ARCADA

Factors affecting the head nurses' wellbeing-at-work

A Scoping Review

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Abstract:

The head nurses live in the constantly changing centre of the nursing world. The head nurses are responsible for a large variety of tasks in healthcare involving people, finances and working environment. These different tasks have numerous effects on the head nurses' well-being at work. This study aims to map out these factors and their relation to the well-being of the head nurse. The well-being of head nurses plays a significant factor in the healthcare world, and thus should be taken into consideration. The type of the study is a scoping review, made in conjugation with a theoretical framework for happiness and well-being. Carol Ryff drafted her theory of happiness in 1989, where she defines persons' happiness into six measurable factors. This review involves 11 studies, from where it finds 149 keywords connecting to wellbeing-at-work. Categorizing these findings follows the theoretical framework. The findings show the vast variation in the factors affecting head nurses in their work. Results show that the interpersonal relations and working environment concerns head nurses the most, while personal factors play the smallest role. This review shows the variety and needs for versatile research on the wellbeing-at-work of the head nurses. These results give out perspective to the direction where the study of head nurses well-being should focus in the future.

OPINNÄYTE	
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Tiivistelmä:

Hoitotyön lähiesimiehet elävät jatkuvasti muuttuvan terveydenhuollon keskiössä. Lähiesimiehen vastuuseen kuuluvat monenlaiset terveydenhuollon tehtävät, joihin kuuluvat henkilöstö, talous ja työympäristö. Nämä eri tehtävät vaikuttavat lähiesimiehen työhyvinvointiin hyvin monin tavoin. Tämän tutkimuksen tarkoituksena on kartoittaa näitä vaikuttavia tekijöitä ja niiden suhdetta hoitotyön lähiesimiehen hyvinvointiin. Lähiesimiehen työhyvinvoinnilla on merkittävä vaikutus koko terveydenhuollon maailmaan, joten sen huomioon ottaminen on erityisen tärkeää. Tämän tutkimuksen asetelma on scoping review pohjautuen hyvinvoinnin teoriakehykseen. Carol Ryff laati onnellisuusteoriansa vuonna 1989, jossa hän määrittelee ihmisten onnellisuuden kuuteen mitattavissa olevaan tekijään. Tämä opinnäyte tarkastelee 11 tutkimusta, joista on eritelty 149 eri avainsanaa liittyen työhyvinvointiin. Näiden havaintojen luokittelu noudattaa opinnäytteen teoreettista kehystä. Tulokset osoittavat hoitotyön lähiesimiesten työhön vaikuttavien tekijöiden suuren mittakaavan. Tulokset osoittavat miten ihmissuhteiden ja työympäristön merkitys on korostunut, kun taas henkilökohtaisen hyvinvoinnin ja kehittymisen tekijät jäävät taka-alalle. Tämä opinnäyte osoittaa tarpeen mahdollisimman monipuoliselle tutkimukselle, kun siinä keskitytään hoitotyön lähiesimiesten työhyvinvointiin. Nämä tulokset antavat suuntaa, johon työhyvinvointi tutkimuksen suuntaa tulisi keskittää.

Avainsanat:	Wellbeing-at-work, Nurse administrator, Head nurse, Happiness, Työhyvinvointi, Lähiesimies
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1   INTRODUCTION

Constant challenges afflict the world of nursing and the wellbeing of healthcare workers. People live longer than before, and the structure of mortality charts has changed in the world. Health care organisations are facing both financial challenges and personnel challenges the rapidly ageing population in industrialised countries puts the healthcare system and people working within it under lots of stress (Rice & Fineman, 2004). At the same time turnover rates in nursing are a significant problem (Hayes et al., 2006; Buchan & Aiken, 2008). The World Health Organisation (2011) estimates the shortage of healthcare workers worldwide at 4.3 million; by expectations, this number increases by 20% in the next two decades. In the English-speaking world, the term for this position may differ depending on the country in question. Titles for this position include Nurse Manager, Charge Nurse, Departmental Sister (dated) and Ward Sister (dated). For clarity, this thesis uses the term Head Nurse throughout the rest of the thesis.

The head nurse is responsible for the direction, organization, and strategic planning of a nursing unit within a hospital or other healthcare facility. They are the first level of management that takes care of managing the daily activities in the ward and are financially responsible for running the ward. The head nurse works in an environment that consists of face-to-face contact with the staff as well as administrative duties. These head nurses are key players in the healthcare environment and play a critical role in creating a healthy work environment where nurses can provide quality and safe patient care while achieving organisational aims (McSherry, Pearce, Grimwood & McSherry, 2012). In the health care setting, it is the role of the head nurse to take care of both aspects. They also work as an intermediary between nursing staff and management and report directly to doctors, specialists, and upper management to maximize patient care and organization. This position imposes the head nurse to a unique set of challenges. When the head nurse is under stress and cannot work, this has immediate effects on the nurses working under them (Skakon, Nielsen, Borg & Guzman, 2010). For this reason, the nursing field must pay attention to the well-being of the head nurse.

This scoping review addresses the factors that affect the well-being of head nurses. This thesis does not concentrate solely on adverse effects, but maps multiple factors in the head nurse's well-being, negative or positive. Available research has focused more on measuring the stress and other factors that harm well-being. While these studies do measure the positive factors, their research questions do not focus on them. Therefore, a broader review of all factors affecting head nurses needs to be done.

2 BACKGROUND

This chapter defines the concept of well-being at work (abbreviation used hereafter WBW), and how it affects the workplace both humanely and financially. The examination focuses on the connection between head nurses' actions and the WBW of nurses working under him/her.

