

## Work satisfaction and dissatisfaction – caregivers' experiences after a two-year intervention in a newly opened nursing home

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**Work satisfaction and dissatisfaction – caregivers' experiences after a two-year intervention in a newly opened nursing home**

**Aims and objectives.** The aim of the study was to investigate, from the narratives of nine enrolled nurses and one nurses' aide directly involved in patient care, the deeper meaning of work satisfaction and dissatisfaction when working with the older people.

**Background.** Both nationally and internationally, there is little research documented regarding the working situation of the enrolled nurses and nurses' aides who make up the majority of care for older people today. With this in mind, it is important to focus on how these occupational groups experience their work with the older residents in municipal care, following a two-year intervention.

**Design.** The study is part of a larger longitudinal study, with a quasi-experimental design within the municipal system of care for older people in Sweden. The investigation was carried out following a two-year intervention, which included: education, support and clinical supervision.

**Method.** The interviews were performed 12 and 24 months after start of the intervention and were analysed with a phenomenological–hermeneutic method inspired by Ricoeur's philosophy.

**Results.** The findings from these narratives illustrated a change compared with the findings from the first interviews, when the nursing home had just opened. There was a

shift from a dominance of dissatisfaction with work, to a dominance of work satisfaction and this was expressed in the following themes: experience of a changed perspective, experience of open doors, and experience of closed doors. Each theme emerged from several different subthemes and each subtheme that had been expressed in the caregivers' narratives was interpreted.

**Conclusions.** The study shows that the caregivers' experience of work satisfaction in the workplace exceeded their experience of dissatisfaction and that the intervention, consisting of: education, support, and supervision might have facilitated this positive development where the older residents were prioritized. It also shows that communication and understanding between management and staff had increased as the nursing home had opened.

**Relevance to clinical practice.** The findings can be used to help to prevent work dissatisfaction, and thereby increase work satisfaction for caregivers working in nursing homes.

**Key words:** intervention, long-term care, supervision, work satisfaction

## Introduction

This study is one part of a longitudinal multi-centre study including three nursing homes. In two of the homes, 'T' and 'B', staff members took part in a two-year intervention study that included: education, clinical supervision and support. The third home, 'K', served as a control nursing home where no actions were taken by the research team during this period. The meaning of work satisfaction and dissatisfaction has been illuminated from interviews with caregivers from the newly opened nursing home 'T' – before the intervention started (Häggström *et al.* 2004). Dissatisfaction dominated in three of the four themes that emerged: experience of betrayal, experience of failing others, experience of insufficiency in the workplace, and experience of work satisfaction.

Both nationally and internationally, there is little documented research regarding the working situation of enrolled nurses (EN) and nurses' aides (Gustavsson 1999) that according to Fahlström (1999) is the main profession in care of older people today. To create opportunities for caregivers to feel more motivated in their work appears to be important so that they can strive towards self-realization (Häggström *et al.* 2004). This is essential if the increasing numbers of older people in society are to receive good quality in care (Sweden's Future Population, Statistics Sweden 1995, Morgan *et al.* 1997). Skovdahl *et al.* (2003a,b) shows that it is important to find a balance between demands and competence in the context of caring. Furthermore, Häggström *et al.* (2004) has demonstrated how staff expressed that caring for older people is emotionally charged, fraught with conflict, yet a joyful line of work, and that to avoid work

dissatisfaction several measures need to be taken, such as providing support and supervision for staff members.

The aim of supervision is, among other things, to develop and improve the relationship between caregivers and patients and to provide more opportunities for caregivers to reflect upon their way of working (Severinsson & Hallberg 1996a,b, Bégat *et al.* 1997, Olsson & Hallberg 1998, Berggren & Severinsson 2002). Care-focused supervision, takes its starting point from the staff's feelings and experiences, and is mainly focused on the caregiver in relation to the patient (Bowles & Young 1999, Holst *et al.* 1999). Patient-focused supervision means focus on the care receiver, where the caregivers receive supervision regarding the care of the patient (Enarsson & Sandman 1998). Previous intervention studies in dementia care where staff received systematic clinical supervision combined with individual supervision, have indicated effects of less burn out, increased work satisfaction, empathy, and creativity among the staff (Hallberg *et al.* 1994, Edberg *et al.* 1996, Olsson & Hallberg 1998).

