

## To feel betrayed and to feel that you are betraying the older residents: caregivers' experiences at a newly opened nursing home

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### To feel betrayed and to feel that you are betraying the older residents: caregivers' experiences at a newly opened nursing home

**Background.** In Sweden and internationally, little research has focused on the working situation of Enrolled Nurses and Nurses' Aides who form the majority of workers in geriatric care today. With this in mind, it is important to focus on how these occupational groups experience their working situation with older residents in municipal care.

**Aims and objectives.** The aim of the study was to investigate the deeper meaning of work satisfaction and work dissatisfaction at a newly opened nursing home for older residents. The study focused on the narratives supplied by the caregivers at the nursing home. The participants included: one Registered Nurse, sixteen Enrolled Nurses, and three Nurses' Aides. All were directly involved in patient care.

**Design.** The present study is part of a larger longitudinal study within the municipal geriatric care system in Sweden, with a quasi-experimental design.

**Method.** The interviews were analysed with a phenomenological-hermeneutic method inspired by the philosophy of Ricoeur.

**Result.** The caregivers experiences of work satisfaction and work dissatisfaction was expressed in four themes: (i) 'Experience of betrayal' describes how the staff felt let down in several ways; (ii) 'Experience of failing others' describes how the staff felt that they did not pay enough attention to older people, in several different ways; (iii) 'Experience of insufficiency' describes how the staff encountered overwhelming

demands from several directions; (iv) 'Experience of work satisfaction' describes how the staff felt that they were given support in various ways. Each theme emerged from several subthemes that originated from the caregivers' narratives.

**Conclusions.** The study shows that the caregivers' experience of work dissatisfaction overshadows their experience of work satisfaction. It also suggests that their feelings of failing the older residents are connected to their own experiences of feeling betrayed.

**Relevance to clinical practice.** The findings can be used when other nursing homes in municipal care are opened, as a means of preventing work dissatisfaction and increasing work satisfaction among future employees.

**Key words:** long-term care, work dissatisfaction, work satisfaction

## Introduction

In Sweden and the rest of the industrialized world, the number of older people and persons with dementia has increased (Dennis & Lindsay, 2002; Wimo *et al.*, 2002). During the 1990's major changes were introduced to the Swedish geriatric care system (Statistics Sweden, 1995; Morgan *et al.*, 1997). The services and the care for older persons are now generally provided in: specialized nursing homes, day care facilities, activity centres, and in the persons' own homes. The current trend in Sweden, aims to prioritize help for the oldest and those requiring the most care. For the members of staff, that is, the Registered Nurses (RNs), the enrolled nurses (ENs) and the nurses' aides (NAs) working in municipal geriatric care settings, this leads to a heavier workload, where more formal competence is required, as well as an improvement in professional performance (Socialstyrelsen, 1998).

Further research illustrating the RNs' professional competence is related to Tunedal and Fagerberg's (2001) and Fagerberg's (1998) description of the RNs' role in geriatric care, where their job is described as single-handed and where they alone have to make many difficult decisions. Bowers *et al.* (2001) found that the time factor had a prominent role in the RNs' care of older residents. Although RNs had originally begun working with older people because they were fond of them, the situation at work resulted in an unfulfilled commitment to them and therefore, they experienced diminished pleasure in their work. In one study, Robertsson *et al.* (1999) maintains that there is a connection between a sense of pleasure in the work and continuous education for RNs in geriatric care. Robertson found that the RNs required continuous education and access to up-to-date research evidence related to the care of older persons.

In both Sweden and internationally, only a small amount of research has focused on the working situation of ENs and

NAs in care for older people (Gustavsson, 1999). According to Fahlström (1999), in Sweden, the ENs and the ANs form the majority of workers in geriatric care. In Fahlström's (1999) dissertation, she has shown that NAs want to have more time for each individual resident. NAs maintain that rationalizations and budget cuts in the system cause the time pressure experienced by employees today. In their work, the NAs feel that they develop deep and personal feelings towards the residents. Gustavsson (1999) has concluded that the ENs and NAs experience their work in the institutions as more trying than work in the private homes. They also believe that the work in small towns is less demanding than work in urban areas. From interviews and observations of NAs working in group dwellings for people with senile dementia, Melin Emilsson (1998) has been able to distinguish two different attitudes in relation to the residents, the work and each other. One group consists of those with stamina, who can commit themselves readily to the older people and the other group consists of those who are disappointed and less able to commit themselves to the residents. The NAs who feel disappointed also express dissatisfaction towards the management's style of leadership and disappointment with the organizational changes instituted after the Ädelreformen (Elderly Reform Act, 1992) when their supervision was withdrawn. Factors that have significance for the caregivers' work satisfaction, according to Flanagan and Flanagan (2002) are: the salary, independence in the workplace, professional status and co-operation between nursing staff.