2.1 Defining well-being at work

The Finnish Institute of Occupational Health defines WBW as a "safe, healthy and productive work done by skilled workers and work communities in a well-managed organization" (Työhyvinvointi, 2020). This kind of rewarding environment makes it possible for the employees to find their work meaningful and rewarding. This environment also supports control over their lives. The traditional model for defining satisfaction focuses on the feelings that an individual has about his/her job. This approach does not consider what makes a job satisfying or dissatisfying. The satisfaction towards work does not depend only on the job, but also on the individuals' expectations that they have on what the job should provide. (Lu, Barriball, Zhang & While 2011). Hirvonen (2018) defines seven fields that contribute to WBW; these are

1. **Life situation**: includes private matters, family matters, economic situation, and life changes as well as matters related to home related to private life conditions. Working life does not detach from the surrounding life, but influence from the family, the local community and society influences it. The basic psychophysiological needs of an individual include work that enables stimulating leisure time and the basic needs of security are the adequacy of subsistence.

2. **Health**: Consists of physical, mental, and social health. Health promotion includes healthy lifestyles and sickness prevention in all these three categories. These all are required to promote the best WBW.

3. **Expertise**: Includes professional abilities, appropriate training, and the development of said abilities. These skills affect the work done personally as well as working within the work community. Besides, producing new information and making practical advancements is a part of the expertise in any workplace.

4. **Motivation**: A rewarding job, sensible workload and proficient staffing contribute. A motivated employee enjoys his work and feels connected to it. Motivation as a factor is more prone to be affected by outside influences such as community and society.

5. **Employment**: Includes salary, contract of employment and stability of the work contract. It includes some parts from motivation, such as adequate staffing and gratifying work.

6. **Work community**: Good community at work consist of open communication, proper management, appreciation of one's work, and support from the community. A positive atmosphere makes work more approachable and encourages employees to give and receive feedback from their work and seek peerage. A good community also acts as a safety net in addition to those found and home and with friends.

7. **Working environment**: A safe and comfortable environment helps to promote WBW. Developing workplace ergonomics and the workspaces on the interests of the employees build trust and reduce the weariness of work. The excellent environment also has a balance on privacy to focus on the work as well as suitable spaces for social interaction.

Higher levels of WBW link to higher levels of income, better social life, better health, and better work performance. While workplace well-being is viewed differently in different cultures and organizations, the conventional definition of well-being at work consist of physical, mental, and social dimensions (Robertson & Cooper, 2011). These factors affect everyone within the organisation, from the worker level to the highest administrative level.

Neglecting WBW can have substantial effects. World Health Organisation estimates that globally two million people die annually as the result of occupational accidents and work-related illnesses and injuries. Added to these deaths are 268 million non-fatal workplace accidents, and these combined result in an average of three workdays lost per casualty, as well as 160 million new cases of illnesses that are work-related each year. Also, 8% of the global burden of disease from depression attributes to occupational risks (WHO, 2010).
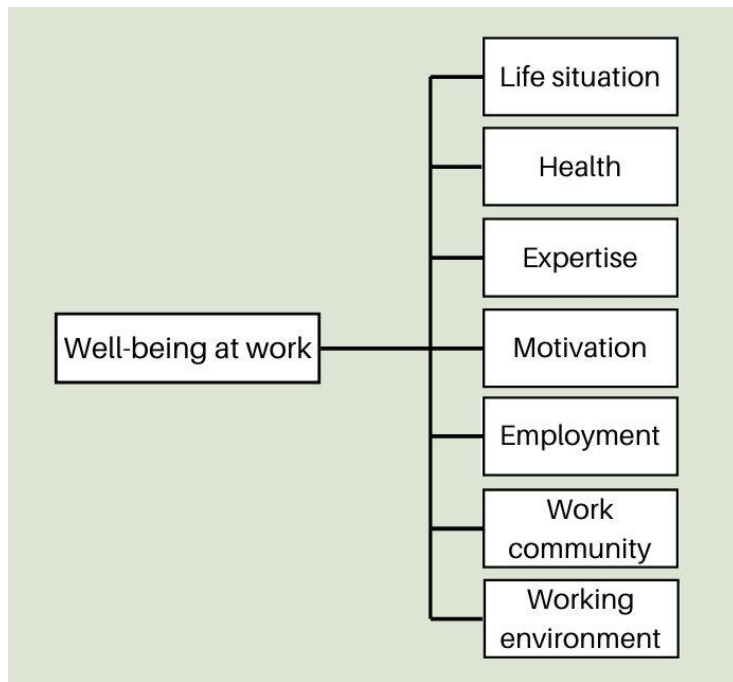
Figure 1: Aspects of the wellbeing-at-work, Hirvonen, 2018

2.2 Effects of WBW in healthcare organizations

Health care services are unique in their profile as a service. Working with people who are in a vulnerable state places the health care staff into a challenging situation. The need for support and advocacy of patients combined with the complexity of care process and the advanced nature of the used technologies, which all attribute to the unique challenges of management in healthcare organisations (Walshe & Smith, 2011). Promotion of WBW links to health promotion in the workplace, which closely relates to economic sustainability. Workplace depression, anxiety, and stress increase sickness absence reduce work productivity and significantly increase costs. These factors increase the chronic nursing shortage, which imposes significant challenges to health care organisations around the world (Buchan & Aiken 2008). This shortage is global in its scale. In a convention organized by WHO, 47 countries reported a critical workforce shortage (Christmas & Hart 2007). This shortage in nursing is worrying because nurses are the largest group of health professionals in health care.