The purpose of the present study is to illuminate the deeper meaning that is implied in the context of work satisfaction and dissatisfaction over a period of time, among caregivers working with older people where; education, support, and clinical supervision was provided during a two-year period. The results from the interviews after 12 and 24 months, will be analysed and interpreted in relation to the caregivers' first interviews, as earlier reported, (Häggström *et al.*, submitted), where no intervention was provided. This was considered important to obtain further knowledge as to how management, together with caregivers' working with older people, can increase their knowledge and improve their working environment.

## Method

### Settings

The present study concerns the second and third interviews from staff at nursing home 'T' which is a newly opened nursing home, located in a city with 100 000 inhabitants, in central Sweden. Forty-five older people, separated into four different groups, resided at the home. Fifteen people had somatic diagnoses, 20 people suffered from severe dementia disorders, and 10 people displayed deviant behaviour. The staff began their new post at nursing home 'T' in the summer of 1999 and the interventions began on November 1, the same year.

Before the nursing home opened, the caregivers were promised ample staffing and a sufficient number of Registered Nurses (RN). The nursing staff planned how their work should be carried out and the community provided a 2-day education about basic dementia. The management's role at nursing home 'T' was strictly administrative. Shortly after the nursing home opened, nine RNs left their place of employment and they were replaced with nine ENs. In addition, a reduction was made in the number of employees and this resulted in a staffing of one per bed (including night staff). At the same time, there was an increase in the number of residents, due to budget cuts.

### Ethical considerations

Caregivers and units were guaranteed confidentiality. All members of staff were informed verbally about the purpose of the study, that the material would be confidential, and that they could, at any time, refuse to participate, without any explanation or consequences to themselves. The participants gave their informed consent to take part in the study, which was given approval from the Regional Research Ethics Committee (803/99).

### Intervention

The two-year intervention at nursing home 'T' originated from requests from the staff. The intervention included lectures about diseases such as, strokes, Parkinson's disease, and dementia, and training in how to use resident assessment scales, communication, and conflict management. The intervention also focused on providing an integrity promoting care for older people. Members of staff at nursing home 'T' were also provided with training in tactile massage and they practised this on the residents during the intervention. Clinical supervision in caring for the individual patient, the

implementation of knowledge from the lectures, and supervision concerning co-operation within the team, was offered to staff once a month. The support that was provided also meant that a researcher participated and observed in direct patient care at the unit, and was available to staff if they had any questions.

### Participants

The RNs, ENs, nurse's aides, and occupational therapists ( $n = 32$ ) who had voluntarily reported their interest in participating in the main study were interviewed. Ten persons who participated in direct patient care were chosen for the present study, from the beginning to the end of the intervention. Only these caregivers were possible to follow during the whole study. Their narratives from the first, second and third interviews ( $n = 3 \times 10$ ) were assessed on three different occasions. The participants consisted of nine ENs and one nurses' aide. All had more than 10 years nursing care experience. Most of the participants were aged between 35 and 55 years.

### Narrative interviews

The data collection was made up of narrative interviews to achieve a better understanding of the meaning of the subjects' lived experiences (Kvale 1996). The interviews, which lasted 30–60 minutes, took place in a location chosen by the interviewees, a setting where they felt they could speak without being interrupted. The interviews began with an open question, about how the caregivers felt about taking care of older people and about the joy and difficulty involved with the work. The interviews were in the form of a dialogue and the interviewees were asked to narrate about their work as freely as they wished to, in their own choice of words. From the informants' narratives, further questions were asked in order to develop and clarify the content of the narratives. The role of the interviewer was to encourage the caregivers to reflect upon the question and then additional questions were asked, e.g. 'please tell me more about this situation' or 'can you tell me more about how you dealt with the situation' (cf. Mishler 1986). With the interviewees' permission, the interviews were tape-recorded and then typed verbatim by an experienced secretary.