Previous research also shows that there are several important reasons for how the care of older persons is carried out. Financial restrictions and organizational changes are examples of external factors, which influence the care of older people (Fahlström, 1999). The caregivers' experience of time deficiency (Bowers *et al.*, 2001), withdrawn education and a lack of support (Melin Emilsson, 1998) are expressions of these changes. Furthermore, Skovdal *et al.* (2003) shows

that it is important to find a balance between demands and competence in caring. With this in mind, it is important to conduct further research in order to increase our knowledge of these issues. It is also important to gain insight into the expectations of those working at a newly opened nursing home, with the purpose of developing care strategies, which meet the needs of the increasing number of older people. The purpose of this study was to investigate the deeper meaning that is implied regarding work satisfaction and work dissatisfaction, at a newly opened nursing home. This was achieved by examining the narratives of those who worked there.

## Method

### Design of the study and settings

The present study is part of a larger longitudinal study, with a quasi-experimental design within the municipal geriatric care system in central Sweden. Three nursing homes are included in the main study. The nursing homes identified as 'T' and 'B' were involved in a 2-year intervention project, which provided education, supervision and support to the staff. The third nursing home identified as 'K' composed of a control nursing home where no interventions were implemented from the research team. Interviews began at the start of the study, before the intervention began, after 12 months, and after 24 months when the intervention project was completed. The present study concerns the first interviews from nursing home 'T', before the intervention had started. The intervention will be reported elsewhere in relation to results of interviews from 12 and 24 months. Nursing home 'T' was newly opened and located in a city with 100 000 inhabitants in central Sweden. Forty-five older people who were separated into four groups resided there. Fifteen had somatic diagnoses, 20 had severe dementia disorders and 10 people displayed deviant behaviour. The staff began their new post at nursing home 'T' in September 1999 and the interventions started on November 1, the same year.

Before the nursing home opened, the caregivers at nursing home 'T' were promised ample staffing and a sufficient number of RNs, with a staffing of per bed (including night 1.0 staff). The manager's role at nursing home 'T' was strictly administrative. The nursing staff planned how their work should be carried out and education was provided. Shortly after the nursing home opened, a reduction was made in the number of employees and 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, withdraw their participation, 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).

### Participants

Twenty of the caregivers at nursing home 'T' were included in the present study. This group consisted of one RN, 16 ENs and three NAs. The majority of the participants in each profession had more than 10 years of nursing care experience. Most of the participants were aged between 35 and 55 years. In the main study all caregivers, RNs, ENs, NAs and occupational therapists, who had voluntarily reported their interest in participating in the study were interviewed ( $n = 32$ ). From these interviews, performed before the intervention started, the first 20 narratives of personnel who participated in direct patient care were chosen to be included in the present study.

### Narrative interviews

Data were collected from interviews in order 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 where it was felt that 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 their expectations and disappointments regarding their work. The role of the interviewer was to encourage the caregivers to reflect on 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 participants' permission the interviews were tape recorded and then typed verbatim by an experienced secretary.

### The phenomenological-hermeneutic approach

The text was analysed with a phenomenological-hermeneutic approach inspired by the philosophy of Ricoeur (1976) and developed at the Departments of Nursing Science at the University of Tromsø, Norway (Lindseth *et al.*, 1994) and