A significant cause for turnover among nurses relates to workplace satisfaction. If the nurses feel unsatisfied with their working environments, they are more probable to leave (Hayes et al., 2006). Nurses must feel joy at work even if the health care world can be a quite sombre area to work. This nursing shortage also affects the quality of provided care. Workforce shortages create obstacles for providing high-quality nursing, and low nurse-to-patient ratios are associated with increased mortality rates and adverse patient events (Aiken et al. 2002).

Neglecting of WBW managing is prevalent in working life. Many organisations erroneously think that addressing WBW is challenging and will cause additional costs when applied. The evidence suggests that failure to pay attention to these risks can be even more costly for employers, workers, and societies in general (Bond, Flaxman & Loivette, 2006). Estimates say that in Europe, the cost of work-related depression is €613 billion annually. These numbers consist of employee absenteeism, loss of productivity, health care costs and social welfare costs in the form of disability benefit payments. In the US, estimations are $200 billion annually. (Hassard et al., 2014).

As more research has arisen, different organisations have started to focus on WBW and its funding. Higher amounts of WBW correlate to higher amounts of engagement of employees to their workplace. This engagement is essential because reduced levels of engagement translate into poor performance for individual employees and their organization. There is evidence showing that when employees are more engaged in their work, their organizations do better. (Robertson and Cooper, 2011). When health care organisations exist in this world, which is characterized by the nursing shortage, healthcare organisations focus on nursing staff retention is essential. Leaders who create a working space that provides empowerment to the employees can help address the problem of the nursing shortage and help to alleviate it (Laschinger, Finegan & Wilk, 2009).

2.3 Administrators role in promoting WBW in the nursing

In addition to organisational duties, it is the responsibility of administrators to look after their employees and consider their WBW. The organizational duties include taking care of working conditions, relationships with fellow workers and managers, staffing, scheduling and pay. The role of a head nurse is to create a pleasant and productive working environment. The meaning of the right working environment is vital to retain nursing professionals. These circumstances may change quickly, and when these organizational shifts occur, the work environment becomes more unstable. In these situations, the head nurse should remain calm and motivate the staff. Because they oversee the daily activities of nurses, the head nurses' role in supporting nurse empowerment to practice their work at their highest professional standards is essential (Kramer et al., 2007; Laschinger, Finegan & Wilk, 2009). This promotion of expertise is an essential factor in job satisfaction of nurses.

A Good reputation and a positive atmosphere make the workplace more attractive and make recruiting new talented employees easier (Slater & McCormack 2007). Research shows how the quality of the relationship between nurses and their unit managers is critical to creating empowering work environments that promote the commitment of nurses both directly and by increasing their feelings of psychological empowerment (Laschinger, Finegan & Wilk, 2009). A creative working climate has a strong relationship to job satisfaction, and the manager is an essential link in creating such a climate. To create an open-minded, creative climate, the manager must support new ideas and initiatives from subordinates. To improve job satisfaction, the head nurse must work and develop their leadership behaviour towards being a caring leader that also has problem-solving skills in the workplace. The expertise to develop functional workgroups is essential as well as what individual needs that must be met (Sellgren, Ekvall & Tomson, 2008). Laschinger et al. (2009) also suggest in their research, that management needs to take into consideration the employees' core beliefs about themselves when designing productive work environments in nursing settings. In small units where head nurses work with their staff and where teams are stable, it is easier to uphold a creative work climate. There should be a focus on appropriate actions and decisions from the head nurse as well as support in allowing nurses to implement their ideas.

When this type of work climate is present, it is more likely that nurses will feel job satisfaction and remain in their jobs (Sellgren, Ekvall & Tomson, 2008).

Research done from the viewpoint of the leader and subordinates shows that these two groups have different perceptions about the interaction. Emotional experiences during interaction seem to mean more to the subordinates than to the leaders. These experiences have psychological feelings of superior or inferior position. The skills to understand the emotions of both the leaders and the nurses working under them are a major critical benefactor in a collaborative and successful leadership (Glasø & Einarsen, 2006). Negative leader behaviours such as control, lack of support and abuse are associated with stress and poor WBW among nurses. The frequency of these behaviours connects to more stressed-out leaders. Negative leader behaviours occur more often in situations where leaders feel stressed, which in turn harms the leader-employee relationship (Skakon et al., 2010). Even when the head nurse plays a significant role in WBW, there are some implications for the nurses themselves. In a work community, social relationships play a substantial role in terms of well-being at work. Every nurse has the means to influence the co-operation, togetherness, assistance, and support between nurses. These actions are the key to establish a more positive working environment (Utriainen, Ala-Mursula & Kyngäs, 2014).

