Relational Primacy Over Achievement: How Filipino Nurses Define Professional Success

Allan M. Manaloto*[1], Maria Luisa S. Maxilom[2], Marisol W. Nerier[3], Elino A. Nerier, III[4], Jocelyn E. Velasco[5], Michael Jerald M. Lising[6]

[1]Bulacan State University, City of Malolos, Bulacan, Philippines
[2,3,4,5] La Consolacion University Philippines, City of Malolos, Bulacan, Philippines
[6] Systems Plus College Foundation, Angeles, Pampanga, Philippines
Corresponding author email: allanmanaloto2021@gmail.com

Abstract

Aim: This study explored how Filipino registered nurses define professional success across diverse practice settings and career trajectories, moving beyond conventional achievement-based paradigms.

Methods: A qualitative descriptive design employed written narrative responses via Google Form from 23 registered nurses across hospital (n=9), academe (n=9), and community settings (n=5), with 1-28 years' experience. Data analysis followed Miles, Huberman, and Saldaña's (2014) framework using systematic two-phase coding, cross-case comparison, and construct development.

Results: The Humanistic Professional Success (HPS) Model emerged, comprising six interrelated constructs: relational primacy (35%) as organizing center, external marker rejection (26%), micro-moment accumulation (26%), process orientation (22%), internal validation (22%), and values anchoring (17%). Success definitions evolved through stable patterns (22%), gradual evolution (61%), or major transformations (17%). Hospital nurses emphasized immediate clinical outcomes while academe nurses focused on long-term student development, yet 57% affirmed that core values transcend contexts. A critical work-life imbalance paradox emerged: 87% experienced balance challenges, yet few prioritized balance in success definitions.

Conclusion: The HPS Model offers a counter-hegemonic framework privileging humanity over hierarchy, connection over credentials, and process over outcomes. However, the work-life imbalance paradox reveals a dangerous disconnect between humanistic ideals and material realities. Findings demand systemic interventions—adequate staffing, equitable compensation, protected work-life balance—to enable rather than exploit nurses' devotion, informing educators, healthcare organizations, and policymakers in supporting sustainable, values-aligned nursing practice.

Keywords: *Nursing professional success, humanistic professional success model, Filipino nurses, relational primacy, qualitative research, career satisfaction, professional identity, work-life balance*

INTRODUCTION

Nursing is fundamentally a human endeavor, yet professional success in the field has traditionally been measured through hierarchical achievement markers—credentials, promotions, titles, and tenure. These conventional metrics, while administratively convenient, may inadequately capture what constitutes meaningful professional accomplishment for nurses themselves. The question of how nurses define success matters profoundly: success definitions shape career decisions, influence job satisfaction and retention, guide professional development priorities, and ultimately affect the quality of patient care and the sustainability of the nursing workforce.

In the Philippines, this question carries particular urgency. Filipino nurses navigate complex professional landscapes characterized by multiple role transitions—between clinical practice, academia, and community health—and face systemic challenges including inadequate staffing, inequitable compensation, and limited career advancement opportunities (Pepito et al., 2025). Many pursue international migration seeking better conditions, while others remain committed to serving local communities despite structural constraints. Within this context, understanding how Filipino nurses conceptualize professional success—what they value, what sustains them, and
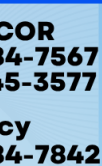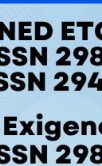
how these understandings evolve—becomes essential for developing workforce policies, educational programs, and organizational practices that support rather than exploit their dedication.

Despite growing scholarly attention to nursing workforce issues, research has predominantly focused on job satisfaction, burnout, and retention rather than directly examining how nurses themselves define professional success (Sapar & Oducado, 2021). Moreover, existing studies are often quantitative and outcome-focused, limiting their capacity to capture the nuanced, subjective, and evolving nature of success as lived experience. Few studies have explored success definitions across diverse practice settings or examined how these definitions transform across career trajectories, particularly within the Philippine context, where cultural values and systemic realities intersect in unique ways.

This study addresses these gaps by employing a qualitative descriptive design to explore how registered nurses in the Philippines define and conceptualize professional success across hospital, academic, and community practice settings, and how these conceptualizations evolve over career stages. The study's unique contribution lies in the Humanistic Professional Success (HPS) Model—an empirically grounded framework comprising six interrelated constructs that challenge conventional achievement-based paradigms by centering human connection, process over outcomes, and internal validation. With relational primacy as its organizing center, the HPS Model offers a counter-hegemonic alternative that privileges humanity over hierarchy, meaning over measurement, and integrity over image.

The findings are intended to inform multiple stakeholders. For educators, the model provides guidance for fostering sustainable success orientations from the beginning of professional formation. For healthcare organizations, it offers insights for developing evaluation systems and workplace cultures that recognize and support what nurses authentically value. For policymakers, it illuminates the disconnect between nurses' humanistic orientations and structural conditions that may exploit rather than enable these values, pointing toward necessary systemic reforms. Ultimately, this research contributes to ongoing conversations about nursing professionalization, recognition, and sustainability by centering nurses' own voices in defining what professional success means within the understudied context of Philippine nursing, where systemic challenges intersect with deeply held humanistic values.

Review Of Related Literature

Professional success in nursing has grown increasingly multifaceted, shaped by shifting healthcare systems, evolving professional roles, and personal values. While traditional indicators such as job rank, tenure, or salary remain relevant, nurses today often define success more holistically—through autonomy, meaningful patient care, teamwork, recognition, and opportunities for growth (Kallio et al., 2022). Recent integrative reviews confirm that nurses' career success definitions extend beyond conventional achievement metrics to encompass relational dimensions, professional development, and values alignment (Yamada et al., 2024). Global trends reflect this broader conceptualization, with research on internationally qualified nurses revealing that success is significantly influenced by contextual factors such as organizational support, workplace inclusion, and leadership practices (Roth et al., 2025). However, despite increasing scholarly attention to nursing workforce issues, there remains a paucity of research exploring success as a lived, evolving phenomenon—particularly within specific cultural contexts. Much of the current literature focuses on job satisfaction, burnout, and retention rather than directly addressing how nurses themselves define what it means to be successful, and existing studies are often quantitative, limiting their capacity to capture the nuanced, context-bound, and subjective nature of success (Kallio et al., 2022).

In the Philippine context, where nurses frequently transition between clinical, academic, and community roles—or even migrate abroad—success is influenced not only by professional milestones but also by systemic limitations such as staffing shortages and inequitable career opportunities (Pepito et al., 2025). Research on Filipino nurses has primarily examined job satisfaction and intention to stay, particularly among hospital nurses (Sapar & Oducado, 2021), yet these constructs are adjacent to rather than directly addressing success definitions. Few studies have examined how Filipino nurses across diverse practice settings conceptualize professional success throughout their career trajectories. This gap is particularly significant given that career perceptions are shaped by internal motivations, role transitions, and changing professional values—all of which evolve over time and vary across settings (Kallio et al., 2022). Qualitative approaches are essential to capture these dynamics, as they enable exploration of meanings, values, and how these evolve through nurses' own narratives rather than through predetermined survey instruments (Sandelowski, 2000). This study addresses these gaps by exploring how registered nurses in the Philippines define and conceptualize professional success across different practice settings and career stages, employing qualitative descriptive design to generate an empirically grounded model illuminating both shared and setting-specific dimensions of professional success in nursing.

Objectives

This study aimed to explore and describe how Filipino nurses across practice settings—including hospital, academe, and other settings—define professional success. Specifically, it sought to: (1) identify the dimensions nurses emphasize in their success conceptualizations; (2) examine how success definitions evolve across career stages; (3) explore personal, organizational, and contextual factors shaping these conceptualizations; (4) compare success definitions across practice settings; and (5) develop a conceptual framework integrating identified patterns. By employing a qualitative descriptive design with systematic qualitative analysis guided by Miles, Huberman, and Saldaña's (2014) framework, the study intended to generate an empirically grounded model illuminating both shared and setting-specific dimensions of professional success in nursing, thereby contributing insights to inform professional development, retention strategies, and policy in Philippine nursing.

METHODS

Research Design

This study employed a qualitative descriptive design using content analysis to explore how Filipino nurses across practice settings define and conceptualize professional success. Data were collected through written narrative responses to semi-structured open-ended questions administered via Google Form. A qualitative approach is appropriate because "success" is subjective and context-bound; reflective narratives enable exploration of meanings, values, and how these evolve over time (Sandelowski, 2000).

Analysis followed Miles, Huberman, and Saldaña's (2014) interactive framework—data condensation, data display, and conclusion drawing/verification—to support systematic coding, cross-case comparison across settings (hospital, academe, community), and iterative validation of emerging interpretations. Organized matrices and concept maps enabled pattern identification, contrasts by practice setting and career stage, and construct development leading to the Humanistic Professional Success (HPS) Model.