the University of Umeå, Sweden (Söderberg *et al.*, 1997). The method is still under development and has been used by others, i.e. Sørli *et al.* (2000) and Fagerberg and Kihlgren (2001). According to Ricoeur (1976), lived experiences will always remain private and therefore it is not possible to express them to another person, although the meaning of the experiences can be conveyed. When interviews are fixed as a text, it is possible to interpret and explore the meaning of the text itself. The interpretation is carried out in a dialogue between the whole and the various parts and between understanding and explanation to an interpretation of the text as a whole. Explanation is a transitional form, from naïve understanding to critical hermeneutic understanding. The method implies that the researcher interprets the narratives that have been written down, in order to be able to understand the informants' experiences. The analysis is carried out in three steps. Firstly, the text is read several times in a naïve reading, to get a feeling for the whole, the context, and to grasp the essence of the content. In the next step, the aim of the structural analysis is to get a grasp of the narrative itself and validate or falsify the impression of the naïve reading. In the final phase, the whole is interpreted. The naïve reading and the results of the structural analysis were read in relation to the authors' preunderstanding and the questions which had arisen during the analytic stage were transformed to an interpreted whole (Ricoeur, 1997). The first author's preunderstanding stems from her background as an RN and midwife, as well as from her long experience as a teacher about women and the older people in society, and from a master's degree in sociology. The third co-author's preunderstanding stems from her work as a community health care nurse and a teacher for community health care nurses. The remaining authors' preunderstandings come from working for several years in geriatric care as RNs and as researchers within this area.

## Analysis

The questions, the thoughts, and the reflections that arose in the naïve reading were written down. Subsequently, a structural analysis was made based on the study's aim, i.e. the text was read again and then divided into parts that seemed to be connected in 'meaning-bearing units'. A 'meaning-bearing unit' could, for example, consist of a word, a part of a sentence or even several sentences. The next phase of the structural analysis was to make a thorough and detailed analysis of the text. Each 'meaning-bearing unit' was interpreted, reduced and condensed without losing its meaning. The condensed units were then placed in

relationship to and interpreted in comparison with each other. Following this, patterns of similarities and differences appeared and were organized into subthemes that dealt with the aim of the study. After that, the subthemes that were connected with each other were placed in relationship to, and formulated into themes, regarding work satisfaction and work dissatisfaction. A process of open and critical reading and interpretation of the material was carried out throughout the structure analysis phase. The content of the 'meaning-bearing units', condensation, subthemes, and themes, was read repeatedly, until the final subthemes and themes were established. Co-authors took part in the data collection process and read the interviews as a part of the intervention planning in the main study. The third author, who first made an independent analysis, performed a co-assessment. Following this, she discussed the subthemes and themes, which had come forth from the first author until both authors had come to an agreement about what the names and the description should be. Finally, all the authors reached a consensus (Table 1).

## Findings

### Naïve understanding

The personnel at the nursing home seemed to experience both joy and conflict in their work. They expressed that the care of older people is an emotionally charged undertaking that is fraught with conflict. In their daily work, they meet older residents who express their dissatisfaction with how their needs are met. This might be manifested in their demands for attention, restlessness, aggressiveness and uneasiness. The work also seemed to involve joy. The personnel maintained that they love their work and that they get a lot back from their contact with the residents, for example, a hug or a smile. In their complicated daily activities, the personnel described feelings of abandonment because of having to deal with all the strong emotions that arise. They feel that they are expected to manage by themselves and they explained that without the friendship that existed among the members of staff, their work would have been impossible. Many of their working hours were used for other tasks, which were not directly connected with resident care and they thought that it would be better if other members of staff took care of these tasks instead. This was stated in the participants' narratives, where they referred to the disappointment they felt towards management. They also explained that the professional competence that existed at the workplace had not been fully taken advantage of, nor had it been allowed to develop.

Table 1 Example of the analysis

Meaning bearing unit	Condensed meaning bearing unit	Subtheme	Theme
But it's only later when you go out the door then you can... like you step out of here and it still doesn't feel very good. And then you know that you will be coming back the next day and it will be the same again. It's true it's a little... you talk and try at meetings	After work it does not feel good and she tries to change the working situation through discussions during staff meetings but knows that the next day it will be the same again	Feeling dejection	Experience of betrayal
Yes, in some way a person feels they are like this rather often. Not all the time but sometimes you are just sort of there, even though I am sitting with Torsten in a way I'm not really present because I'm some place else. And I think that is awful.	Thinks that it is terrible to frequently feel distant in a care situation	To feel guilt towards the residents	Experience of failing others

### Structural analysis

The structural analysis was carried out with the same method as described above, until the following themes had crystallized: 'Experience of betrayal', 'Experience of failing others', 'Experience of insufficiency', and 'Experience of work satisfaction' (Table 2).