### The phenomenological–hermeneutic approach

The analysis and interpretation of the interviews was inspired by Ricoeur's (1976) phenomenological hermeneutics. The method was developed at the University of Tromsø by

Lindseth *et al.* (1994) and at Umeå University by Norberg *et al.* (1998). This method has been used among others, for example, Söderberg *et al.* (1997) and Skovdahl *et al.* (2003a,b) and it focuses on the meaning of people's narrated lived experiences. The interpretation proceeds through dialectical movements between understanding and explanation. The first phase, the naive reading, is a superficial reading of the text as a whole, to gain an overall impression and an initial grasp of the text. The naive reading shows the direction of the second phase, the structural analysis. The structural analysis is directed towards the structure of the text to explain what the text is communicating. It includes a variety of examinations of parts of the text to validate or refute the initial understanding obtained from the naive reading. An in-depth understanding – an interpreted whole – constitutes the third phase. The interpreted whole, develops in the light of conceptual frameworks with the aim of gaining a deeper understanding of the text (Ricoeur 1997). It is based on the naive reading, the structural analysis, and the authors' preunderstanding.

In the present study, the first author's preunderstanding stems from her background as a RN and a midwife, as well as from her long experience as a teacher on the subject of women and older people in society, and also from a master's degree in sociology and research from a previous study (Häggström *et al.*, submitted). The third co-author's preunderstanding stems from working as a community health care nurse and as a teacher for community health care nurses. The remaining authors' preunderstandings come from working in geriatric care for several years, as RNs and as researchers within this area.

## Analyses and findings

### Naive understanding

The questions, the thoughts, and the reflections that arose in the naive reading of the narratives were written down. The naive reading revealed that after 1 and two years at the nursing home, the staff still experienced that their work was filled with joy, yet emotionally charged and fraught with conflict. However, they seemed to have become more skilled when dealing with older people in different care situations. Discussions, reflections, and supervision among the staff and the research team, might have had significance for this improvement among caregivers. An additional factor that may have had an impact on this development was the changed view regarding work management, who now appeared to be supportive and more attentive to the staffs' wishes. It seemed as if the staff themselves better knew each

other and they created a structure for how they wanted to work together and this seemed to create more security in the work. Difficulties were dealt with as important challenges, which need to be solved together with others. A few caregivers appeared to be disappointed regarding the development at the nursing home. They expressed feelings of unhappiness with their work-situation, which sometimes also affected their private well-being.

### Structural analysis

The naive reading implied that the caregivers had changed their perspective to a more positive experience of their work. In order to explain the meaning of the text in the second and third interviews, after 12 and 24 months respectively, the text was explored in relation to the themes that had emerged from the first interviews.

#### *First structural analysis*

In order deductively to exclude the themes, as in the first interviews, the questions were directed to the second and third interview texts, based on the following themes, which developed from the first interviews (Häggström *et al.* 2004). (i) Experience of betrayal – describes how the staff felt let down in several different ways, such as: betrayal from society, the organization, the management, from colleagues, and self-betrayal. (ii) Experience of failing others – describes how the staff believed that they did not pay enough attention to older people, in several different ways. (iii) Experience of inadequacy concerning one's work – describes how the staff meet overwhelming demands from several directions. (iv) Experience of work satisfaction – describes how the staff felt support in different ways. The findings illustrate that the above themes continued to exist. The caregivers who were observed during the two-year period, continued to acknowledge the experience of betrayal, of failing others and inadequacy at the workplace but this was experienced to a less extent than had previously been reported. All caregivers except for a small number of ENs, had changed from a perspective where the dominant expression of dissatisfaction with work, had developed into an experience of work satisfaction. When the first structural analysis was completed, the remaining text from the interviews was analysed in the second structural analysis (Table 1).