This design aligns with the study's objective to identify both shared and setting-specific meanings of success and to trace their evolution across career stages. The qualitative descriptive approach enabled a comprehensive description, staying close to participants' own terms, while allowing pattern identification and conceptual model development (Sandelowski, 2000; Miles et al., 2014).

Population and Sampling

The study population consisted of registered nurses (RNs) currently practicing in the Philippines across diverse practice settings, including hospitals, academe, community/public health, and other nursing-related areas. This broad inclusion was intended to capture both shared and setting-specific perspectives on what constitutes professional success in nursing.

A purposive sampling strategy was employed to recruit participants who met the following inclusion criteria: (a) currently licensed and practicing as a nurse in any practice setting; (b) with at least one year of professional experience to ensure sufficient contextual exposure; (c) able and willing to provide informed consent; and (d) capable of expressing reflections in English or Filipino. Exclusion criteria included: (a) student nurses or individuals not yet licensed; (b) nurses who were retired, unemployed, or fully working outside healthcare; and (c) those with health or communication barriers limiting meaningful participation.

Sample size was guided by the principle of information power, which emphasizes that adequacy in qualitative research depends on study aim, sample specificity, established theory use, quality of data, and analysis strategy rather than fixed numbers (Malterud et al., 2016). Twenty-three nurses participated, with representation across hospital (n=9), academe (n=9), and community/other settings (n=5). Recruitment continued until thematic saturation was achieved, ensuring a comprehensive understanding of how nurses define professional success. This purposive approach ensured participants possessed the experience and insight necessary to contribute meaningful narratives, consistent with recommendations for qualitative nursing research sampling (Palinkas et al., 2015).

Instruments

Data were gathered using a semi-structured questionnaire administered via Google Form, designed to elicit nurses' reflections on how they define professional success across practice settings. The questionnaire contained eight open-ended questions addressing: (1) nursing background and current practice setting; (2) personal definitions of success; (3) evolution of success conceptualizations over time; (4) influencing factors shaping success

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understandings; (5) challenges encountered; (6) comparative perspectives across settings; (7) future success aspirations; and (8) additional reflections. Each question included prompts encouraging elaboration and specific examples (e.g., "What experiences or milestones make you feel successful?" "What events influenced this change?").

The questionnaire was developed based on study objectives and informed by literature on professional identity and career success in nursing. Questions were designed to generate narrative data suitable for thematic analysis, balancing structure with flexibility for participants to express unique perspectives in their own words (Braun et al., 2020).

Content validity was established through expert review by three nursing faculty members with expertise in qualitative research. Reviewers assessed clarity, appropriateness, and alignment with study objectives. Revisions improved question wording and probe effectiveness based on expert feedback. While formal pilot testing was not conducted, iterative refinement through expert validation ensured relevance and credibility (Polit & Beck, 2017).

The instrument aligned well with Miles et al. (2014) analytic framework, as open-ended questions generated narrative data amenable to systematic condensation, coding, and cross-case comparison—strengthening the capacity to identify both shared and setting-specific themes in nurses' success conceptualizations.

Data Collection

Data were collected through an online Google Form containing the semi-structured questionnaire. The form began with an informed consent statement explaining the study's purpose, voluntary participation, confidentiality procedures, and participants' rights. Following consent, participants responded to eight open-ended questions prompting written reflections on professional success definitions and experiences. The online format allowed participants to respond in their own words, at their own pace, and from any location—providing flexibility given diverse work schedules and geographical distribution across the Philippines.

Written narrative surveys administered online are increasingly recognized as effective qualitative data collection tools, producing substantial reflective textual data suitable for systematic analysis while offering accessibility advantages (Braun et al., 2020). This approach was particularly appropriate for this study's geographically dispersed sample and focus on conceptualizations rather than real-time dialogue.

The Google Form link was distributed through professional nursing networks and social media groups from August to September 2025. Twenty-three registered nurses completed the questionnaire, providing responses ranging from brief paragraphs to extended essays totaling approximately 120 pages of narrative data. All responses were automatically recorded in the researcher's secure Google Drive, then downloaded, anonymized (assigned participant codes N1-N23), and organized into a dataset for analysis. Recruitment continued until thematic saturation was achieved—the point at which additional responses yielded no substantially new themes but rather elaborated existing patterns (Saunders et al., 2018).

Data Analysis

Data analysis followed Miles et al. (2014) systematic framework for qualitative analysis, employing an iterative two-phase coding process to identify patterns across participants' written narratives. The research team read all 23 narrative responses multiple times to achieve deep familiarity with the dataset before beginning systematic coding, documenting initial impressions and emerging patterns in analytic memos.

First-cycle coding applied two complementary approaches: (1) descriptive coding assigned topic-summarizing labels to passages (e.g., "patient relationships," "work-life balance challenges," "career milestones"), remaining close to content surface; and (2) in vivo coding preserved participants' exact language as code labels (e.g., "human being first," "whatever the outcome," "heart is full"), maintaining fidelity to participants' meaning-making. This dual approach honored participants' voices while enabling systematic pattern identification (Miles et al., 2014). Initial coding generated approximately 150-200 codes, organized into data display matrices showing participant-by-code patterns, code frequencies, and co-occurrences. These matrices enabled visualization of which participants emphasized which concepts and how codes clustered together.

Second-cycle pattern coding condensed first-cycle codes into higher-order constructs by grouping related codes and identifying underlying themes. For example, codes including "patient connection," "touching lives," "human moments," and "being present" clustered to form the construct "Relational Primacy." Through iterative coding, display development, and pattern refinement, six major constructs emerged with specified prevalence (percentage of participants emphasizing each). These constructs were then integrated into the Humanistic Professional Success (HPS) Model based on construct relationships, theoretical coherence, and relational primacy's organizing function. Additional analyses examined evolution patterns, setting variations, and critical cases (e.g., N23's

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boundary wisdom), employing constant comparison methods to identify both commonalities and meaningful variations.

Rigor was enhanced through: independent coding by multiple team members with consensus discussions to enhance credibility; detailed audit trail documenting all analytic decisions; thick description of participants and contexts enabling transferability assessment; and extensive direct quotations in findings preserving connection to raw data (Lincoln & Guba, 1985). Analysis was facilitated by Microsoft Excel for data organization and coding management, though all interpretive work was conducted by the research team. The analysis balanced systematic rigor with sensitivity to participants' subjective meanings, yielding an empirically-grounded conceptual model that identifies patterns across the dataset while honoring individual voices and variations.

Ethical Considerations

This study adhered to ethical standards for research involving human participants and received approval from the University Ethics Review Committee (ERC). Informed consent was obtained via an online form at the beginning of the Google Form questionnaire, outlining the study's purpose, voluntary participation, right to withdraw, confidentiality protections, and potential risks. Participants consented by checking a box before proceeding. Confidentiality was ensured by not collecting personal identifiers, assigning alphanumeric codes (N1-N23), and storing data in password-protected files accessible only to the research team. Narrative excerpts were reviewed to prevent the identification of participants, and the Google Form was configured not to collect email addresses or other identifying metadata. The study posed minimal risk, with potential discomfort limited to self-reflection on professional experiences. Participation required approximately 30-45 minutes. Ethical principles of respect, beneficence, and justice were followed in accordance with Philippine health research ethics guidelines (Philippine Health Research Ethics Board, 2017) and international standards (Declaration of Helsinki, World Medical Association, 2013; WHO, 2011).

RESULTS and DISCUSSION

This study examined how Filipino nurses conceptualize professional success through written narrative responses to semi-structured open-ended questions administered via Google Form. Moving beyond conventional achievement-based paradigms that prioritize credentials, advancement, and external recognition, the study aimed to understand success from the personal perspectives of the participants. Analysis of the narratives from 23 participants revealed a counter-hegemonic conceptualization—referred to as the Humanistic Professional Success (HPS) Model—which centers on human connection, process over outcome, internal validation, and values alignment.

Participant Characteristics

Twenty-three registered nurses participated in this study, recruited through purposive sampling to ensure diverse representation across practice settings and experience levels. This approach captured varied perspectives on professional success, recognizing that definitions may vary by context and career stage. Sampling continued until thematic saturation was reached, where additional data provided elaboration of existing constructs rather than introducing new themes.

Practice Settings: Participants were distributed across practice settings as follows: hospital nurses (n=9, 39%), academe-based nurses (n=9, 39%), and community/other settings (n=5, 22%). This even distribution allowed for meaningful comparisons between clinical and educational contexts, with community nurses adding perspectives from public health and outpatient environments. Hospital nurses represented specialties such as ICU, OR, PICU, medical-surgical units, and dialysis, ensuring variation in patient acuity and work environments. Academe nurses included clinical instructors, faculty members, and nursing deans teaching at undergraduate and graduate levels. Community nurses worked in school health, public health clinics, and occupational health, focusing on preventive care and health education.