3   THEORETICAL FRAMEWORK

The theoretical framework for this thesis is Ryffs (1989) S*ix-factor Model of Psychological Well-being.* This theory serves as a solid base on understanding head nurses well-being, and it is used as a basis to categorize the thesis' findings. Ryff describes that definition for a person's happiness and well-being is within six main concepts.
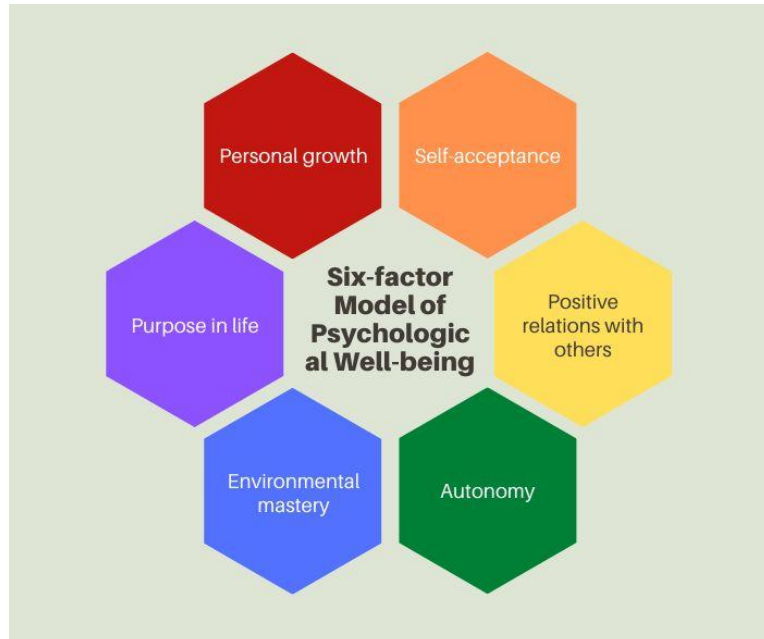
Figure 2: Definitions of Theory-Guided Dimensions of Well-Being - Ryff, 1989

In her paper: *Happiness is everything, or is it? Explorations on the meaning of psychological well-being"*, Ryff defines this theory and explains the criteria for the classifications. While this theory intention is a form of a questionnaire, its definitions also serve as an arrangement tool. When using the questionnaire form, the concept measurement is on a six-point scale, ranging from *strongly agree* to *strongly disagree*. In a scoping review, rating these factors is impossible, but the score definitions serve as scope for the reader. The quotes used after each category are sample questions used in the actual survey.

This theory is published in the Journal of Personality and Social Psychology and defines the six factors affecting psychological well-being as follows:

Self-acceptance

> *"I like most aspects of my personality."*

The self-acceptances role is the most recurring in well-being. Well-being revolves around an individual's sense of self-acceptance. This acceptance forms the image on how the person has seen themselves as a whole and how they enjoy being themselves. Self-acceptance is considered a central feature of mental health.

It can actualise itself in many forms, such as self-actualization, optimal functioning, and maturity. Because of the role in forming the self-image, these factors span across ones' whole life.

High scorer: The person has a positive attitude toward the self. They recognize and accept excellent and bad qualities in self, and feel positive about past life.

Low scorer: Feels dissatisfied with self. The person is troubled about certain personal qualities. They wish to be different from what he or she is and are disappointed with past occurrences in life.

Positive relations with others

> *"People would describe me as a giving person, willing to share my time with others".*

Essential in creating warm, trusting interpersonal relations. Describes as having strong feelings of empathy and affection for all human beings and as being capable of greater love, deeper friendships, and more immersive identification with others. The ability to love is a central component of mental health and maturity.

High scorer: Has warm, satisfying and trusting relationships with others; concerns the wellbeing of others. The person is capable of intense empathy, affection, and intimacy. The person understands the give and takes nature of people relationships.

Low scorer: The person has only a few close, trusting relationships with other people. The person finds it difficult to open out and to concern others. The person is isolated and frustrated in relationships. Does not make compromises to hold important ties with others.

Autonomy

> *" I have confidence in my opinions, even if they are contrary to the general consensus".*

The ability to show independent functioning and resistance to different forms of enculturation forms the basis of autonomy. The fully functioning person has an internal focus of evaluation, does not need to look out others for approval but evaluates oneself by their standards. The person is no longer clinging to the collective fears, beliefs, and laws of the masses. The process of turning inward gives the person a sense of freedom from everyday norms.

High scorer: Is self-determining and independent. The person resists social pressure to think and act in certain ways. They regulate behaviour from within and value self by personal standards.

Low scorer: Concerns the expectations and evaluations from others highly. The person relies on the judgment of others to make crucial decisions and conforms to social pressure to act in specific ways.

Environmental mastery

> *"In general, I feel I am in charge of the situation in which I live".*

Mastery over ones' surroundings shows the ability to choose or create an environment suitable for their mental conditions. Emphasizes one's ability to advance in the world and change it creatively through physical and mental activities. Successful ageing plays a part in the extent to which the individual can take advantage of their environmental opportunities.

High scorer Has a sense of self-mastery and competence over the environment. The person can control many complex external activities at the same time and make effective use of the surrounding opportunities. Choosing or creating a proper personal context is possible.

Low scorer: Has difficulties managing everyday affairs. The person feels unable to change or improve the surroundings or is unaware of opportunities surrounding themselves. Lack of sense of control over the external world is present.

Purpose in life

> *"Some people wander aimlessly through life, but I am not one of them".*

Emphasizes a clear understanding of life's purpose, a sense of directedness, and intentionality. When an individual can function positively, have goals, intentions, and a sense of direction, they all contribute to the feeling of a meaningful life. Purpose also prevents the feeling of stagnation and hopelessness in persons' life, which can occur when there are no visible or set goals in future.

High scorer: The person has goals in their life and a sense of direction; feels the meaning of the present and past life. They have beliefs that give life purpose and have aims and objectives for living.

Low scorer: The person lacks a sense of meaning in life; they have few goals if any and lack a sense of direction. This person does not draw the purpose from a past life and has no outlook or beliefs that give life meaning.

Personal growth

> *"I think it is important to have new experiences that challenge how you think about yourself and the world".*

Personal growth means the willingness to thrive forward and develop new ways to make better decisions in future. It measures the persons' will to can develop one's potential, to grow and expand. The person with a high focus on personal growth is open to experience, and to continually develop himself or herself. Continued personal growth and self-realization is a prominent theme in long-term wellbeing.