#### *Second structural analysis*

From the remaining text of the second and third interviews, consisting of several statements, an inductive phenomenological-hermeneutic analysis was made, based on the aim of this study. The text was divided into 'meaning-bearing units'

Table 1 Example of the analysis

Meaning-bearing unit	Condensed meaning-bearing unit	Subtheme	Theme
I think that it like works really well. Sure, sometimes, when you don't, because you maybe do not have the time. Having time is to prioritise too. But what I feel, that one of the residents has got something, an extra moment alone with me, so that we had the chance to find something to talk about which they remember, something from the past maybe which is there in their mind. Then it feels good when you leave here.	Can prioritize the work in favour of the residents' needs, which feels good	Willing to give preference to the residents	Experience of a changed perspective
I think that can be a bit individual, That I need some time to feel secure. It was X who said that just knowing that when you go in to the bathroom, there is an alarm button. Such a simple thing, you know. So, I guess it was some time this spring that I think things have constantly become better.	Wants to feel secure herself at work and experiences that this feeling is increasing the more time passes	Feeling security	Experience of open doors
I feel that I don't do, I'm not good enough for anything. And it very often happens, that you think, yes, I'm going to carry on working like this for 20 years, it's just not possible. It is not good for those who live here and it is not good for us, the staff. Because both the staff and the residents feel bad, really.	The work situation leads to the experience of a personal feeling of inadequacy, which neither the staff nor the residents benefit from.	Feeling disappointment	Experience of closed doors

and then read through once again to make a thorough and detailed analysis of the text. Each 'meaning-bearing unit' was interpreted, reduced and condensed. The condensed units were then placed in relation to, and interpreted, in comparison with each other, and patterns with similarities and differences emerged. These were then sorted into sub-themes that dealt with the aim of the study. Following this, the subthemes that were connected with each other, were placed in relationship to, and formulated into, the following interpreted themes: (i) Experience of a changed perspective, (ii) experience of open doors, and (iii) experience of closed doors.

The second analysis of the remaining text also showed that the majority of the caregivers had shifted to a dominance of work satisfaction, except for a small number of ENs who expressed a dominant feeling of dissatisfaction with their work situation. Because there was no difference in the

content of the interviews made after 12 and 24 months, the findings are reported together. This means that a change was seen after 1 year and remained after two years (Table 2).

*Experience of a changed perspective.* In their narratives, the participants describe that they had experienced a changed perspective concerning their work, in several ways, compared with when the nursing home had just opened. This perspective was related to the fact that the staff had now changed their way of looking at their work situation. This new perspective was mainly directed towards the residents, but it also affected the caregivers during care situations, or at times when they felt under the weather themselves. The caregivers maintained that they would like to do more for the residents but at the same time, they have learned to try to do their best in the actual situation. Sometimes they feel sad when they

**Table 2** Themes and subthemes of work-satisfaction/dissatisfaction

Sub themes	Themes
Being prepared Willing to give preference to the residents Being able to structure Feeling support	Experience of a changed perspective
Feeling faith in the future Feeling security Being able to reflect Feeling stimulated Being tolerant	Experience of open doors
Feeling disappointment Feeling disbelief Feeling anger Feeling stagnation	Experience of closed doors

realize that the residents would prefer to be in their own homes but they try to accept that this is okay, 'now he will be here for three nights, then he will be with his wife and then he will be fine' exemplifies this. Sometimes they feel that the number of staff is inadequate but even then, the caregivers try to do what is best for the residents. The narratives revealed that the caregivers are aware of the fact that some things cannot be put off until later and they know that they have to be attended to here and now. Increasing the time needed for conversation is one example of this. Having to lie to a resident in a conversation where the caregiver agreed with the resident, for example, that the cows needed to be milked, showed that the caregiver is prepared to lie as part of the treatment of people diagnosed with senile dementia. Several caregivers related that they understood the emotional changes that the residents showed, and they explained that their ability to deal with the situation is connected to how they themselves feel at the time:

Then you are still supposed to find the positive aspects of this person who has hit you. Because two minutes later he has stopped fighting. You are expected to notice that which is positive and you are still expected to like that person. It has been a little difficult. However, this is something you have had to learn, because it is not always that easy. Sometimes you can deal with it and it works out just fine and sometimes you are tired and irritable yourself and you know that it is just not going to work.