Experience Levels: Participants had varying years of nursing experience, ranging from 1 to 28 years, providing a developmental perspective on how success conceptualizations evolve. The sample included early career nurses (1-5 years, n=6, 26%), mid-career nurses (6-15 years, n=11, 48%), and senior nurses (16+ years, n=6, 26%). The concentration of mid-career nurses (48%) reflected a cohort with sufficient experience to offer nuanced definitions of success while remaining engaged in clinical or educational roles. Early career nurses provided insights on their transition from student to practitioner, with success definitions often shaped by recent educational influences and immediate practice realities. Mid-career nurses articulated more established definitions, reflecting on their clinical

expertise and experiences. Senior nurses contributed perspectives on the evolution of success definitions over decades of professional engagement.

Methodological Value of Heterogeneity: The diversity in practice settings and experience levels proved methodologically valuable by enabling the identification of patterns that transcend context, suggesting core orientations of success while revealing setting-specific variations. For example, both hospital and academe nurses emphasized relational dimensions, yet with different relational focuses—patient care versus student development. The wide range of experience levels allowed for the examination of both stable definitions maintained throughout careers and evolving definitions influenced by critical incidents or transitions. This heterogeneity provided a comprehensive understanding of professional success as a phenomenon that is both individually experienced and collectively patterned, varying by context but sharing a foundational humanistic orientation.

The Humanistic Professional Success (HPS) Model: Conceptual Foundation

Table 1.
Constructs of the Humanistic Professional Success (HPS) Model

Representative Quote	Prevalence	Key Characteristics	Core Definition / Temporal Focus	Construct
N9 (OR nurse, 10+ yrs): "It's about being a HUMAN BEING FIRST, AND A NURSE SECOND...connecting with people, being present in their lives...in a HUMAN sense."	35% (n=8): N2, N7, N9, N10, N15, N18, N19, N22	Relationships valued over achievements; personhood precedes professional role; connection as a meaning source	Human connection as central organizing principle; Ongoing/Continuous	Relational Primacy
N18 (School nurse, 17+ yrs): Success in nursing is NOT MEASURED BY MATERIAL GAIN but by the genuine care, compassion, and dedication we give...SALARY COMING ONLY SECOND.	26% (n=6): N1, N2, N17, N18, N19, N23	Titles, credentials, wealth rejected as inadequate; emphatic negation language	Explicit disavowal of conventional success indicators; Present	External Marker Rejection
N17 (PICU nurse, 1.75 yrs): IT MAY SOUND SIMPLE, but inserting a peripheral line in a baby...IS A SUCCESS FOR ME...NOT JUST ABOUT HAVING A MAJOR MILESTONE.	26% (n=6): N1, N2, N7, N9, N17, N20	Routine over rare; everyday over exceptional; cumulative meaning	Success through small daily interactions over time; Daily/Cumulative	Micro-Moment Accumulation
N21 (Academic nurse, 10+ yrs): I am successful if I GAVE IT MY ALL for my patient's well-being, WHATEVER THE OUTCOME and touched the patient's/relatives' lives.	22% (n=5): N2, N4, N8, N14, N21	Outcome-independence; sustained engagement; effort validation	Journey valued over destination, effort regardless of outcome; Longitudinal	Process Orientation
N2 (Dialysis nurse, 7 yrs): Every day I show up, care for patients, and keep learning, I ALREADY FEEL SUCCESSFUL. Success isn't a distant goal.	22% (n=5): N2, N3, N5, N11, N16	Present-tense success; contentment/peace/fulfillment	Success validated through internal experience; Present-tense	Internal Validation

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N19 (Educator, 12 yrs): It's about staying true to core values DESPITE challenges, embodying compassion and integrity in every action.	17% (n=4): N6, N11, N18, N19	Compassion, integrity, service, stability amid adversity	Core nursing values as a moral compass; Transcendent/Stable	Values Anchoring

Table 1 presents the key constructs of the Humanistic Professional Success (HPS) Model, derived from the narratives of Filipino nurses. The model identifies six distinct constructs that collectively define success in ways that deviate from traditional achievement-based paradigms.

Analytic Process and Model Development. The Humanistic Professional Success (HPS) Model emerged inductively through thematic analysis of the participants' narratives, guided by Miles, Huberman, and Saldaña's (2014) analytic framework. The analysis involved multiple levels of abstraction: first-cycle coding captured descriptive topics and in vivo codes preserved participants' language, while second-cycle coding grouped these into pattern codes to identify themes. The synthesis of these patterns led to the development of six interconnected constructs that represent professional success as defined by Filipino nurses. These constructs, as shown in Table 1, were grounded in participants' experiences and articulated language, ensuring the model's empirical validity.

The HPS Model as Counter-Hegemonic Alternative. The HPS Model challenges traditional, achievement-based success paradigms that prioritize credentials, titles, and external recognition. In contrast, it emphasizes human connection, process over outcome, internal validation, and values alignment. The model shifts away from individualistic and outcome-dependent notions of success, instead focusing on relational dimensions, collective impact, and ongoing professional growth. It also rejects the hierarchical emphasis on upward mobility, recognizing horizontal development and deepening expertise as integral to professional success. The HPS Model thus provides an alternative framework for evaluating professional accomplishment in caring professions, particularly relevant in the ongoing debates about nursing professionalization, status, and recognition.

The Six Constructs: Overview

The model comprises six interrelated constructs, presented here in descending order of prevalence (as outlined in table 1): *Relational Primacy* (35%)—human connection as central organizing principle, with relationships valued over achievements and personhood preceding professional role; *External Marker Rejection* (26%)—explicit disavowal of titles, awards, credentials, wealth, status as inadequate or irrelevant success measures; *Micro-Moment Accumulation* (26%)—success experienced through small daily interactions whose aggregate over time creates profound meaning; *Process Orientation* (22%)—journey valued over destination, with effort and daily practice mattering regardless of measurable outcomes; *Internal Validation* (22%)—success validated through internal experience of contentment, peace, fulfillment rather than external recognition or approval; and *Values Anchoring* (17%)—core nursing values of compassion, integrity, service provide moral compass through adversity and organizational pressures. These prevalence figures indicate how many participants spontaneously emphasized each construct in defining professional success, though all participants expressed at least partial alignment with humanistic orientation, even when emphasizing different specific constructs.

Relational Primacy as Organizing Center. While all six constructs contribute to the model, relational primacy functions as the organizing center around which other constellations form. Its highest prevalence (35%), combined with its appearance in participants' final reflections when given an open opportunity to share anything about nursing success (IGQ8: "Is there anything else you would like to share about what it means to be successful in nursing?"), suggests centrality rather than mere frequency. When offered unconstrained space to emphasize any dimension, participants most often returned to human connection. The other five constructs support and elaborate this relational foundation: external marker rejection clears conceptual and practical space for relationships by dismissing competing metrics; micro-moment accumulation recognizes how relationships manifest in everyday practice; process orientation values relational engagement regardless of outcomes; internal validation derives satisfaction from relational experiences rather than external judgment; and values anchoring provides moral foundation enabling authentic relational practice despite systemic pressures. Thus, the model integrates around human connection as the core, with other constructs functioning as supporting dimensions of humanistic professional orientation.

Construct Interrelationships. The constructs function not as isolated elements but as an integrated system. Relational primacy provides a foundation; external marker rejection creates space; micro-moment accumulation shows daily manifestation; process orientation sustains engagement; internal validation affirms meaning; values anchoring guides practice. Together they form a coherent humanistic orientation that privileges humanity over

hierarchy, connection over credentials, meaning over measurement, presence over productivity, and integrity over image. This integration distinguishes the HPS Model from a simple theme list, positioning it as a conceptual framework with internal logic and mutual reinforcement among components. In the next section, each construct will be examined in detail, presenting empirical evidence and discussing its theoretical and practical implications.

Construct 1: Relational Primacy—Human Connection as Organizing Center

Eight participants (35%) identified human connection as the central organizing principle of professional success, making it the most prevalent construct across all interviews. When given the opportunity to share their perspective on success, participants overwhelmingly emphasized relational dimensions over technical competence, career advancement, or other traditional markers. Success was defined not by achievements, but by how one connects with others, not by outcomes but by relationships, and not by external validation but by meaningful human moments.

N9, an operating room nurse with over 10 years of experience, encapsulated this idea most clearly: "It's about being a HUMAN BEING FIRST, AND A NURSE SECOND. These moments of human connection are what make nursing more than just a job. They're what give it meaning and purpose... It's about connecting with people, being present in their lives, and making a positive impact, one patient at a time. Not just in a medical sense, but in a HUMAN sense."

This statement, "human being FIRST, nurse SECOND," inverts traditional identity constructions that prioritize professional roles. N9's emphasis on personhood over profession underscores that human connection is the foundation of nursing practice. The description of connection as what "keeps me going when tough" suggests that relational moments provide both existential meaning and practical resilience.

