within the orientation process and the whole of their professional practice.

Preceptors are teacher-leaders in their own right, and there is a wealth of training needed to support them in authentic relationship building with orientees—relationships that result in a caring experience. "Nurses have long been clear about a teaching role…[and] even though teaching…[is] mainstream, the dialectic, transpersonal aspects of teaching-learning and the importance of the caring relationship as context [is] often overlooked" (Watson, 2008, p. 125). Without such a context, the competencies and administrative priorities that are characteristic of the orientation process dictate the relationship, rather than the self-awareness, sensitivity, and loving consciousness necessary to create a healing environment (Watson, 2008). When such a reflective and mindful interaction exists within the preceptor–orientee dyad, communication as self-care becomes evident.

Emphasis on Vulnerability and Authentic Presence

Cultivating an understanding and practice of both vulnerability and authentic presence is essential to effective communication, self-care, and communication as self-care. Vulnerability is a normal emotion and an everyday occurrence of the human experience and arises from the inherent anxiety resultant of the knowledge that each person is conscious, separate, and mortal (Gulino Schaub & Burt, 2016). Brown (2012) notes, "Vulnerability isn't good or bad: It's not what we call a dark emotion, nor is it always a light, positive experience. Vulnerability is the core of all emotions and feelings. To feel is to be vulnerable" (p. 33). Vulnerability is often falsely viewed as "weakness" due its associated feelings of uncertainty, risk, and emotional exposure, and yet, it has been shown to be the birthplace of love, belonging, joy, courage, empathy, and creativity (Brown, 2012). Being sensitive and aware of one's personal relationship with vulnerability when engaging with others may be the key to acting ethically and embracing one's own authentic power (Gjengedal et al., 2013). Orientees and new nurses, in general, like the patients they care for, do not have the privilege of choosing to be vulnerable (Rosa, 2014a); they are placed in uncertain environments and are expected to manage risky circumstances where emotional exposure is notably heightened each day.

When the preceptor learns how to connect with inherent vulnerability and, in so doing, understands how to be authentically present with an orientee, the preceptor may listen more effectively. The preceptor will then be more available to the task at hand with integrity and honesty and honor the orientee's belief system, enabling the

orientee to feel his/her own sense of faith and hope amidst vulnerability (Watson Caring Science Institute, 2010). Learning to be authentic requires personal introspection and a commitment to engage with another from a space of such vulnerability. For example, when the preceptor observes the orientee facing a clinical obstacle, the preceptor might reflect on his/her own personal challenges and demonstrate empathy and patience. By understanding that obstacles are a shared human experience, the preceptor has the opportunity to further their relationship with the orientee and deepen the communication experience.

SELF-CARE MODULE FOR PRECEPTORS FOCUSED ON ENGAGED FEEDBACK

The Department of Nursing Education at New York University (NYU) Langone Medical Center developed and taught a program to support nurses to better fulfill the responsibilities of the preceptor role. As new nurses are hired, it is important to support preceptors with ongoing professional development. The program is offered four times a year and is attended by nurses who have or will orient a new nurse to the organization. The class size is normally between 40 and 60 nurses and is taught in face-to-face format. The nurses are able to attend the program as many times as they would like throughout their career at NYU Langone Medical Center. A nurse may choose to retake the course in order to further develop preceptor skills, to clarify how institutional goals for orientation have changed over time, or to engage in self-care practices.

The objectives of the preceptor program offered at NYU Langone Medical Center are listed in Table 2. Specific to the purposes of this article, the "Self-Care for the Preceptor" module describes the importance of self-care throughout the preceptor process in order to prevent preceptor burnout and encourage a healthy work environment. Discussion and self-reflection focused on identifying ways to provide and receive engaged feedback with others, specifically within the preceptor–orientee dyad. The session also explored rationales for demonstrating authentic presence, integrity, and vulnerability within professional relationships. In addition, NPD practitioners guided participants in dialogue to share the self-care modalities preceptors use to help ground, center, and focus their energy when working with orientees.