The caregivers' narratives showed that there was a determination at the home to give the residents priority in the daily work. The participants described that, from their perspective, the residents' care was more important than other work and they felt that it was acceptable to want to prioritize the residents rather than carry out other assignments. An example from the daily work was the determination to

solely, and with dignity, be allowed to give the residents care and to let the residents decide the pace at which care should be given. If the work was strenuous, the caregivers were determined to prioritize the residents, 'we really want to prioritize the residents, and then it feels as if it works out quite well after all'. The caregivers also expressed in their narratives, that they did as much as they could in the actual situation and they explained that even if some things needed to be put off until later, the residents came first. For some of the caregivers it was difficult not to have everything neat and tidy at the home, but if this meant that they could create a calm atmosphere, then this was regarded as more important.

One caregiver related that the purpose of this kind of work is based on a common humanity and a love of mankind, and she emphasized that the aim of caring is to provide the residents with good care:

Yes, I've found this fascinating, because somehow, even if we are different we are still alike somehow, I think that there is some sort of humanity of mankind, sort of, among people, we all have one goal in common and it is possible to reach this goal, even if we may do things a little bit differently.

A new perspective emerged from the staff's narratives and this was the necessity of being able to structure one's work. A workday cannot, according to their statements, function without a well-defined structure. The knowledge that, i.e. today I am responsible for the kitchen, the cleaning, etc. meant that the caregivers could focus more on the residents and give them priority. Not having to be in several different places at the same time made it easier for them in their work: 'because we divide the tasks between us each morning, so that each person has her own assignments, you know'. The narratives demonstrated that time was important because this gave the caregivers a chance to get to know other members of staff and it gave them the opportunity to structure their work:

Now I think that it has become like that, now, after two years. At first, you didn't really think so. Nevertheless, I guess it is like that. When you start a new... before the staff get to know each other and you figure out how you're supposed to work together and in the beginning there was so much that was unclear... Well that doesn't mean that we have routines about every single thing, we don't have that. However, you have a greater sense that there is more structure to everything.

The caregivers described how they felt support from four different directions: the work management, their co-workers, the RNs, and the research team. They explained that the work management listened to them and that they understand their daily problems. One confirmation of this is that there is now more staff on the wards. The co-workers stood by each

other and provided support and there was a sense of affinity between them. One example of this, is being able to get things off your chest, and being able to share these problems with others:

...because, I mean, there are many nights when we stay down in the yard until ten o'clock and sometimes until quarter past ten before we go home, sort of getting things off our chests a little.

The RN was described as a valuable person, important in the sense of keeping the group together and someone with whom one could discuss medical issues. According to the statements, the research team were important when it came to talking to someone who understood what a care problem entails, and being able to support the caregivers in various care situations:

And then the fact that you have been here sometimes so that one has been able to get things off one's chest. Because that's what you need as well. And then you find a new way to approach things, like you did: ah, maybe we can do this way instead, and that is important.

*Experience of open doors.* The caregivers at the nursing home maintained that despite the demanding work situation, there were many moments and situations where the content and the deeper meaning of work satisfaction had been felt, and that this had intensified since the nursing home opened. Several of the interviewees expressed clear faith in the future and this implied that they were referring to the possibility of an improvement in their work that there would be a balance between work and spare time and that the amount of staff would increase. An expression such as:

...that this is what I want to work with after all, just with people suffering from senile dementia, that's how it feels and then that I would like to educate myself further in this line of work,

is one example of their beliefs for the future. According to the interviewee's narratives, the staff felt secure with each other in two ways. Partly, they were now familiar with each other and they themselves felt secure in their work group, and partly, that the staff now knew the other person's role, in relation to their daily work, and there was a mutual feeling of how each person functions in different care situations:

Yes, that you had managed to get that far and that you were allowed to help him all by yourself. And the others were sort of there in the background in case something happened. But it was really fun.