#### *Experience of betrayal*

In their narratives, the interviewees described how they felt let down in several different ways. These experiences could be described on three levels: level 1, betrayal from society; level 2, betrayal from the organization; level 3, betrayal from the management and colleagues, and self-betrayal. Betrayal from society was manifested in feelings involving a loss of professional status and deficient social morals. The employees' low salary became a confirmation of the experience of loss of professional status. Nurses experienced dismay about the politicians' disinterest and lack of commitment for those working within geriatric care. They spoke of broken promises and empty words from the politicians. In relation to the organization, most felt let down by the promises that had been given to them when the housing facility opened. The original plan had been that it was to be a nursing home out of the ordinary and the employees selected for this work felt specially chosen. Introducing budget cuts directly after the opening destroyed these expectations. When it came to the management's betrayal, a lack of support was the dominating feature:

Table 2 Themes and subthemes of dissatisfaction/work satisfaction

Subthemes	Themes
Feeling loss of professional status Feeling lack of social morals Feeling expectations as unfulfilled Feeling lack of support Feeling anger Feeling concern Feeling dejected Feeling a lack of support from co-workers Feeling somatic symptoms	Experience of betrayal
Feeling irritation Feeling guilt towards residents Feeling tired	Experience of failing others
Feeling stressed Feeling that the goals are unattainable Feeling constant worry for the residents' well-being	Experience of insufficiency in their work
Feeling support from friends Feeling hope Feeling able to individualize and to make use of one's competence Feelings of confirmed validity Feeling joy	Experience of work satisfaction

It happens very often that we, the employees on each floor have to make the decisions. We have to call in substitutes and we frequently work alone.

The staff felt that they were expected to supervise themselves. This feeling of abandonment was manifested in anger, concern, and dejection. Although everyone tried to do their best, the constant financial cut backs and overwhelming workload, led to feelings of anger about the whole situation. Concern about the working situation, the lack of continuity, and concern about who they were going to work with, created insecurity among members of staff. Learning of even more budget cuts at staff meetings is one example of the dejection that was experienced at the time. Some participants also felt let down by their colleagues who had chosen to leave their employment without giving the working team a proper chance. Subsequently, self-betrayal emerged when staff called in sick. Unfortunately, this brought only a temporary escape:

Then I got sick with the flu, but at the time, I realized that there was more to it than this that was making me feel ill. It had been three weeks and I was exhausted. Then when I came back it had changed.

#### *Experience of failing others*

The dominating issue in this theme was the stress that the staff frequently experienced because they were not satisfied with the effort they put into their work. During the course of working with the residents, irrelevant incidents such as a missing diaper could trigger irritation towards both staff and residents. The added burden of having constantly to feel responsible for approximately 15 residents when substitutes were working; became a source of irritation that the staff described in their experience of failing others:

Then when we are short of people, then you have to have all 15 in your head so you will not forget anything. Has he/she gotten his pills, or gotten her/his food, has he/she this or that, is he/she sitting comfortably, does he/she have a cushion, is he/she lying comfortably? I think that is very hard, that you have to think of everything; to me it is difficult.

To have feelings of guilt towards the residents could show itself in two ways. Some explained that, while taking care of someone, they were often forced to act against what they felt was right. Ignoring the residents' pleas for help and working as if you were on an assembly line, caused feelings of guilt that was experienced by the staff on a daily basis. According to the narratives, the residents could often be met with answers such as 'not now', 'not today', 'some other time', or 'tomorrow, maybe then we can take a walk'. On the other hand, a sense of guilt could also emerge when the caregiver thought that the residents were demanding, egotistical, acting out, or insisting on immediate attention:

Yes, you do try to take it easy. That is what is important then. And maybe, like this morning, she is screaming and carrying on, until in the end I feel stressed when it does not stop. Everyone does. So then, she had to go in to her room. That is another way of coping when they are screaming, they can go into their rooms so we can get some peace.

The tiredness that several of the interviewees described had its origin in a lack of motivation, a feeling of being worn out, and the non-existent possibility of having a dialogue regarding goals at work. This led to fatigue and a feeling of failing the residents. The caregivers explained the importance of their own well-being and how this affects the residents well-being.