This pattern was repeated across other participants with variations in language but consistent emphasis on human connection. N2, a dialysis nurse, reflected on the legacy of relationships, stating, "the lives I've touched along the way...knowing I made a difference, even in quiet ways." N19, an educator, emphasized success through emotional presence: "Success is defined by the difference we make in the lives of others and by the heart we bring into everything we do." The "heart" metaphor points to success being rooted in emotional authenticity and caring presence rather than technical execution.

Other participants, such as N18 (school nurse), N7, N10, N15, and N22, similarly emphasized the importance of impact on others, meaningful connections, and the privilege of entering patients' lives during vulnerable moments. Although the language varied—"touching lives," "making a difference," "human connection"— the central theme remained consistent: human connection as the essential nature of success in nursing.

Participants characterized connection with descriptors like "unmeasurable" ("can't put on a resume"), indicating an awareness that conventional evaluation systems fail to capture what matters most. They framed it as transcendent ("more than just a job"), suggesting that relational experiences elevate nursing from a job to a vocation. They also noted that connection is sustaining ("what keeps me going when tough"), providing resilience during challenging times. Most importantly, they emphasized its humanity ("HUMAN sense" not just "medical sense"), highlighting that relational care is distinct from technical, medical tasks. These reflections position human connection not as a supplementary aspect of nursing but as its essential nature, ultimate purpose, and primary reward.

Relational primacy carries significant theoretical and practical weight, providing empirical support for Watson's (2008) caring science theory, which philosophically positions human connection as nursing's essential characteristic. The 35% prevalence—higher than any other single construct—combined with its spontaneous emergence across diverse contexts (hospital and academe, novice and expert), suggests this is a substantive orientation. Contemporary nursing scholarship affirms this focus, recognizing relational practice as a core framework that intentionally shifts care away from task-focused routines toward person-facilitated therapeutic alliances (Nanji et al., 2025).

N9's explicit hierarchy—"human being FIRST, nurse SECOND"—represents a profound ontological prioritization that resists professional identity constructions focused solely on technical competence. This stance reclaims connection as central, challenging the pursuit of professional legitimacy measured by traditional, technical metrics. The finding also resonates with Filipino collectivist values, particularly the concept of *kapwa* (shared identity). In this cultural context, human flourishing (*eudaimonia*) is understood as a relational experience, existing "with and for" others, rather than a purely individual achievement (Tablan, 2022). While existing literature suggests a relational focus transcends cultural boundaries (Watson, 2008), the prevalence and centrality documented here raise

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important questions regarding generalizability and whether the model captures universal nursing values or culturally-situated manifestations.

Practically, these findings challenge evaluation and reward systems that prioritize quantifiable outcomes while systematically overlooking the relational dimension. N9's observation that connection "can't put on a resume" highlights the invisibility of this valued work within conventional assessment frameworks. Current research confirms that quality care metrics are often underutilized and ambiguous, necessitating the development and standardization of metrics that align with nursing values and recognize relational practice alongside technical competence (Loftus Moran & Casey, 2025). Developing evaluation approaches, such as narrative review or peer observation, remains a significant challenge, given the intangible and context-dependent nature of human connection.

Construct 2: External Marker Rejection—Explicit Disavowal of Conventional Success Indicators

Six participants (26%) explicitly rejected conventional success markers—such as titles, awards, credentials, wealth, status, and career advancement—viewing them as inadequate or irrelevant to authentic professional success. Unlike participants who simply de-emphasized external validation, these individuals actively disavowed these markers, with consistent use of negative, definitive language: "not just about," "not measured by," and "not merely by."

N2, a dialysis nurse, articulated this stance clearly: "Not just about titles or years of service," indicating that titles held no true value in defining success. N18, a school nurse with 17 years of experience, was more emphatic: "Success in nursing is NOT MEASURED BY MATERIAL GAIN but by the genuine care, compassion, and dedication we give... SALARY COMING ONLY SECOND." The capitalization highlights the importance of these negations. N18's assertion that "a true nurse" prioritizes patient well-being over salary suggests that success in nursing requires an alignment with intrinsic, humanistic values rather than external rewards.

Similarly, N19, an educator with 12 years' experience, emphasized: "I define success not merely by titles or accolades," clarifying that success is found in the difference made in others' lives. N23 added a self-care dimension to this rejection, prioritizing personal well-being: "A true nurse always prioritizes themselves over work." While acknowledging nursing as "respectable devotion," N23 argued that success cannot be defined solely by professional devotion, but by maintaining personal boundaries.

The rejection of external markers extended beyond explicit negations to implicit omissions. N1 and N17, for example, defined success through clinical skills and patient care without reference to titles or recognition, implicitly rejecting conventional success measures. These participants, from diverse settings (hospital, school, academe) and varying experience levels (early to senior career), demonstrate that this pattern transcends context and is not limited by professional setting or stage.

This explicit rejection represents counter-hegemonic resistance to credentialism and achievement culture pervasive in contemporary professional environments. While calling/vocation literature (Wrzesniewski et al., 1997) documents intrinsic motivation transcending material rewards, the participants actively rejected rather than merely de-emphasized external markers. This distinction matters: de-emphasis suggests external markers have some value, though outweighed by intrinsic rewards; explicit rejection suggests external markers are fundamentally incompatible with authentic success, potentially corrupting genuine professional values. As a female-dominated profession, nursing has historically faced undercompensation and status devaluation. Recent reports confirm that women in the health and care sector experience a wider gender pay gap than in other sectors (International Labour Organization & World Health Organization, 2022).

However, participants' rejection of external markers need not imply acceptance of exploitation. It can instead represent recognition that external markers provide neither genuine satisfaction nor meaningful professional identity. The question becomes: Can we honor nurses' humanistic values while ensuring adequate compensation and working conditions? The answer must be yes—these are not mutually exclusive. Nurses can derive meaning from relationships while demanding fair compensation; can reject titles as a definition of success while expecting adequate recognition; can prioritize patient wellbeing while maintaining healthy boundaries. N23's outlier perspective, emphasizing self-care "above all," provides a corrective to any interpretation that calling justifies self-sacrifice.

Construct 3: Micro-Moment Accumulation—Small Interactions as Success Sites

Six participants (26%) defined professional success through small, daily interactions rather than major milestones or exceptional achievements. This construct emphasized success not in singular, extraordinary accomplishments but in the accumulation of ordinary moments over time. Participants highlighted routine over rare,

mundane over momentous, and everyday over exceptional events, illustrating that authentic professional success is found in micro-moments—brief patient interactions, small technical successes, or quiet expressions of gratitude—which, though seemingly insignificant, carried deep meaning.

N17, a PICU nurse with 1.75 years' experience, exemplified this perspective: "IT MAY SOUND SIMPLE, but inserting a peripheral line in a baby, especially a premature infant, IS A SUCCESS FOR ME. It is a skill that even ward or ER nurses ask me to help with. Success as a nurse is NOT JUST ABOUT HAVING A MAJOR MILESTONE, IT IS SOMETIMES ALSO ABOUT HONING OR MASTERING SKILLS THAT MAKE A DIFFERENCE." N17's self-conscious opening, "IT MAY SOUND SIMPLE," suggests an awareness that this definition challenges conventional success expectations, which prioritize dramatic achievements. The capitalization highlights the emotional importance of this micro-moment, and the specificity of the skill (peripheral line insertion) underscores that success lies in everyday technical proficiency rather than rare milestones. The contrast between "NOT JUST ABOUT HAVING A MAJOR MILESTONE" and "HONING SKILLS THAT MAKE A DIFFERENCE" directly challenges conventional paradigms that define success by exceptional, high-impact achievements.

N2, a dialysis nurse, reinforced this idea with a focus on small, meaningful moments: "small moments like a patient saying thank you, or seeing them get better make it all worth it." This statement suggests that these micro-moments justify the emotional and physical challenges of nursing, illustrating that success lies in the daily accumulation of brief, meaningful exchanges rather than in annual or milestone achievements. N9 echoed this, remarking, "These small, seemingly insignificant interactions are what I remember most." The phrase "seemingly insignificant" indicates awareness that these interactions might be undervalued in traditional success frameworks, yet they hold enduring meaning in the nurses' memories, highlighting their profound significance.

Additional participants, including N1, N7, and N20, also contributed to this theme. N1 emphasized daily patient care and skill mastery, while N7 highlighted the importance of small acts of kindness in creating meaningful connections. Across all six participants, the recurring theme was a shift from defining success by rare major achievements to valuing frequent minor interactions, everyday competence, and routine moments. This shift underscores a reorientation from exceptional accomplishments to consistent, everyday professional engagement.