TABLE 2 Objectives of New York University Langone Medical Center's Preceptor Training Program

1. Identify the purpose for carrying out the orientation program
2. Identify the responsibilities of those participating in orientation
3. Apply principles of adult learning to carry out the preceptor role
4. Utilize Benner's theory of novice to expert and Kramer's reality shock in assessing the needs of the orientee
5. Outline strategies that enable precepting to be incorporated into the work environment
6. Utilize critical thinking to address the challenges within preceptorship
7. Discuss strategies for self-awareness and self-care in the preceptor role

Introduction of the Engaged Feedback Reflective Inventory

Inventory work can be thought of as reflective practice or an opportunity for personal or professional reflection. One of the most well-known examples of inventory work is the model used by Alcoholics Anonymous (2001), which acknowledges that "[t]aking commercial inventory is a fact-finding and fact-facing process…" (p. 64). When the inventory relates to personal development, one has the chance to quickly identify and address individual shortcomings and opportunities for growth. Partaking in fearless, conscientious moral inventory work is an introspective journey for individuals interested in relieving themselves of resentments, guilt, remorse, shame, fear, and building their self-understanding with pride, warmth, love, and kindness (Hazelden, 1992). This work can be achieved through journaling, meditation, self-inquiry, therapeutic dialogue, or reflective questioning. The application of this practice may afford preceptors increased mental clarity and aid them to be more available to situations and stresses as they arise, without being solely informed by past patterns, beliefs, or self-imposed limitations.

Inventory work has been applied to nursing in exploring self-care practices, as well as system-wide perspectives on dignified end-of-life care (Rosa, 2014c, 2014d). Table 1 shows the Engaged Feedback Reflective Inventory, adapted from Brown's (2012) *Engaged Feedback Checklist* to more specifically focus on preceptor introspection. The left-hand column shows the *Engaged Feedback Checklist*, and the right-hand column provides reflective questions created by the NPD staff. In the classroom setting, the NPD practitioner uses the questions provided to engage preceptors on a mental-emotional journey through their personal views on precepting. Through dialogue, the NPD practitioner assists preceptors to consider their level of individual accountability in their relationships with orientees, the ways they listen to and speak with others, how they promote success in the orientation process, and their own level of comfort with vulnerability. Preceptor participants are encouraged to use the inventory in a quiet and individual setting post training for further reflection. In this "fact-finding" and "fact-facing" process, the preceptor

has ample opportunity to identify outdated communication patterns that hinder their success and create new ways of relating with others through engaged feedback mechanisms. Through classroom dialogue, individual and group inquiry, and insightful exercises as mentioned above, the questions posed may allow preceptors to identify their strengths and weaknesses, create solutions, and develop resilience while employing effective communication and engaged feedback strategies with orientees and all colleagues.

The purpose of this inventory is to give preceptors an opportunity to explore their personal views and experiences regarding precepting as well as their pre/misconceptions about which approaches and behaviors constitute effective communication. This was the first attempt in the preceptor training program to link effective communication with self-care for the preceptor. In-module feedback from participants focused on its ease of use and ability to start meaningful dialogue between program participants within the classroom setting. Further research is being conducted on long-term outcomes and the ability of preceptors to adopt the inventory in their professional relationships with orientees.

NURSING IMPLICATIONS

The application of the Engaged Feedback Reflective Inventory offers opportunity for both new and seasoned preceptors to discover growth opportunities in effective communication and self-care. Further qualitative research needs to be conducted in order to assess the outcomes of preceptor perspectives and experiences post training. During future evaluations of the preceptor program, anticipated outcomes include improvement in the preceptor's abilities to recognize accountability for their relationship with the orientee, effectively assist others throughout the orientation process while incorporating principles of adult learning, facilitate the progression of an orientee from "reality shock" toward competent clinical practice, and apply engaged feedback in communication exchanges with the orientee. It is expected that, through the use of engaged feedback, the preceptor will learn to foster a caring-nurturing professional relationship with the orientee and that the overall precepting experience will be enhanced going forward. In addition, it is hopeful that the preceptor employing engaged feedback techniques will understand the connection between effective communication and self-care.

CONCLUSION

Self-care for the preceptor is essential to a fruitful and productive orientation process. In fact, self-care is essential for all nurses if work environments are to remain supportive and efficient. Trainings in effective communication and the Engaged Feedback Reflective Inventory offer just one possible contribution toward improved well-being for preceptors and promoting a healthy professional relationship between preceptor and orientee.