Being able to reflect upon one's work was something that appeared in several ways in the statements. Questions such as *where*, *how* and *why* were something which the staff discussed with each other when they had failed or succeeded

in their care of the residents. One example of this could be when the older residents were anxious or when they displayed unexpected expressions of emotion, involving aggressiveness or joy. The occasions when staff received supervision were described as important and a meeting-point for reflection:

I can feel that, that you are somehow powerless before you accept that the person in question somehow has finished fighting. You just have to accept that. I thought that it was quite hard here a month ago or so, you felt that you wanted to, but you had no chance. And if you did, that it didn't turn out well either. You cannot go on forcing someone, it just does not work. Finally, you feel like you are nagging, you are doing this, preparing food and beverages. Therefore, you have to find somewhere where the group makes the decisions, because this is how they are.

According to the narratives, members of staff were stimulated in their work, because they were aware that they needed to constantly think of new ideas and solutions for the residents to maintain good quality care. All of the residents were described as unique and the staff were challenged and stimulated when working with difficult, deviant residents. The staff also stated that they felt acknowledged and stimulated because they were part of a research project:

There have been people who have cared about what we are doing. I think it might feel strange later on. However, it is as if they have cared about what we do. They have questioned things a little and so on. That has been fun too.

The narratives also showed that the experience of work-satisfaction implied there is a mutual and tolerant atmosphere at the nursing home. A common, humanistic basis of values existed among the staff, but they allowed each other to have different goals regarding care and encouraged those who were better at some things than others:

And some are very good at dealing with relatives and talking to them and they are also good with some of the more difficult residents, the ones you sometimes think: How am I going to get out of this situation and then someone might be clever and figure out how to do it. It is very good if you can come up with things like this and find new solutions; I think that is important.

*Experience of closed doors.* A small number of participants maintained that they had felt disappointed with their working situation ever since the nursing home opened. Their disappointment was directed towards the public, the work management, their co-workers, and the research team. By the public, the interviewees referred to the attitudes that they meet from other people, i.e. that their line of work is

considered unattractive, with low salaries and a low status. 'Because I've experienced, many times when I've told people that I work at a nursing home they have said; how can you work with shit every day?' According to the participants, this made them feel less valuable and not as worthy as other members of society. From the statements, it also became clear that the work management did not listen sufficiently to the caregivers and did not appear to understand some of the issues that the caregivers had taken up. Some examples of these kind of issues could be that a caregiver's competence was not being used to its fullest, someone may have had to work with an older person with deviant behaviour, although they had been afraid and had clearly stated that they did not wish to do so. A lack of rewards following the difficult years that have passed since the nursing home opened, were further examples of the disappointment that existed in relation to work management. Disappointment with co-workers implied that the decisions and the organization of the work assignments at the nursing home did not work, 'Very often it is like, what am I supposed to do?' 'Well do as you like they say' – but then doing as you like usually does not work. 'You have to organize', 'It has got to the stage where everyone is supposed to decide everything'. The caregivers explained that they sometimes have taken part and participated in the research team's educational efforts and supervision and that this has taken up a lot of their spare time. A number of caregivers believed that the supervision is good in theory, but rarely of any use in practice:

But when it comes to real-life situations then it's hard to carry out. So, you can like, talk it through, but you have to do something as well. So therefore I think this supervision thing, well it has been good to talk things through and then tell each other about it and what you think is good about it and what is not so good, things like that. Nevertheless, not that much has happened since, really.

The participants explained their distrust of the local municipality as an institution. The management's chances of making decisions were regarded as almost non-existent, as they were dependent on others that were higher up in the organization. The narratives showed that the caregivers felt that they had low professional status in relation to those employed by the county council and that they were under stimulated. They also stated that their own municipality had not actively tried to change their situation. In the long term, they thought that this would lead to difficulties in recruiting staff for future care for older people.