#### *Experience of insufficiency*

The caregivers' experience of stress and insufficiency was manifested in several different situations, both at the workplace and in their spare time. The caregivers forgot things, became unfocused and distant both in their work and in their behaviour towards the residents. In order to manage the workload, their strategy was only to do the things that were considered most necessary. When not at work, stress could be expressed in symptoms such as: difficulties in relaxing, ruminating about work, difficulties in sleeping, and for some, problems in their personal relationships. The following quote is a description of how a caregiver could feel after a day's work:

Well, somehow you just get through the hours you have to work. But it's later on when you get home that you feel that you're exhausted and that you, well, you would just like to sit down somewhere in a dark corner by yourself for a while. Because there's so much going on in your head and there has been a lot of yelling and screaming, a lot of nagging and many things going on. So, in a way, I think you try to do what you're supposed to as long as you're at work.

Experience of insufficiency could also be expressed in four different types of demands: demands from management, demands from residents, demands from relatives, and demands from themselves. The way in which the work was delegated meant that the staff had to make many of the decisions and carry out many of the tasks themselves, which had previously been the domain of other personnel. To be responsible for part of the budget, the staff, the cleaning, the ordering of food, the contacts, and the care of the residents, was felt to be an unrealistic demand. Several of the staff felt overwhelmed by the workload and they were forced to lower their standards and goals. Questions that the relatives posed to the staff could at times be perceived as irritating. The caregivers' demands on themselves meant taking care of the

residents and at the same time managing to do all the other tasks that were required from them. The residents often demanded immediate attention, support, and assistance in the form of repeated visits to the bathroom and other urgent matters. This was considered as trying although the caregiver understood that it was often a signal that the residents needed to feel secure and have contact with the staff:

There are so many tasks to carry out and others that we are supposed to do, like taking charge of supplies, etc., we staff are expected to take responsibility for many different things, which becomes a burden.

The residents were central to the staff and this was obvious in their descriptions concerning the residents' well-being. The physical layout involved a long corridor, which played a part in the caregivers' anxiety. They repeatedly worried about what might happen to the residents left without supervision while they were occupied with another resident in their rooms. The participants reported that they often felt that they needed to be one step ahead of the residents, as they could, for example, exhibit mood swings, sudden fatigue or have too many visitors which might upset them. Situations such as these influenced their ability to take care of the residents' well-being and they tried to prevent such situations from occurring.

#### *Experience of work satisfaction*

The majority of the staff declared that despite their demanding workload, there were many times and situations where the content and other deeper significance of the work led to a feeling of satisfaction. Support from co-workers and the importance of being able to trust each other was a source of joy and several participants expressed that without the support they received from their colleagues the situation would be impossible:

Nevertheless, I have those who keep me here and they are my co-workers, I have really great co-workers and we are just a happy gang. It is probably due to them because otherwise it would have been very tough at times.

There is hope and a belief that their work with the residents will improve in the future. There is a positive spark among staff and a conviction that this strained situation will change for the better. The vision and the working process that has been there since the start, has now given some results. This is described in better drawn up routines, an increased clarity as to the content of the work, and a clearer division of labour. The staff also tried to strive towards common and realistic goals in their work. One of the aspects the caregivers elaborated on was the work satisfaction that takes place

when they are able to individualize the care of the residents and when they have the opportunity to use and develop their competence to its fullest. This can be described in situations where the residents seek immediate contact, stimulation, or help. Having the opportunity to stop and to take the time to individualize the resident's needs is experienced as very satisfying. It can be as simple as reading a newspaper, massaging an aching back or sitting down and soothing an anxious soul. The mutual closeness and the exchanges one has with the residents is a source of confirmed validity in one's work. It is considered important to be needed, to get something in return, and to contribute to the residents:

...and then I call out to the elderly woman that I'm coming now and then we make eye-contact with each other I unfold my arms and then she does the same, then we hug. Then she says 'and now finally I get help' a lot of this is close physical contact.

The interviewees also told of many moments of humour and joy that they had together with the residents and the working team. That residents and staff can laugh and joke together is described as an extra, added benefit of working at the nursing home.