Success was described not as a single, standout moment but as the aggregate of hundreds or thousands of brief interactions that collectively created profound meaning. N2's reference to "small moments" and N9's reflection on what "I remember most" points to a cumulative process, emphasizing that multiple small moments together form a qualitative experience of success. This accumulation of seemingly trivial moments ultimately constitutes a deeper, more profound understanding of professional success.

The concept of micro-moment accumulation aligns fundamentally with Fredrickson's (2001) Broaden-and-Build theory, which posits that frequent, small positive emotions (e.g., joy, interest) expand an individual's momentary thought-action repertoire, cumulatively building enduring personal resources such as resilience and social connections. Extending this psychological framework to a professional context, findings suggest that the regular experience of small, meaningful professional moments builds an enduring sense of accomplishment and meaning. This perspective reframes professional success as a continuous experience realized through competent daily practice, rather than solely depending on episodic, rare major achievements (Roth et al., 2024).

N17's self-conscious framing ("may sound simple") reflects a recognition of the tension between organizational and personal definitions of success. Organizations typically prioritize extrinsic rewards and visible milestones (e.g., certifications, promotions). Conversely, practitioners experience meaning through intrinsic motivation rooted in daily, often unrecognized, relational micro-moments. This disconnect is critical: research confirms that intrinsic work motivation, compared to extrinsic rewards, is a significant predictor of nurses' job satisfaction and work engagement (Zeng et al., 2022).

Success becomes accessible through daily competent practice, allowing any nurse who provides good care and forms brief connections to experience frequent professional rewards. Practically, this finding mandates creating practice environments that actively protect and value relational micro-level interactions. When staffing models are driven purely by productivity demands that force rushed interactions, organizations systematically undermine the very experiences practitioners identify as the essence of success (Almeida et al., 2024). True commitment to nursing excellence requires recognizing that the "seemingly insignificant interactions" require time, energy, and organizational support, even if they do not appear on traditional productivity dashboards.

Construct 4: Process Orientation—Journey Valued Over Destination

Five participants (22%) defined success through effort and process, irrespective of outcome, reflecting a shift from consequentialist to deontological orientations. Success was not seen in the results achieved but in the

effort expended, daily practice maintained, and presence offered. The focus was on sustained engagement, consistent effort, and authentic participation—validated independently of measurable outcomes. When outcomes were disappointing, or patients died despite their best efforts, these participants still found success in the process itself.

N21, an academic nurse with over 10 years of teaching experience, expressed this orientation most clearly: "I think I am successful if I GAVE IT MY ALL for my patient's well-being, WHATEVER THE OUTCOME, and touched the patient's/relatives' lives while doing so." The phrase "WHATEVER THE OUTCOME" underscores a radical outcome-independence, where success is not contingent on whether patients lived or died, improved or deteriorated, or even appreciated the care. Success is instead evaluated by the effort ("GAVE IT MY ALL") and presence ("touched lives") provided, regardless of the end result. This emphatic assertion of outcome-independence allows nurses to maintain a sense of professional identity and accomplishment, even when outcomes fall short of expectations.

N14, a hospital district nurse with 12 years of experience, 10 of which were as a contractual nurse, demonstrated process orientation through gratitude, despite precarious employment circumstances: "I am proud of my 10-year JOURNEY as a contractual nurse. In a way, it helped me to be more GRATEFUL in everything I have today." Despite 12 years without permanent employment—conventionally seen as a career failure—N14 focused on the journey itself, finding pride and gratitude in the process rather than a fixed endpoint. The capitalization on "JOURNEY" and "GRATEFUL" suggests these were not mere consolations but genuine sources of meaning, enabling N14 to see success in the ongoing process of care, independent of career milestones. This represents either remarkable resilience or problematic acceptance, depending on interpretation.

Other participants reinforced this theme. N2 emphasized daily engagement and continuous learning, saying, "I already feel successful," rejecting the idea that success requires a distant goal. Similarly, N4 focused on daily patient care and the growth inherent in practice. N8 appreciated the journey of growth and adaptation in nursing, with each day contributing to success. Across these five participants, the pattern was consistent: effort validation independent of results, sustained practice regardless of external outcomes, and an emphasis on the journey rather than the destination

The concept of process orientation represents a fundamental philosophical shift in evaluating nursing work. It moves away from consequentialist ethics (judging actions by results) toward deontological ethics (judging actions by intrinsic rightness and adherence to duty, regardless of consequences) (Kant, 1785/2012). In a consequentialist framework, an action's success is determined solely by the outcome (e.g., aggressive treatment is successful only if the patient survives). Conversely, the deontological approach, exemplified by N21, defines the same action ("gave it my all") as successful regardless of the outcome because the nurse's effort, intention, and adherence to professional duty matter intrinsically (Zheng et al., 2024). This reorientation profoundly affects how nurses evaluate their work and maintain professional identity amid inevitable disappointments.

The necessity for this outcome-independence is rooted in critical incidents, such as patient deaths despite best efforts, which force nurses to recognize that equating success with patient survival is both psychologically unsustainable and ethically problematic. Nurses in palliative care, oncology, or critical care who manage chronic deterioration or high mortality must develop outcome-independent success definitions to maintain professional satisfaction (Yasin et al., 2020). If success required positive patient trajectories, exemplary care in high-mortality settings would be inherently defined as a failure. Process orientation enables successful experiences across all nursing contexts, irrespective of patient outcomes, by focusing on the quality of the care provided and the fulfillment of duty (Donabedian, 1988).

N14's gratitude despite 10 years of contractual employment illustrates how process orientation enables resilience under adverse structural conditions. Rather than defining success through permanent employment (a destination denied by organizational practices), N14 found meaning in the journey itself. By defining meaning in the journey (the quality of their practice) rather than the destination (permanent employment), the nurse demonstrates a remarkable capacity for meaning-making and professional growth (Asadi et al., 2023). This interpretation offers two contrasting readings. Optimistically, it demonstrates remarkable resilience and meaning-making capacity, finding growth and gratitude despite injustice. Critically, it suggests accommodation to exploitation, with process orientation functioning as a psychological defense mechanism enabling tolerance of intolerable conditions. The question becomes: Does celebrating the journey enable acceptance of unjust destinations?

This dual nature—simultaneously empowering and potentially problematic—characterizes process orientation throughout. It empowers by sustaining meaning despite constraints and disappointments, validating effort regardless of results, and enabling successful experiences across contexts. It proves potentially problematic if it reduces pressure for systemic change, enables tolerance of unjust conditions, or allows organizations to exploit devotion

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without providing adequate support. The ethical challenge: How do we honor process while demanding better destinations? How do we validate effort while insisting on organizational changes that improve outcomes? The answer requires holding both simultaneously—celebrating nurses' resilience and meaning-making while relentlessly pushing for structural improvements.

Construct 5: Internal Validation—Present-Tense Success Through Internal Experience

Five participants (22%) defined success through internal validation, focusing on contentment, peace, and fulfillment rather than external recognition. This shift represents a move from extrinsic to intrinsic reward orientations, where success was experienced as an internal state in the present, rather than as an external judgment or future goal requiring achievement. The emphasis was on feeling successful in the moment, based on personal satisfaction, rather than waiting for external validation or recognition.

N2, a dialysis nurse, articulated this present-tense internal validation most clearly: "Every day I show up, care for patients, and keep learning, I ALREADY FEEL SUCCESSFUL. Success isn't a distant goal; it's something I experience in the present." This statement contrasts sharply with conventional achievement models that position success as a future goal, requiring years of effort and external milestones. N2 reclaims success as a current experience, available through daily, competent practice, without relying on external validation or professional milestones.

N3, a nurse educator with seven years' experience, described an evolution from external to internal validation: "BEFORE success meant material things and being wealthy. NOW it's NOT about money, it's about HOW YOU FEEL. Your HEART IS FULL, whether you have everything or not." This before/now contrast reflects a transformation from extrinsic, material success to intrinsic fulfillment. The capitalization highlights the significance of this shift in N3's professional identity, emphasizing that success is not contingent on external conditions or possessions but rather on emotional and spiritual satisfaction. The phrase "HEART IS FULL" symbolizes success as internal, transcending material wealth.

Additional participants echoed this theme with similar expressions. N11, with 28 years of experience, emphasized contentment and inner peace as success indicators. N16 focused on personal satisfaction from knowing that patients received quality care. N5 described fulfillment from meaningful work. Across these five participants, the consistent pattern was clear: success is internally validated, experienced in the present, and not based on external recognition or future goals.

Internal validation aligns with self-determination theory (Deci & Ryan, 2000), which posits that intrinsic motivation—driven by interest, enjoyment, and inherent satisfaction—sustains engagement more effectively than extrinsic motivation driven by rewards or recognition. Research confirms that intrinsic work motivation significantly predicts nurses' job satisfaction and work engagement more strongly than extrinsic rewards (Zeng et al., 2022). The present study extends this framework by documenting how nurses develop internal validation as a primary success criterion, potentially as a protective adaptation against insufficient external recognition in healthcare systems.