The feelings of anger that emerged from the narratives were connected with feelings of being discriminated against, because caregivers were not allowed to take time off with pay when they participated in supervision and meetings at their

workplace. The interviewees experienced anger because the knowledge and the research existing within dementia care is not being made full use of at the nursing home. A lack of staff at weekends meant that breakfast was reduced to hot cocoa and sandwiches because there was not enough time for more and this was one source of anger:

I don't think that this kind of thing is reasonable where you work. I think. No, I do not. On my floor, they have decided that on Saturdays and Sundays you are supposed to serve hot cocoa and a sandwich because you do not have time to prepare any other breakfast because there are only two of us working on the weekends. That makes me upset.

The theme that emerged least in the narratives connected with the 'Experience of closed doors' was the subtheme 'Feeling of stagnation in the work.' The interviewees described how the situation today was similar to that of care for older people in Sweden in the 1980s and they stated that the development has not moved forward since then. They maintained that the residents needed more than just basic care, because they were going to live for many years at the nursing home and therefore, needed daily activities and continuity in their lives. According to the participants, to provide this kind of care, highly educated staff are needed who are capable of putting great efforts into health care at the home. 'As this particular floor is strictly a nursing home, there are many things to be done when it comes to medical issues. Therefore, this kind of competence is needed'.

## Comprehensive understanding and reflections

### *Theoretical understanding*

The different steps in the analyses showed that during the two-year period where members of staff were offered education, support, and supervision, their views had changed to a certain extent. The experience of betrayal from the work management had almost completely disappeared for the majority of the staff. This is probably because the staff members had learned to work in a decentralized organization. Maslow (1959) describes that insight can grow and turn into knowledge with the use of dialogue. The dialogue between the work management and the staff, during these two years, seems to have increased insight and knowledge about the others work statements. This might explain why the staff now felt that they were acknowledged more and appreciated by the work management, which in turn led to increased work satisfaction (Maslow 1959). The findings showed that the staff expressed that, at present, they were more aware and prepared in their work, which can be related to the security and fellowship they have with the work management. The

caregivers experienced that the older persons needs were more important than other working assignments and this made it possible for them to prioritize the older people without suffering from a bad conscience when they had to leave other duties to calm things down. The appreciation that they received from the work management and the older residents helped the staff to be more creative and motivated in their work (Maslow 1987). This feeling of trust is crucial for the caregivers' increased well-being. The trust that existed between co-workers, management, residents, and the research team, might have facilitated the caregivers' experience of work-satisfaction. This satisfaction with work was related to stimulation, the significance of increased knowledge, greater challenges, and the power of reflection. All of these factors were important incentives in the development of the work. The caregivers explained that this gave them the opportunity for personal self-realization (Maslow 1987). Knowledge is about doors being opened and this was sometimes expressed by the caregivers (Maslow 1959). For a minority of the caregivers, a feeling of betrayal remained and it came from several different directions. This could be described as 'doors that have been closed' which was expressed in disappointment, disbelief, anger and stagnation regarding their work-situation. For these caregivers, the opportunity for motivation and personal self-realization in their work was poor. The reasons can be traced to a lack of fellowship within the organization, which can be related to Maslow's (1987) view that holistic and dynamic way of working should exist in a creative organization. It could also be connected to the poor conditions that still existed at the nursing home and for these caregivers' a great responsibility for the older people.

#### *Reflections in relation to other research*

The staff in this study expressed the same views as in their first interviews, before the intervention including education, supervision and support took, place (Häggström *et al.* 2004), that caring for older people is an emotionally charged undertaking and fraught with conflict. However, in the present study, differences were found, compared with when the home had just opened. The caregivers expressed in their narratives, that they have become better at dealing with the strong emotions that could arise in their work with older people. The majority of the caregivers have now learned to find a balance between reasonable demands and what can be done in the care of older people, in relation to their own competence. According to Skovdahl *et al.* (2003a,b), the caregiver needs to find a balance in order to meet the demands at the workplace. There is openness when handling and dealing with both difficult and simpler problems in care. The education, the support, and the supervision that has been