References

Alcoholics Anonymous. (2001). *Alcoholics anonymous: The big book* (4th ed.). United States: Alcoholics Anonymous World Services, Inc.

American Holistic Nurses Association. (n.d.). *Join our holistic community—Nurture your self*. Retrieved from http://www.ahna.org/Membership/Member-Advantage/Self-care

American Nurses Association. (2015). *Workplace violence and incivility panel*. Retrieved from http://www.nursingworld.org/Workplace-Violence-and-Incivility-Panel

Ashcraft, P. F., & Gatto, S. L. (2015). Care-of-self in undergraduate nursing students: A pilot study. *Nursing Education Perspectives*, *36*(4), 255–256.

Bell, L. (Ed.). (2007). *AACN scope and standards for acute and critical care nursing practice*. Aliso Viejo, CA: American Association of Critical-Care Nurses.

Blum, C. A. (2014). Practicing self-care for nurses: A nursing program initiative. *Online Journal of Issues in Nursing*, *19*(3), 3.

Boyer, S. A. (2008). Competence and innovation in preceptor development: Updating our programs. *Journal for Nurses in Staff Development*, *24*(2), E1–E6.

Bradley, H., Cantrell, D., Dollahan, K., Hall, B., Lewis, P., & Merritt, S., … White, D. (2015). Evaluating preceptors: A methodological study. *Journal for Nurses in Professional Development*, *31*(3), 164–169.

Brennan, B. A. (1987). *Hands of light: A guide to healing through the human energy field*. New York, NY: Bantam.

Brown, B. (2010). *The gifts of imperfection: Let go of who you think you're supposed to be and embrace who you are*. Center City, MN: Hazelden.

Brown, B. (2012). *Daring greatly: How the courage to be vulnerable transforms the way we live, love, parent, and lead*. New York, NY: Gotham.

Consiglio, C., Borgogni, L., Alessandri, G., & Schaufeli, W. B. (2013). Does self-efficacy matter for burnout and sickness absenteeism? The mediating role of demands and resources at the individual and team levels. *Work & Stress*, *27*(1), 22–42.

Delfino, P., Williams, J. L., Wegener, J. M., & Homel, P. (2014). The preceptor experience: The impact of the Vermont nurse internship project/partnership model on nursing orientation. *Journal for Nurses in Professional Development*, *30*(3), 122–126.

Desikachar, T. K. V. (1995). *The heart of yoga: Developing a personal practice*. Rochester, VT: Inner Traditions International.

Desmond, M. E., Horn, S., Keith, K., Kelby, S., Ryan, L., & Smith, J. (2014). Incorporating caring theory into personal and professional nursing practice to improve perception of care. *International Journal for Human Caring*, *18*(1), 35–43.

Finn, F. L., & Chesser-Smyth, P. (2013). Promoting learning transfer in preceptor preparation. *Journal for Nurses in Professional Development*, *29*(6), 309–315.

Foy, D., Carlson, M. & White, A. (2013). RN preceptor learning needs assessment. *Journal for Nurses in Professional Development*, *29*(2), 64–69.

Gerber, R. (2000). *Vibrational medicine for the 21st century: A complete guide to energy healing and spiritual transformation*. New York, NY: HarperCollins.

Gjengedal, E., Ekra, E. M., Hol, H., Kjelsvik, M., Lykkeslet, E., Michaelsen, R., … Wogn-Henriksen, K. (2013). Vulnerability in health care—Reflections on encounters in everyday practice. *Nursing Philosophy*, *14*, 127–138.

Gulino Schaub, B., & Burt, M. M. (2016). Addiction and recovery counseling. In B. M. Dossey & L. Keegan (Eds.). *Holistic nursing: A handbook for practice* (7th ed., pp. 767–793). Burlington, MA: Jones & Bartlett Learning.

Hazelden, (1992). *Step 4: Getting honest*. Center City, MN: Author.

Houck, D. (2014). Helping nurses cope with grief and compassion fatigue: An educational intervention. *Clinical Journal of Oncology Nursing*, *18*(4), 454–458.