The present-tense framing—N2's "I ALREADY FEEL SUCCESSFUL"—challenges conventional career development models that position success as a future state requiring years of progression. This temporal reorientation provides immediate psychological reward accessible through daily competent practice rather than requiring deferred gratification until distant milestones. N3's evolution from material to emotional fulfillment suggests a developmental trajectory toward internal validation, though the cross-sectional design cannot confirm causation. Recent evidence indicates that nurses who maintain intrinsic motivation demonstrate greater resilience and sustained engagement despite workplace challenges (Almeida et al., 2024).

The 22% prevalence of explicit internal validation raises questions about its relationship to systemic underrecognition in nursing. As a female-dominated profession historically facing compensation inequity and status devaluation, nursing's unique combination of high educational requirements, substantial responsibilities, and inadequate external rewards may intensify reliance on internal validation (International Labour Organization & World Health Organization, 2022). Whether this represents healthy professional autonomy or defensive adaptation to chronic underrecognition warrants further investigation.

Construct 6: Values Anchoring—Moral Compass Through Adversity

Result. Four participants (17%) anchored success in core nursing values—compassion, integrity, service, caring—that transcend circumstances and provide a moral compass through adversity. This construct distinguished itself through explicit reference to values as guiding principles, stable foundations, or enduring commitments that define professional identity regardless of context or challenges. While other constructs emphasized what success

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feels like (internal validation) or where it occurs (micro-moments), values anchoring emphasized what makes success authentic: alignment with core professional values.

N19, the educator with 12 years' experience, articulated values anchoring most explicitly: "*It's about staying true to core values DESPITE challenges, embodying compassion and integrity in every action.*" The phrase "DESPITE challenges" positions values as an anchor point, maintaining stability amid difficulty. Challenges—organizational pressures, resource limitations, ethical dilemmas, personal exhaustion—threaten to compromise values, yet staying true "despite" these threats constitutes success. The comprehensive scope—"every action"—suggests values must permeate all practice dimensions rather than be reserved for special occasions. Compassion and integrity function as twin pillars: compassion ensures emotional authenticity and caring presence; integrity ensures ethical consistency and moral courage.

N18 established a values hierarchy with client well-being supreme: "*A true nurse always prioritizes the well-being of their clients above all else.*" The "true nurse" formulation suggests authenticity requires this prioritization, distinguishing genuine from false professional identity. "Above all else" establishes absolute hierarchy: when client wellbeing conflicts with other considerations—personal convenience, organizational efficiency, financial pressures—client wellbeing must prevail. This deontological stance treats client wellbeing as a categorical imperative rather than a consideration balanced against competing interests.

N11, with 28 years' experience spanning multiple settings and contexts, reflected: "Just maintaining your core values despite challenges and hurdles." The "just maintaining" phrasing could suggest minimalism—merely preserving values constitutes sufficient success. Yet the "despite challenges and hurdles" qualifies this: maintaining values amid adversity requires active resistance to compromising pressures. N6 similarly emphasized dedication to service values as a successful foundation. Across these four participants, values provided a compass when external markers proved inadequate and internal states fluctuated—a stable foundation transcending circumstances.

Values anchoring suggests moral foundations stabilize professional identity amid turbulence. This aligns with virtue ethics, which judges success by character demonstrated—compassion, integrity, courage, wisdom—rather than by outcomes produced or duties fulfilled (MacIntyre, 1981). N19's formulation of embodying compassion and integrity in every action captures this virtue ethics orientation.

The phrase "despite challenges" (N19, N11) indicates that values function as resistance resources during adversity. Organizational pressures to prioritize efficiency over compassion or subordinate patient wellbeing to institutional interests threaten values continuously. Maintaining values despite these threats constitutes ethical labor requiring active resistance. Recent research confirms that professional values significantly influence nurses' capacity to navigate workplace challenges and moral distress (Asadi et al., 2023).

The relatively lower prevalence (17%) compared to relational primacy (35%) suggests values anchoring may be demonstrated implicitly through other constructs. Relational primacy demonstrates caring values; process orientation demonstrates dedication values; internal validation demonstrates authenticity values. This integration suggests values provide a philosophical foundation supporting humanistic practice across multiple dimensions.

N18's hierarchy—client wellbeing "above all else"—raises sustainability concerns. N23's counterpoint emphasizing self-care "above all" provides essential corrective: sustainable caring requires caring for self. This tension represents an ongoing ethical challenge requiring dialectical integration—caring for others and caring for self as complementary rather than competing commitments. Professional development must address this balance to support sustainable values-aligned practice.

Having established the six constructs comprising the HPS Model, the next section examines how these success definitions evolve across professional trajectories. While the constructs describe what participants currently emphasize, the evolution patterns illuminate how these definitions emerged, developed, and transformed over time. This temporal dimension reveals professional success as a dynamic rather than a static phenomenon, responsive to critical incidents, life transitions, and accumulated experience. Understanding evolution patterns provides insight into developmental processes shaping success conceptualizations and identifies potential interventions supporting healthy definition development.

Evolution of Success Definitions Across Career Trajectories

Participants identified three patterns in the evolution of their success definitions: stable definitions (22%), gradual evolution (61%), and major transformation (17%). These patterns reflect a blend of continuity and change—some nurses maintain core orientations while refining them, while others experience a fundamental reconceptualization due to critical incidents or life transitions.

Stable Definitions: Continuity Across Career. Five participants (22%) reported stable success definitions maintained throughout their careers. These nurses emphasized consistency in what mattered most, particularly patient care and compassion, despite accumulated experience. This stability likely reflects the early crystallization of core values during nursing education or the choice of nursing by individuals already possessing humanistic orientations. Importantly, stability does not imply stagnation; even stable definitions are deepened through experience.

Gradual Evolution: Deepening and Refinement. The majority of participants (61%) described a gradual evolution of their success definitions, where their understanding of success deepened, broadened, or became more refined over time without a fundamental shift. These nurses maintained their core orientations but expanded their recognition of what constitutes success. For example, a nurse might begin by emphasizing clinical skills and later incorporate relational dimensions. This suggests that professional development in nursing involves the elaboration and integration of existing values, rather than a complete redefinition of success.

Major Transformation Patterns. Four participants (17%) experienced significant transformations in their success definitions, often triggered by critical incidents or life transitions. These transformations involved a qualitative shift in their orientation toward success. Three distinct trajectories emerged:

Trajectory 1: Material to Meaningful (N3): N3's transition from hospital to academe catalyzed a shift from extrinsic success markers, such as material wealth, to an intrinsic orientation based on emotional fulfillment:
"Before, success meant material things and being wealthy. Now it's NOT about money, it's about HOW YOU FEEL. Your HEART IS FULL, whether you have everything or not." This shift reflects the influence of the work environment—hospital settings often emphasize extrinsic, measurable outcomes, while academic environments encourage long-term relational impact and intrinsic rewards.

Trajectory 2: Technical to Existential (N21): N21, a nurse in a high-mortality environment, experienced a transformation after a patient death, moving from a focus on technical competence to a focus on existential meaning: "Did I TOUCH SOMEONE'S LIFE?" The death of a patient despite maximal effort led N21 to reframe success as meaningful presence and comfort, not just technical mastery. This transformation is common in specialties where nurses regularly face the limitations of technical interventions and must find meaning beyond the outcome.

Trajectory 3: Individual to Relational/Family (N5): N5's transformation occurred when parenthood reoriented her focus from individual career achievement to family and relational dimensions. Before becoming a mother, success was tied to personal accomplishment, but after parenthood, success involved family balance and nurturing relationships. This shift highlights how personal life can shape professional success definitions.

These transformation patterns align with Critical Incident Theory (Flanagan, 1954) and Transformative Learning Theory (Mezirow, 1997), which posit that significant events trigger reflection and perspective shifts. N21's patient death exemplifies both theories—an emotionally powerful event challenging assumptions about technical skill sufficiency, prompting success redefinition. Contemporary research confirms that critical incidents serve as catalysts for professional identity development, particularly when nurses encounter situations that challenge their existing frameworks of practice (Ni et al., 2022).

The common theme across transformations is movement toward greater meaning, relationality, and existential depth—not merely changed definitions but a maturation process where nurses develop deeper understanding of their roles and impact. Although this cross-sectional design cannot establish causation, findings suggest career trajectories move from external to internal, individual to relational, and achievement to meaning. This developmental progression has been documented in recent integrative reviews, which identify evolving conceptualizations of career success in nursing across professional lifespan (Yamada et al., 2024).

The relatively low frequency of major transformations (17%) compared to stable definitions (22%) and gradual evolution (61%) suggests most nurses maintain core success orientations, refining and deepening them rather than experiencing complete shifts. This finding has critical implications for nursing education: early development of humanistic orientations in nursing programs could support sustained, fulfilling careers without necessitating later radical transformations (Wei et al., 2021). Curricula emphasizing reflective practice, values clarification, and multiple dimensions of professional success may facilitate healthy definition development from the career outset.