provided for the last two years, along with other factors, such as increased security at the workplace, might have facilitated these experiences. The purpose of supervision is, according to other authors (Severinsson & Hallberg 1996a,b, Bégat *et al.* 1997, Olsson & Hallberg 1998) to develop and improve the relationship between caregiver and patient and to provide the caregivers with more opportunities to reflect about their work. According to Hyrkäs and Paunonen-Ilmonen (2001) supervision also leads to an improvement in the quality of care. Skovdahl *et al.* (2003a,b) found that, not only a balance between demands and competence is needed in the work, the caregivers also need support when dealing with demanding care situations. The caregiver's changed perspective and their experiences of work-satisfaction, which were expressed as feelings of security, stimulation, capability of reflecting and their determination to prioritize the residents, is a confirmation of the positive changes in the working climate, which has developed since the nursing home opened. The supervision was mainly care-focused (Bowles & Young 1999, Holst *et al.* 1999) but individual patient-focused supervision was also offered (Enarsson & Sandman 1998). These two foci on supervision might have facilitated the caregivers' experiences of work-satisfaction. The positive, dynamic atmosphere that grew forth during the two years after the nursing home opened, may also have had a significance for the increased understanding between the work management and the staff which Hyrkäs *et al.* (2002) also described as the positive effects of supervision within an organization.

A minority of the caregivers still felt great frustration and therefore, dissatisfaction with their work. Feelings of disappointment, disbelief, anger, and stagnation, dominated their narratives during the two-year period of the intervention. If people are to experience completeness in their lives, it is necessary that they live in a context and feel involved and associated in this context (Antonovsky 1979). A question that can be raised in this context concerns if and why these caregivers did not feel involved and associated with the nursing home? It might be an effect of the attitudes that some interviewees met from other people, i.e. that their line of work is considered unattractive, with low salaries and low status.

#### **Methodological considerations**

A phenomenological-hermeneutic method was used for this study. Narrative interviews provide many opportunities to expose the meaning of what is studied. In this study, the significance of the caregivers' deeper meaning of work-satisfaction and dissatisfaction concerning their work with elderly, during a period of two years, was analysed when education, support and supervision was provided during this

time. The present interpretation is only one of several possible interpretations, according to Ricoeur (1976) and should be viewed as significant in the deeper meaning of working with the elderly, during a two-year period at the nursing home. However, the caregivers in this study narrated good stories and the similarity between the stories in the second and third interviews validates their trustworthiness (Sandelowski 1986). A bias in present findings might be that those who were interviewed were the caregivers who liked their work most and therefore stayed at the nursing home. The number of participants was 10, and these were followed from when the nursing home opened until the intervention was completed, in total, this resulted in  $3 \times 10$  interviews. This in itself does not provide the opportunity for generalization, but the results can increase understanding for management and nursing staff in similar situations (Ricoeur 1991). The analysis of the text was carried out by the first author, and was validated by the third and fourth author. It was then validated once again through a dialogue with the co-authors. The credibility of the study increased, because the first author maintained a dialogue with all authors throughout the analysis phase (Polit & Hungler 1995).

## Conclusions

The results of this study revealed that caregivers continued to maintain that caring for older people is an emotionally charged, fraught with conflict, yet joyful line of work. From the interviews, it was obvious that the working climate had changed, from the previous dominance of work dissatisfaction, when the nursing home had just opened, to a dominance of work-satisfaction after the two-year intervention was completed. The intervention, consisting of education, support, and supervision might have facilitated the caregivers' feelings of work satisfaction. Betrayal from those in one's immediate surroundings and the experience of failing older people, which was described in the earlier study, had, after two years, changed to an understanding that doors were being opened at work, where the caregivers existed in a working process where reflection, development, and self-realization had become possible. The dynamism that now existed at the nursing home contributed to an improvement in communication and understanding between management and staff, which in turn might be positive in the care of older people.

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## Contributions

Study design: MK, ALK; data analysis: KS, EH, BF; manuscript preparation: EH.

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