High scorer: Needs continuous development and sees self as growing and expanding. The person is open to new experiences, and they have a sense of realizing their potential. Seeing improvement in self over time is possible, and a person can change in a way that reflects more self and effectiveness.

Low scorer: The person feels stagnated and lacks a sense of improvement over time. They feel bored and uninterested with life. Feelings for developing new attitudes or behaviours seem impossible.

4 PURPOSE, AIMS AND RESEARCH QUESTION

Previous research has shown that the WBW of head nurses has a significant impact on daily activities in the field of healthcare. There are many overlapping influencers in the head nurses' daily activities, and the WBW is a combination of them all. These influencing factors affect not only the head nurse in question but indirectly the people working under him as well. Current research on the subject does not offer broad enough support, so a scoping review on the field is needed. This bachelors' thesis will also work as reliable support towards broader masters' thesis. The research question for this thesis is:

"What factors influence the head nurses' wellbeing at work?"

This thesis aims to find and disseminate factors that affect head nurses in their working life. This thesis will categorise these variables under the framework of the six-factor model of psychological well-being. Dissemination is needed to get a more accurate and simplified view on the subject. This dissemination helps to understand the scope of different factors in head nurses work and give out a broader understanding of the nature of the head nurses work. Breaking down multiple research papers and re-arranging the data into predefined classes, makes the subject clearer to analyse. Ryffs' (1989) theoretical framework and broad extensive source material will produce the excellent combination needed for this review.

5 METHODOLOGY

This chapter will describe the scoping review as a method, inclusion and exclusion criteria of the data, data analysis and the ethical considerations.

5.1 Scoping review

The method for this thesis is a scoping review. Choice of this method benefits answering broader questions than a literature review. A scoping study is often a precursor study in mapping the key concepts towards a more defined systematic study. (Peters et al., 2020).

In this thesis, it is used as a stand-alone method, because of the complexity of the area and lack of previous reviews Arksey & O'Malley (2005) give out four reasons why to choose a scoping study as a research method and the focus of these studies:

1. To examine the extent and nature of research activity: this type of review is less time-consuming to execute and is a good way of mapping possible research fields. The method may yield no actual research findings, but it can help visualise the range of available material.

2. To determine if a full systematic review on the subject is feasible: preliminary mapping of the literature to identify whether conducting a full systematic review is reasonable or relevant. Potential costs of a full systematic review are also a factor to consider.

3. To summarise and disseminate research findings: scoping study may be used to describe and detail the findings of the research and its range areas of study. It can provide summarised and disseminated findings in a more comprehensible form. This more straightforward layout can help experts from different fields or consumers get a more manageable view on the subject without extensive research.

4. To identify gaps in the existing research literature: this focus is a step further from the before mentioned dissemination focus. It can conclude from existing literature regarding the overall activity of research. Summarising findings is an effective

method of identifying gaps in the evidence base if no research is available. Since quality assessment is not a part of a scoping study, it is essential to note that finding gaps in the literature will not necessarily be possible if the research quality is poor.

While conducting a systematic review is not the scope of this thesis, it will focus more on summarizing and disseminating the research information available. Gaps in research are difficult to find because of the broad spectrum of the studies conducted in this area. For a bachelors' thesis, a scoping review is suitable as it often involves a limited amount of research.

It enables including a wide range of published scientific articles, as well as grey literature. Grey literature can include reports, thesis works and clinical guidelines. Searching, developing a search strategy, and extracting the data from the articles is an interactive process as a part of the thesis.

5.2 Search strategy

Article gathering in this thesis originates from different online databases, libraries, and the internet. For the article to be included in the study, it had to pass the inclusion criteria. Only the studies that pass this filter are chosen for the review. Because of the type of broad research question, a strictly keyword-based research strategy did not bring good results. For this reason, the "Snowball Method" produces many of the articles in the review (n = 5). This method is usually used in sampling studies where a certain sample of people participating in a review recruit more people into the study. This recruitment has the premise that people know people from their social circles, who might be good candidates for the study. In data gathering from research this method is used when a certain found article acts as a beginning for the future searches. Moving from article to article within its field of interest creates a "snowball" that keeps on growing and growing. The starting databases for articles were EBSCO, Google Scholar, Medic, and Theseus. Establishing access to these databases was through libraries in Arcada UAS and the University of Helsinki.

Studies chosen for the review had to fit the following criteria:

- Published after 2005
- Published in a peer-reviewed journal OR as a master/doctoral thesis
- Full-text available in English or Finnish
- Primary research connected around the WBW of head nurses/nurse administrators
- Research measures and lists factors from surveys and interviews
- The research aim was head nurses/nurse administrators

Excluded from the search: articles related to nurse's WBW or articles that measure correlations or relations as their research methods.

Search words and findings in different databases are as follows:

EBSCO: Head nurse OR nurse manager AND wellbeing at work (n=139)

Google scholar: "Head nurse" OR "Nurse manager" AND wellbeing at work, (n=6660) (Google scholar processes these results with a different algorithm to others, so the amount of results is not comparable to other results)

Medic: "hoitotyön lähiesimiesten työhyvinvointi" (n=250)

Theseus: "hoitotyön lähiesimiesten työhyvinvointi" (n=212)

Flowchart of these findings is in appendices (Table 1). After the initial search, 81 articles are chosen for the first reading. This reading process includes the headlines and briefly scanning abstracts. After this phase, 63 articles are discarded or used in other sections of the thesis. The remaining articles go through thorough reading and comparison to the aims of the thesis and research question. During this process, the snowball method adds further five articles to the articles. These articles show relation to the research question and appear in the references of articles. After this, more thorough reading removes 12 articles, and the final 11 articles are chosen into the review. These articles and papers fulfil the inclusion criteria, thus making them eligible for this review.