Jameton, A. (1984). *Nursing practice: The ethical issues*. New York, NY: Prentice Hall.
Lad, V. (1990). *Ayurveda: The science of self-healing*. Twin Lakes, WI: Lotus Press.
Lombardo, B., & Eyre, C. (2011). Compassion fatigue: A nurse's primer. *Online Journal of Issues in Nursing*, *16*(1), 3.
Mariano, C. (Ed.). (2013). *Holistic nursing: Scope and standards of practice* (2nd ed.). Silver Springs, MD: American Nurses Association.
Myss, C. (1996). *Anatomy of the spirit: The seven stages of power and healing*. New York, NY: Three Rivers Press.
Oh, Y., & Gastmans, C. (2015). Moral distress experienced by nurses: A quantitative literature review. *Nursing Ethics*, *22*(1), 15–31.
Richards, K., Sheen, E., & Mazzer, M. C. (2014). *Self-care and YOU: Caring for the caregiver*. Silver Springs, MD: American Nurses Association.
Rosa, W. (2014a). Allowing for miracles: The vulnerable choice of intentionality and presence. *Beginnings*, *34*(2), 14–15.
Rosa, W. (2014b). Reflections on self in relation to other: Core community values of a moral/ethical foundation. *Creative Nursing*, *20*(4), 242–247.
Rosa, W. (2014c). Caring science and compassion fatigue: Reflective inventory for the individual processes of self-healing. *Beginnings*, *34*(4), 18–20.
Rosa, W. (2014d). Conscious dying and cultural emergence: Reflective systems inventory for the collective processes of global healing. *Beginnings*, *34*(5), 20–22.
Rush, K. L., Adamack, M., Gordon, J., & Janke, R. (2014). New graduate nurse transition programs: Relationships with bullying and access to support. *Contemporary Nurse*, *48*(2), 219–228.
Rushton, C. H., Batcheller, J., Schroeder, K., & Donohue, P. (2015). Burnout and resilience among nurses practicing in high-intensity settings. *American Journal of Critical Care*, *24*(5), 412–420.
Sellman, D. (2005). Towards an understanding of nursing as a response to human vulnerability. *Nursing Philosophy*, *6*, 2–10.
Shields, D. A., Levin, J., Reich, J., Murnane, S., & Hanley, M. A. (2016). Creative expressions in healing. In B. M. Dossey & L. Keegan (Eds.). *Holistic nursing: A handbook for practice* (7th ed., pp. 321–343). Burlington, MA: Jones & Bartlett Learning.
Shields, D. A., & Wilson, D. R. (2016). Energy healing. In B. M. Dossey & L. Keegan (Eds.). *Holistic nursing: A handbook for practice* (7th ed., pp. 187–220). Sudbury, MA: Jones & Bartlett Learning.
Swihart, D. (2007). *The effective nurse preceptor handbook: Your guide to success* (2nd ed.). Danvers, MA: HCPro.
Washington, G. T. (2013). The theory of interpersonal relations applied to the preceptor–new graduate relationship. *Journal for Nurses in Professional Development*, *29*(1), 24–29.
Watson Caring Science Institute. (2010). *Core concepts of Jean Watson's theory of human caring/caring science*. Retrieved from http://watsoncaringscience.org/files/Cohort%206/watsons-theory-of-human-caring-core-concepts-and-evolution-to-caritas-processes-handout.pdf
Van Bogaert, P., Timmermans, O., Weeks, S. M., van Heusden, D., Wouters, K., & Franck, E. (2014). Nursing unit teams matter: Impact of unit-level nurse practice environment, nurse work characteristics, and burnout on nurse reported job outcomes, and quality of care, and patient adverse events—A cross-sectional survey. *International Journal of Nursing Studies*, *51*(8), 1123–1134.
Watson, J. (2008). *Nursing: The philosophy and science of caring* (Rev. ed.). Boulder, CO: University Press of Colorado.
Yalden, B. J., & McCormack, B. (2010). Constructions of dignity: A pre-requisite for flourishing in the workplace? *International Journal of Older People Nursing*, *5*, 137–147.