While evolution patterns address temporal dimensions of success, setting variations highlight contextual differences in how success is experienced across practice settings. The HPS Model serves as a universal framework, but contextual adaptations reveal the nuanced ways success manifests within different practice environments.

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Setting Variations: Hospital Versus Academe Manifestations

When comparing hospital nurses (n=9) and academe nurses (n=9), setting influenced success expression while core humanistic orientation remained consistent across contexts. Both groups emphasized relational dimensions, valued process over outcomes, and rejected external markers—suggesting shared professional culture transcending practice setting. However, the specific manifestations, temporal orientations, and relational foci differed in revealing ways that illuminate how context shapes success experience.

Hospital Nurses: Immediate Clinical Outcomes and Patient Recovery. Hospital nurses consistently emphasized immediate clinical outcomes: patient survival, recovery, quality care delivery, and technical competence. N1, an ICU nurse with 5 years' experience managing critically ill patients, stated directly: "saving people's lives." N16, a medical-surgical nurse with 10 years' experience, emphasized "helping patients get better." N17, the PICU nurse, focused on mastering technical skills that "make a difference" in infant care. Across hospital nurses, success manifested through tangible patient changes observable within shifts or hospitalizations: patients extubating, vital signs stabilizing, wounds healing, pain reducing, and discharge occurring. The temporal orientation was immediate and episodic—success experienced shift-by-shift or patient-by-patient rather than accumulated over years.

Hospital nurses' emphasis on clinical outcomes likely reflects several contextual factors. First, immediate life-death stakes make survival salient: when patients arrive critically ill and either survive or die based partly on nursing care, survival naturally becomes a success marker. Second, rapid patient turnover with short nurse-patient relationships emphasizes immediate outcomes over long-term influence. Third, measurable physiological changes provide clear feedback: when vital signs improve or wounds heal, nurses receive tangible evidence of effectiveness. Fourth, hospital culture emphasizes productivity and patient throughput, potentially promoting outcome-focused definitions. Despite these pressures toward outcome focus, hospital nurses still incorporated relational and process elements—the humanistic orientation persisted even in outcome-oriented contexts.

Academe Nurses: Student Development and Long-Term Impact. Academe nurses consistently emphasized student development and teaching impact rather than immediate outcomes. N3, who transitioned from hospital to academe, emphasized "SHAPING future nurses"—a formulation implying long-term influence on the profession through student education. N12, a clinical instructor with 15 years' experience, defined success as "when students become competent nurses"—an outcome requiring years to observe. N19 focused on the difference made in students' lives and the values transmitted through education. Across the academe, nurses ' success is manifested through student growth, professional formation, and eventual graduates' contributions—outcomes measurable over years or decades rather than shifts.

Academe nurses' emphasis on student development reflects different contextual factors. First, longer relationships with students (semester or years) enable observation of developmental trajectories unavailable in brief patient encounters. Second, teaching outcomes are inherently delayed: student learning manifests gradually, and teaching effectiveness is only truly assessable when graduates practice independently. Third, academic culture emphasizes knowledge transmission, professional socialization, and generativity—investing in future generations. Fourth, relative freedom from immediate life-death pressures allows focus on formation over immediate outcomes. Notably, several academic nurses also emphasized work-life balance more than hospital nurses, suggesting academic schedules (no night shifts, summer breaks) facilitate balance that hospital nurses struggled to achieve.

Cross-Setting Consistency: Core Values Transcend Context. Despite these setting-specific emphases, 57% of participants (n=13) explicitly affirmed that core nursing values transcend practice settings. When asked if the definition of success would differ in other settings (IGQ7), these nurses asserted that fundamental values—compassion, integrity, service, human connection—remain constant even as specific manifestations vary. This suggests the HPS Model captures nursing's essence rather than mere setting-specific adaptations. Whether caring for patients or teaching students, in hospitals or schools, nurses emphasized human connection, relational presence, and values alignment. The settings shape where these values manifest (bedside or classroom) and how they're measured (patient outcomes or student development), but the underlying humanistic orientation persists.

Setting variations suggest context shapes success manifestation while humanistic orientation persists across contexts—a finding with important implications for understanding the HPS Model's nature. If success definitions varied completely by setting, the model would represent a mere aggregation of contextually specific adaptations rather than a coherent framework. The 57% cross-setting value consistency supports the HPS Model's robustness: it captures something fundamental about nursing professional success transcending particular practice contexts. This finding aligns with recent research confirming that, despite diverse practice environments, nurses share core professional values that guide their understanding of meaningful work (Kallio et al., 2022).

Hospital nurses' focus on immediate clinical outcomes reflects both opportunities and constraints of acute care environments. The opportunity is clear feedback: when patients improve measurably, nurses receive concrete evidence of effectiveness. The constraint is pressure: when survival defines success in life-death environments, failure becomes a personal burden. This may explain why some hospital nurses (N21) transform toward process orientation—outcome-dependence proves psychologically unsustainable in high-mortality settings. Research confirms that nurses in high-acuity settings must develop outcome-independent success frameworks to maintain professional satisfaction and prevent moral distress (Yasin et al., 2020).

Academe nurses' focus on long-term student development reflects both the academic culture's patience for delayed outcomes and teaching's inherently generative nature. The cultivation metaphor applies: teachers plant seeds whose full flowering may not be visible for years. Recent literature on nurse educators confirms that success is increasingly conceptualized through students' professional development trajectories rather than immediate teaching metrics (Wei et al., 2021).

The work-life balance differences deserve particular attention. Academe nurses' greater emphasis on balance likely reflects structural factors: academic calendars provide summers and breaks; teaching typically occurs during daytime hours; no night shifts, weekends, or holidays required. Hospital nurses' relative silence on balance despite its challenge may reflect resignation—when balance proves unattainable, it disappears from success definitions. This raises a concerning possibility: Do success definitions adapt to accommodate unjust conditions, or do they represent authentic values independent of circumstances? Contemporary research on nursing workforce challenges indicates that work-life imbalance remains a critical factor in hospital nurse burnout and turnover, with structural factors—not individual coping—requiring systemic intervention (Alibudbud, 2023).

The work-life imbalance paradox raises urgent questions about boundaries and sustainability that one participant addressed directly and uniquely. N23's perspective provides an essential counterpoint to prevailing humanistic devotion rhetoric, offering boundary wisdom critical for sustainable caring practice.

Critical Outlier Analysis: N23 Boundary Wisdom Imperative

One participant (N23, hospital staff nurse with 9 years' experience) uniquely emphasized self-care as paramount, explicitly prioritizing self over work in stark contrast to other participants' devotion rhetoric: "Being a nurse is truly a RESPECTABLE DEVOTION. But ABOVE ALL, ALWAYS PRIORITIZE YOURSELF OVER WORK. We should also maintain a work-life balance." The emphatic ABOVE ALL establishes hierarchy with self-prioritization supreme. This brief, unelaborated response suggests clarity and conviction. No other participant explicitly positioned self-care as paramount or established a clear hierarchy with personal well-being above professional devotion.

N23 provides crucial negative case analysis, establishing a clear boundary: devotion requires limits for sustainability. This challenges assumptions that authentic commitment requires unlimited availability or self-sacrifice. N23's wisdom becomes especially significant when contrasted with the work-life imbalance paradox: while 87% reported balance challenges, few prioritized balance in success definitions. N23 makes balance central and self-care paramount, representing resistance to uncritical devotion rhetoric. Her single voice carries disproportionate weight precisely because it challenges the dominant pattern.

This perspective aligns with emerging literature emphasizing that sustainable caring requires caring for self alongside caring for others. Nurses who maintain clear professional boundaries and prioritize self-care demonstrate greater resilience, lower burnout rates, and sustained career engagement (Alibudbud, 2023). N23's formulation—"ABOVE ALL, ALWAYS PRIORITIZE YOURSELF"—directly contradicts N18's client wellbeing "above all else," illuminating critical ethical tension. Resolution lies in recognizing these operate on different temporal frameworks: N18's client-primacy within practice moments; N23's self-primacy across career lifespan. Contemporary literature supports this dialectical integration, arguing that caring for oneself is essential for sustained caring capacity (Wei et al., 2021).

N23's imperative tone suggests urgency born from recognition that devotion without boundaries leads to depletion. This warning becomes particularly critical in the Philippine nursing context, where systemic challenges, including inadequate staffing, low compensation, and high workload, create conditions ripe for exploitation of nurses' dedication (Alibudbud, 2023). The outlier analysis reveals what the dominant pattern obscures: the HPS Model's humanistic orientations require structural supports to remain sustainable. Without N23's corrective, the model risks romanticizing devotion while ignoring material conditions enabling or constraining its practice. Her voice serves as an essential reminder that celebrating nurses' humanistic values while ignoring work-life imbalance constitutes complicity in exploitation.