### **Comprehensive understanding and reflections**

#### *Theoretical understanding*

This study reveals that the staff at the nursing home seemed to feel abandoned by the management, the local government and society as a whole. Managers do not participate directly in the nursing care and the disappointment among staff is great, especially regarding the lack of sympathy they feel from them. Betrayal is revealed in many ways. Empty words and promises from local politicians and a lack of management, leads to dejection, low self-esteem, and to questions dealing with norms and values. Betrayal also showed itself in the caregivers' presumptions that in today's society, general human values and ideals are secondary to more egotistical ones. If people believe that others think only about themselves, in the organization and in society, a feeling of connection is lost. One explanation for this experience of betrayal could be that it is difficult for the staff to move from a hierarchical organization to one that is more decentralized and that they were poorly prepared for how a decentralized organization functions. In order to function and be motivated in an organization, fundamental human needs should be provided for (Maslow, 1987). When a person feels insecure in a newly organized culture, the fundamental human needs are set adrift. Maslow (1987) declares in his motivation theory, how different human needs have significance for the experience of self-realization. Needs such as, security, solidarity and

appreciation, have to be satisfied before people can achieve their own self-realization. The staff members sense the lack of appreciation from many different areas. This lack of support and scarcity of appreciation arose due to an absent management. Many of the statements that reoccurred in the narratives were connected to the fact that the manager did not attend meetings or was working with administrative tasks. Not being able to realize one's competence because of stress, or being replaced by others that were lacking in competence, was perceived as depreciation, according to the caregivers. For many, their self-esteem wavered and the achievement of self-realization was deterred. Sometimes, the needs, which Maslow (1987) depicts as basic for becoming motivated in one's work did exist, although not to an extent that was considered sufficient. To receive confirmation from the residents is however, not enough for the staff to feel motivated and committed. The experience of dissatisfaction with the work was manifested in both physical and mental symptoms. Many seemed to solve the heavy workload by calling in sick, which was a temporary escape from reality yet at the same time led to a feeling of self-betrayal by not dealing with the situation.

The factors Maslow (1987) describes as important in order for professionals to become motivated, can be identified in the caregivers' narratives regarding work satisfaction. The support they received from co-workers seemed to be a deep source of solidarity. Without this support from co-workers the situation would become intolerable. In addition, the social relationships with the residents were a constant source of joy and confirmation in their work. The residents have so much to give, a hug or a statement such as, 'you are just like my son', or some recognition in a smile, or words and actions, gave great pleasure to caregivers. The conflict of working in an emotionally charged, stressful setting with many demands and at the same time being aware that one often does not have enough time to give the standard of care one is capable of, might lead to feelings of guilt. The caregivers' implicit intention is to give the residents good care, which includes individualizing the care and satisfying the residents' needs. There was no opportunity to do so because of the malfunction in the organization and the lack of support from politicians. Several of those interviewed described a situation where everyone is running around completely unorganized and doing everything, yet at the same time doing nothing. All the surrounding duties and the lack of support from several areas was experienced as dissatisfying. In order to change the situation new thinking is required. The residents are people with individual, fundamental needs just as the caregivers are people with individual, fundamental needs and these requirements ought to be satisfied. However,

there is an expression of hope among the staff and several of the caregivers acknowledge that they like working with older people fact that they have a real fondness for them. The caregivers argue that the politicians only need to make use of and develop this enormous source of competence and fondness, in order to achieve good quality care for our older people.

#### *Reflections in relation to other researchers*

The personnel at the nursing home in this study expressed that caring for older people is an emotionally charged undertaking, fraught with conflicts. This is clearly illustrated in the results, when conflicts often lead to the caregivers' experience of failing the residents.

These feelings may not only depend on a lack of leadership but may also be related to the caregivers' own ability to work together with others, which is linked to their own values (Ekvall, 1996).

Bowers *et al.* (2001) found that the time factor has significance for how nurses plan their day. According to Bowers *et al.* (2001) stress leads to work being done according to a schedule. Fahlström (1999) has also found that the time factor has great importance for the care of older people. Nurses' aides would like to have more time for residents and they feel that today's rationalizations and budget cuts lead to dissatisfaction. Obviously, this has a great significance and according to the results, a feeling of betrayal and lack of support can lead to this experience of anger, concern and dejection. Therefore, it is important to find out how these aspects affect the caregivers and more insight is crucial in order to prevent work dissatisfaction.