5.3 Data analysis

The research question defines how the data in research should be analysed. Describing the gathering of the results is essential for proper research. The way of analysis and describing how to reach the conclusions is essential. (Elo et al., 2014). Conduction of the data analysis can be various, where one of the more popular is content analysis. For accurate content analysis, it is essential to reduce the data from its original form into concepts. These concepts include descriptions of the research question into categories, conceptual diagram, concepts, or a conceptual system. In content analysis, either an inductive or a deductive method is possible. Regardless of the method selected, they both contain the same three key points: preparing the data, organizing data and reporting findings from said data. To collect appropriate data, an understanding of the data and choosing what elements to include in the analysis is an essential part of the preparation phase. For this, the chosen method is inductive content analysis.

The process begins with organizing the raw data from research articles, through a process called open coding. Reviewing the material is done through open coding. This coding co-occurs throughout reading the articles. This method requires multiple rereads of the articles available and throughout understanding of them. After this research, every transcribed note turns onto an input on a coding sheet. Next, the data grouping reduces the number of categories by combining similar headings into broader categories. This process helps to generate knowledge and a more in-depth understanding of the material at hand. Result explanation happens using the category contents which describe the research question (Elo et al., 2014). This form of inductive content analysis is well suited for this research because there exist only a few previous studies of the question. This approach enables the thesis to identify key themes of head nurses' WBW by reducing the material to a set of wellbeing categories presented by Ryffs' theoretical model.

5.3.1 Data categorising

The total number of studies in the review is ten. One of the studies is a two-part paper of the same study, but because of separate publishing, they are separate studies in the code sheet. The focus on the articles is on result and discussion sections.

Different colours differentiate the articles. The definitions for categories are from in Ryffs' result categories. Both *high scorer* and *low scorer* definitions affect arranging the data. Following this, different themes are inputted into the coding sheet, using colour and number coding. Arranging the keywords is done following ethical guidelines and as honestly as possible.

5.4 Ethical considerations

In any type of research, ethical issues must be a point of consideration. These principles protect the participants involved in the research and avoid harm or risk. The researcher must follow professional rules of conducts, which are guidelines for research practice (Holloway & Wheeler, 2013). For research to produce reliable and trustworthy results, organising the principles of the responsible conduct of research is necessary. After conducting the research and evaluating the results, the authors must ethically approve their work. This ethical evaluation includes integrity, meticulousness, and accuracy of the research. Method on how the data is an acquirement, and the research methods need to correspond to the scientific criteria' and be ethically sustainable. For the development of scientific knowledge be possible, the discussion of the research results must open and responsible. The acknowledgements and accomplishments of other researchers are also important. Citations and referrals must be punctual and transcribed fully in taking into consideration other researchers and their work. Before the research has begun the researcher and their possible team must agree on the rights, responsibilities, and obligations, concerning authorship, and archiving the data. These agreements may be specified further during the research. All members of the research project must announce financing, conflicts of interest and other commitments relevant to the conduct of research. These possible conflicts publishing happens at the same time as the research results. (Finnish Advisory Board on Research Integrity, 2012). Unethical and dishonest practices are ethical violations that lead to harming research and contributing to false research results. Finnish

Advisory Board on Research Integrity (2012) separates these misconducts into four sub-groups: fabrication, falsification, plagiarism, and misappropriation.

- **Fabrication:** Reporting false results that the research method has not produced in the research. Fabrication also includes the invented result in research.
- **Falsification:** Adjusting initial results by the researcher and presented so that they become misleading results. Also withdrawing information that would be important for the discussion of the research is part of falsification.
- **Plagiarism:** involves directly copying text or data from other researchers work and representing it as one's own without citation. The plagiarized data can be in forms of visual materials or translations.
- **Misappropriation**: A process where people present research as their own when it is someone else's research. This misconduct differs from plagiarising on a broader scope because even the results may be ethically correct following proper research methods or stealing the research idea from another researcher.

In this study, the articles will be analysed and read carefully to ensure that the results are trustworthy. Correct references for the material ensure that the study will not plagiarize or falsify the results. The role of the commissioner of this research is advisory only, and it does not affect the findings of this thesis. This thesis did not receive any financial support from the commissioner.

6 RESULTS

This chapter explains the findings from the articles and how their sorting into different categories based on the theoretical framework. The graphs involved in the thesis are in appendices at the end of the paper. The research papers are appointed a number and a colour, which usage continues throughout the rest of the findings (Table 2). In future, the number of the article in the code sheet used as a reference.

6.1 Findings

6.1.1 Self-acceptance

This category involved keywords related to personal feelings and emotions. Personal growth is on the smaller field within the results (n=20). These results had the most personal entries of the research. They consist of persons own feelings such as trust, feeling over-whelmed, burnout and approval from others. Addressing coping mechanisms from work and job satisfaction is considered. Positive thinking is the only factor that is present in more than one study (1, 9). Polarization of keywords is notable, and many of them show distinctly positive or negative factors. Examples of these are:

Good downtime	Individual factors
Positive thinking	Job satisfaction
Empowerment	Emotional exhaustion
Trust	Burnout
Burnout	Positive thinking
Cognitive coping strategies	Ardor
Feeling overwhelmed	Self-regulation
Seniors' approval	Attunement
Presence in ward	Culture of excellence
Role factors	Positive feedback

- "Empowerment" (2) vs "Burnout" (4, 8)

- "Ardour" (10) vs "Emotional exhaustion" (8)

While self-acceptance focuses on more personal feelings, this form of self-image forms from outside influences. The approval of seniors (6), role factors (8) and positive feedback (11) affect how the person sees themselves and their presence in the workplace (7).