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Synthesis: The HPS Model in Context

The Humanistic Professional Success Model emerged as a coherent alternative to achievement-based paradigms. With relational primacy as the organizing center supported by five additional constructs, the model represents a counter-hegemonic stance that privileges humanity over credentials, process over outcomes, internal over external validation, and values over advancement.

Key Findings. Three findings warrant emphasis: (1) The model prevalence across diverse participants suggests substantive orientation rather than isolated idealism; (2) Evolution patterns show definitions deepen through critical incidents, indicating dynamic conceptualizations; (3) The work-life imbalance paradox reveals tension between ideal humanistic definitions and material reality, raising questions about when values empower versus enable exploitation.

Table 2.

Paradigm Comparison: Achievement versus Humanistic Success

Dimension	Conventional Achievement Paradigm	HPS Model (Humanistic Paradigm)
Primary Focus	Credentials, titles, advancement	Human connection, relationships
Success Metrics	External markers (promotions, awards)	Internal experience (contentment, meaning)
Temporal Orientation	Future-oriented (distant goals)	Present-tense (daily experience)
Scale	Major milestones, achievements	Micro-moments, daily interactions
Outcome Dependence	Results-dependent (measurable outcomes)	Process-oriented (effort regardless)
Validation Source	External recognition, approval	Internal validation, self-assessment
Values Priority	Professional advancement, status	Compassion, integrity, service

The HPS Model represents a fundamental paradigm shift in conceptualizing professional success, diverging systematically from conventional achievement frameworks across seven key dimensions (Table 2). Where traditional paradigms prioritize credentials, titles, and hierarchical advancement as primary success indicators, the HPS Model centers on human connection and relational practice. This reorientation extends beyond mere emphasis to ontological repositioning: success is no longer something to be achieved (external, future, outcome-dependent) but something to be experienced (internal, present, process-oriented). Temporally, conventional models position success as distant goals requiring years of progression, whereas the HPS Model validates success through daily competent practice accessible in each shift or interaction. The scale shift is equally significant—from rare major milestones to accumulated micro-moments—democratizing success by making it continuously available rather than episodically achievable. Critically, the HPS Model's outcome-independence liberates practitioners from equating professional worth with patient outcomes, a psychological necessity in high-mortality or chronic care settings where consequentialist definitions prove unsustainable. Finally, the validation shift from external approval to internal experience represents professional autonomy reclaimed from organizational and societal judgment. This comprehensive divergence positions the HPS Model not as incremental refinement but as a counter-hegemonic alternative—privileging humanity over hierarchy, meaning over measurement, presence over productivity, integrity over image, and being over becoming.

Table 3.

HPS Model Constructs and Theoretical Alignments

Construct	Primary Theoretical Alignment(s)	Key Theoretical Concepts
Relational Primacy	Watson's Caring Science; Collectivist Cultural Values	Transpersonal caring; kapwa; humanistic nursing
External Marker Rejection	Calling/Vocation Literature; Critical Theory	Intrinsic motivation; resistance to credentialism

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Micro-Moment Accumulation	Positive Psychology; Broaden-and-Build Theory	Small positive experiences; resource accumulation
Process Orientation	Deontological Ethics; Virtue Ethics	Effort validation; outcome-independence
Internal Validation	Self-Determination Theory	Intrinsic motivation; autonomy
Values Anchoring	Virtue Ethics; Moral Philosophy	Character over consequences; integrity

Theoretical Alignment. As seen in Table 3, the HPS Model's theoretical coherence emerges through convergent support from multiple theoretical traditions. At its philosophical foundation, the model integrates Watson's (2008) caring science—which positions transpersonal caring as nursing's essential characteristic—with virtue ethics frameworks emphasizing character and integrity over measurable outcomes (MacIntyre, 1981). This dual foundation enables the model's distinctive focus on being rather than achieving. The model's emphasis on intrinsic motivation and internal validation aligns with self-determination theory (Deci & Ryan, 2000), while its process orientation reflects deontological ethics that validate effort regardless of results (Kant, 1785/2012). The micro-moment accumulation construct extends positive psychology's broaden-and-build theory (Fredrickson, 2001) into professional contexts, suggesting that frequent small positive experiences cumulatively build enduring professional meaning. Critically, external marker rejection represents resistance to credentialism documented in calling/vocation literature (Wrzesniewski et al., 1997), positioning the model within counter-hegemonic frameworks that challenge achievement culture. Within the Philippine context specifically, relational primacy's centrality may reflect collectivist cultural values, particularly kapwa (shared identity) (Tablan, 2022), though the construct's universality across nursing contexts warrants further cross-cultural investigation. Together, these theoretical strands position the HPS Model not as an atheoretical description but as an empirically grounded integration synthesizing humanistic, motivational, ethical, and cultural perspectives on professional meaning-making in caring professions.

Limitations. This study has several limitations warranting consideration. First, the cross-sectional design captures success definitions at single time points, limiting the ability to establish causal relationships or track longitudinal evolution. Second, the sample (n=23) drawn from the Philippines may reflect culturally-specific values, particularly Filipino collectivism and *kapwa* (shared identity), limiting generalizability to other cultural contexts. Third, the purposive sampling strategy and written narrative format may have attracted participants with particular orientations or communication preferences, potentially introducing selection bias. Fourth, the study's focus on currently practicing nurses excludes perspectives of those who left the profession, potentially missing critical insights about unsustainable success definitions. Finally, the online Google Form format, while accessible, prevented follow-up probing to deepen understanding of participant responses and may have limited participation from those with constrained internet access.

Conclusions

This study introduces the Humanistic Professional Success (HPS) Model, grounded in Filipino nurses' lived experiences across diverse practice settings. The model comprises six interrelated constructs with relational primacy as the organizing center: human connection, external marker rejection, micro-moment accumulation, process orientation, internal validation, and values anchoring. Unlike conventional achievement-based paradigms prioritizing credentials, advancement, and external recognition, the HPS Model centers humanity over hierarchy, connection over credentials, meaning over measurement, and integrity over image. This counter-hegemonic framework expands conceptual space for what counts as professional success in nursing.

However, celebrating humanistic values while ignoring structural inadequacies risks complicity in exploitation. The work-life imbalance paradox—87% (n=20) experiencing balance challenges, yet few prioritizing balance in success definitions—reveals a dangerous disconnect between ideals and material realities. N23's boundary wisdom provides essential corrective: sustainable humanistic practice requires prioritizing self-care alongside patient care. As N9 proclaimed, success means being "a HUMAN BEING FIRST, AND A NURSE SECOND," but as N23 warns, this requires "ABOVE ALL, ALWAYS PRIORITIZE YOURSELF OVER WORK." Both truths must guide nursing's future: honoring humanity while ensuring systems support rather than exploit devotion.

Recommendations

For Practice. The HPS Model validates humanistic orientations, while N23's boundary wisdom cautions that sustainable caring requires self-care. Healthcare organizations must move beyond rhetoric celebrating nurses' dedication to creating structural conditions enabling values-aligned practice: adequate nurse-patient ratios, reasonable schedules protecting work-life balance, and evaluation systems recognizing relational practice alongside technical competence.

For Education. Nursing curricula should explicitly address success definitions early in professional formation, validating humanistic orientations while emphasizing boundary wisdom. Reflective exercises exploring personal success definitions, critical analysis of achievement culture, and strategies for sustainable caring practice should be integrated throughout programs. Mentorship models pairing students with nurses exemplifying humanistic values and healthy boundaries can support healthy definition development.

For Research. Future research should examine the HPS Model's cross-cultural applicability, conduct longitudinal studies tracking success definition evolution across career stages, and investigate relationships between success orientations and outcomes, including job satisfaction, retention, and well-being. Quantitative instrument development would enable large-scale testing of model constructs and their relationships. Critical examination of when humanistic values empower versus enable exploitation remains essential.

For Policy. The 87% work-life imbalance prevalence demands systemic intervention through mandatory nurse-patient ratios, scheduling regulations protecting rest periods, and compensation equity addressing nursing's historical undervaluation. Policymakers must leverage HPS insights to guide workforce improvements while refusing to weaponize nurses' humanistic values to justify inadequate conditions. Fair compensation and humanistic values are not mutually exclusive but must coexist for sustainable, excellent nursing practice.

The HPS Model illuminates what nurses value; the urgent task now is creating work environments, organizational policies, and societal structures that enable rather than exploit this humanistic orientation. Only then can nursing's essential humanity flourish sustainably.

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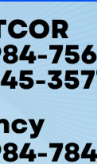World Medical Association. (2013). Declaration of Helsinki: Ethical principles for medical research involving human subjects. *JAMA, 310*(20), 2191–2194. https://doi.org/10.1001/jama.2013.281053

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