In addition to the caregivers' feelings of concern and dejection, the individual is prone to somatic symptoms. Our results show that several caregivers tried to solve the difficult situation by calling in sick to get a temporary respite. Zapf *et al.* (2001) found that working with powerful feelings in stressful situations often leads to burn out. This can also be an explanation for the caregivers' reported illnesses. These reactions can be placed in a social-economic perspective. A question this study could pose is: Which would be more expensive for society, a substantial economical investment in the geriatric care system and the caregivers who are working in it, or paying for sick leave and all its ramifications? Tunedal and Fagerberg (2001) describe the nurse's work in geriatric care as lonely, involving many difficult decisions. This can be reflected in how the nursing staff expressed their sense of insufficiency regarding their work and that they feel a constant concern for the residents' well-being. Maslach (2001) maintained that high demands and high ideals lead to frustration and disappointments with shattered illusions.

Feeling constant concern for the residents' well-being can easily result in fatigue, which subsequently can lead to caregivers letting the residents down and this, in turn, can result in anxious and demanding residents. It becomes a vicious circle of betrayal begetting betrayal. This relates to the content in the narratives; that if members of staff do not feel well, the residents will not feel well either. A management that is involved and supportive would almost certainly reduce the feelings of dissatisfaction among the caregivers. In addition, education and improved conditions that would promote a fuller use of everyone's competence would most likely improve the working environment. Robertsson *et al.* (1999) and Gustavsson (1999) discuss the usefulness and the importance of education and guidance for RNs, ENs, and NAs. In the results, competence and education is reflected in the fact that several caregivers experience a sense of loss regarding their professional status. If a person is not able to take advantage fully of their competence because of a stressful working environment, or if he/she is replaced by unskilled personnel, or does not have the opportunity to ventilate their feelings, then part of their self-esteem and professional status is lost. According to Flanagan and Flanagan (2002) in the experience of work satisfaction, professional status is very significant.

In the experience of work satisfaction, the support from co-workers and the feeling of confirmation in one's work is important. Skovdal *et al.* (2003) demonstrates that it is necessary to find a balance between demands and competence and support is also crucial for dealing with difficult situations at work. Bowers *et al.* (2001) maintains that the nurses enjoy working with the older people that the difficult and heavy workload means that they have to hurry through their duties. Melin Emilsson (1998) also discusses examples of NAs who enjoy working with older people and who are committed to the care of the residents. The caregivers in this study, despite the problems, feel great joy in their work and this is expressed as hope for a good future, for the residents as well as themselves. Support from co-workers is very important and if it had not been for this support, the staff said that 'things would just not work'. To maintain this support from co-workers as a basis for the organization, it is also important that the caregivers are aware of back up, from a management that is involved and supportive. Athlin and Jonasson (1999) maintains that staff must be provided with the opportunity to ventilate difficult problems and that caregivers and management should draw up goals and guidelines for the work together (Baillon *et al.*, 1999). Finally, the caregivers held they need encouragement, confirmation, higher salaries and increased professional status, in order to cope with the

difficult but also stimulating and important work in nursing homes for the older residents.

### Methodological considerations

A phenomenological-hermeneutic method was used for this study. Narrative interviews give many opportunities to expose the meaning of what is studied. In this study the significance of the deeper meaning of work satisfaction and work dissatisfaction was analysed. The present interpretation is only one of several possible interpretations according to Ricoeur (1976) and it should be viewed as significant in relation to the deeper meaning of work satisfaction and work dissatisfaction for those interviewed. However, the caregivers in this study narrated good stories and the similarity between the stories validates their trustworthiness (Sandelowski, 1986). The number of participants came to a total of 20 and that in itself, does not provide the opportunity for generalization, but the results can increase understanding for managers and nursing staff that find themselves in similar situations (Ricoeur, 1991). Analysis of the text was carried out by the first author, validated by the third author and then in 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 demonstrate the staffs' experience that caring for older residents is emotionally charged, fraught with conflict, yet despite this a joyful line of work. From the interviews, it was obvious that to avoid dissatisfaction in this nursing home, several measures must be taken. The development of support in the form of an involved and confirmative management, an improvement in structure, in the form of jointly developed goals and guidelines for the organization, increased communication between management and personnel, and guidance, were all seen as important aspects. To receive confirmation, in the form of increased salaries, which can contribute to an increased professional status was also regarded as important. Increased support and financial commitment from society as a whole, is necessary in order to counteract the feelings of disappointment among caregivers. A redistribution of the resources within the geriatric care system, which will lead to improvements in the caregivers' development and working environment, is crucial in the maintenance of good quality care for our older people.

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## Contributions

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

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