6.1.2 Positive relations with others

Positive relations with others consist of interpersonal relations. These findings are one of the most prevalent (n=30) in the study. Liaison and different forms of teamwork are present in many different forms, e.g., Co-manager model (1), Dialogue between colleagues (2), Effective NM-unit staff relationship (4), being an advocate for the staff (7), Giving favours (9), Contribution recognition (11) and Coaching (11). A significant theme in this category is support and its different forms. This support originates from many different sources. The sources range from peers (1, 5, 6, 8), to superiors (5, 6) and family (6, 9). This support is not only re-

Peer support	Digital connections
Comanager model	Being an advocate for the staff
Dialogue between colleagues	Taking personalities into consideration
Reciprocity	Co-operation with doctors
Mutual respect	Professional practice support
Communication	Wait time for decisions from senior management
Constructive NM-director relationships	Turnover/vacancies in front line management
Collegial NM-physician relationships	Global empowerment
Effective NM-unit staff relationships	Family support
Iandequate human resources	Giving favors
Peer and superior support	Culture of regard
Variation in support	Contributation recognizion
Senior leader trust	Culture of meaning
Teams' support	Communication
Support at home	Coaching

ceptive but can also be given out in forms of mutual respect (2), considering personalities (7), giving out favours (9) and within forming a culture of regard into the workplace (10). Giving and receiving support form the basis of interpersonal relations.

6.1.3 Autonomy

Autonomy covers keywords concerning the head nurse's leadership skills and expectations that arise in the working environment (n=22). While these findings are also highly personal, they differ from the keywords in self-acceptance. One of the differences is that autonomy focuses more on independence and available means to live ones' life and plan out their work. Many keywords are related to the perceived image of leadership. The leadership skills consist of managing expectations (1, 3, and 7), accountability (6, 9, and 11) and decision-making (3, 7).

Performance expectations	Having to work at home
Pressure from unfinished work	Expectations from the staff
Interruptions	Decision making
Mixed expectations	Ethicality
Autonomy over own work	Equality
Independent decisionmaking	Need for clinical work
Managing others	Resonant leadership
Interpersonal stress	Professional efficacy
Middle Management role	Flexibility
24-hour accountability	Assuming responsibility
Accountability	Boundary clarity

In some cases, these leadership responsibilities branch out of the working environment. Expectations, where the head nurses must be accountable for their work around the clock (6, 9), are prevalent in the study. This 24/7 accountability can blur the line of boundaries of home and workplace for the individual (6, 10). Performance expectations (1), interruptions (3), interpersonal stress (5) and expectations from the staff (7) can be stress-inducing factors while they are challenging the autonomy of the head nurse in question.

6.1.4 Environmental mastery

Environmental mastery consists of keywords connected to the administrational actions of the head nurse as well as the mental environment the head nurse creates in the workplace. This category is largest by the number of keywords (n=33); it was also the only category which had keywords from every article. The group of organizational factors comprise of financial management and budgeting (1, 4, 5, 7, 8, 11), personnel management (1, 2, 3, 8, and 11) and head nurses own workload (1, 3, 4, 6, and 9). Patients' well-being (3, 4, and 8) is a consistent theme in every research, even though mentioning it only in this category. Creating a mentally positive and functional workplace for the whole closely connects to the category "positive relations with others". However, in this category, the focus is on creating adequate environment and resources for the medical staff to work in (1, 2, 4, 7, 8, 10, and 11). Financial decisions fall under the themes of budget (7, 8) and employees' salaries (11).

People & Resources	External interests	Regarding daily life of the ward
Tasks & Work volume	Budget	Admintrators' requirements
"Putting out fires"	Resources	Financial limitations
Coherence	Space	Budget
Not enough time resources	Equipment	adequate resources to provide safe patient care
Insuffincy of staff	Clinical staff	Number of full time and part time staff
overcrowding	Clerical staff	Separating work and life
Culture of patient safety	Support staff	Affirmative framework
Adequate budget resources	Loss of experienced staff	Salary
Fair and manageable workload	Volume of tasks	Additional workforce
Fiscal responsibilities	Work-life balance	Oranization esteem

6.1.5 Purpose in life

Planning for future, perseverance and career advancement are some of the main points in this category. The keywords (n=29) spread out between purpose in working life as well as personal life. Planning (1, 5, and 8), setting and achieving goals (1, 3, 6, 8, and 10) and cultural development of the workplace (4, 5, 7, and 8) are the more prominent themes concerning working life. On a single keyword level, a very prevalent factor in workplace development is generativity (4, 10, and 11). The Merriam-Webster dictionary defines generativity as: "A concern for people besides self and family that usually develops during middle age, especially a need to nurture and guide younger people and contribute to the next generation".

Ability to plan	Recruitment
Achieving targets	Patient safety
overburdening work	Safety is high priority
secondary work	Restructuring of management
Working hard to achieve goals	Programmatic changes
Retirement	Adequate orientation
Culture of generativity	Cynicism
Culture of meaning	A sense of achievement
Competing priorities	Financial independence
Social and personal strategies	Mission driven
Fatigue	Generativity
Unclear expectations	Culture of generativity
Focusing on physical health	Career advancement

While personal purposes of overlap with professional ones, some unique goals affect only the person in question. These factors include retirement (4), fatigue (6), physical health (6), cynicism (8), financial independence (9) and career advancement (11).

6.1.6 Personal growth

Personal growth is somewhat like the category "purpose in life", for its division into more professional and personal samples. The difference in categorization relies on developing and improving oneself, compared to planning, and staying on goals of the "purpose in life" category. It is the smallest of the categories (n=18). Improvement is found in education (1, 7, 8, 11) and learning new skills (1, 7, 8, 11). For the part of learning, receiving, and giving out proper orientation comes up in multiple articles (6, 8, 9). These development

Learning new things is mandatory	Need for research and co-operation
Possibility for further education	Ongoing education support
Thougth of career change	Mentorship from senior management
Promotion	Advising as a mentor
Insuffient orientation	Reflection
Role transition	Change ability
Excersise	Learning culture
Problemsolving	Easy access to education
Personal education	Encouraging learning

goals often intertwine with professional and personal life. More professionally defined development keywords include thoughts of career/role change (4, 6), promotion (4), need for research (7), ongoing education support (8), learning culture of the workplace (11) and encouraging learning (11). The more personal keywords include physical exercise (6), personal education (7), reflection (10) and easy access to learning (11).

6.2 Summary of the results

The research question for the study is "What factors affect the head nurses' well-being-at-work". The results of this study answer this question and show the broad spectrum of factors affecting the head nurses' WBW. There are 149 extracted keywords from the articles in this thesis (Table 3). The amount of findings within categories varies from 18 to 33 keywords per category, with a standard deviation of $\sigma = 5.37$ and a mean of $\mu = 24,83$. The keywords were subjects measured in the chosen research papers. There is no alteration of data for duplicate keywords in categorisation for clarity and integrity of the data.

Ryff (1989) defines these categories and the found data surveyed through a source of a factor in question. External and internal factors were taking into accord, as well as factors originating from the workplace and personal life. The findings tell that these factors are highly complex, and they cover all spectrums of working life. The found factors are highly varied and connected to every part of personal and employee wellbeing. Every classification category in the study includes a high number of keywords from different articles, with "environmental mastery" including keywords from every article.

7   DISCUSSION

This chapter divides into two chapters, the method and result discussion. The former focuses on the effectivity of methods chosen for the thesis and later, the relevance of the found data in current working life.

7.1   Method discussion

The thesis is a scoping review with inductive analysis as the research approach. It was challenging to find articles broad enough to use about this topic. The method of the analysis was flexible, so both qualitative and quantitative studies were available for use in a scoping review. This method was suitable for this study and made finding suitable articles easier. Five of the ten articles found were quantitative, the other five qualitative.

The analysis highlights themes answering the research question and turns them into keywords. Finding suitable articles was challenging due to the scope of the thesis. If the focus of the found research were narrow, the results would focus too much on a single aspect of wellbeing. While finding the articles proved to be a challenging task, analysing the results was much more manageable. Through dissemination and classifying the different factors mentioned in the articles turn into keywords. These keywords are put into categories by Ryffs' (1989) six-factor model. Majority of the keywords were instantly usable from the source material, but some needed some refinement from their original form. After the keywords were listed, placing them into corresponding categories was simple. Ryffs definitions over the categories provided enough definition that an accurate categorisation was possible.

Using both "positive scorer" and "negative scorer" categories made it possible to define positive and negative keywords. Found results provided a broad spectrum of answers for the research question. The study takes the difference between external and internal influences into accord, but it is not systematically categorized. The influence of the workplace and personal life is also part of the results. Overall, this was a challenging topic to research due to the lack of studies in this area. However, after the data gathering, the theoretical framework provides a solid base for further findings.

7.2 Result discussion

This study aimed to scope out different factors affecting the head nurse's WBW. Well-being as a whole is a very broad category and the results show the wide variety of factors that the head nurses deal in their everyday working life. This result tells that a head nurse must have broad professional skills, because they must prepare for a variety of factors. In the light of the required skills of the head nurse, it is interesting to notice, that the category "Personal Growth" is the smallest of the categories. This can show the role of the experience in professional development compared to education. Glasø & Einarsen, (2006) talk about the importance of interpersonal relations and experience to affect the working environment. This point is highlighted in result for categories with the most significant number of keywords are "Positive relations with others" (n=30) and "Environmental mastery (n=33)". This shows the coverage of the WBW factors in every part of nursing work. It is important to note, that even when the theoretical framework of the research focuses on personal wellbeing and general happiness (Ryff, 1989), it can include all the negative emotions and findings that arise from previous research. While some of the results could be interpreted either as a negative or positive factor, e.g. "Burnout" (4, 8) vs Positive thinking (9), majority of the results were more flexible on their nature. Trying to define these flexible results only as negative or positive would not bring honest result.

Although this study cannot show a direct correlation on the role which the head nurse takes, the research still can find some interesting results. These results have a direct relation to previously defined categories for WBW (Hirvonen 2018). All aspects of the WBW defined in chapter 2.1, are present in the findings.

This connection supports the premise which head nurses must promote the personal and environmental aspects of the nursing workplace (Laschinger, Finegan & Wilk, 2009; Sellgren, Ekvall & Tomson, 2008). The result concerning the head nurse's own personal life (Self-acceptance n=20 and personal growth=18) have few results comparing to the environment and interpersonal relations. These results may show head nurses feeling more stress on factors concerning the workplace and putting other people above ones' self.

While the category "purpose in life" sits in between categories mentioned above (n=26) it focuses more on advancements in the workplace than in personal life. This review serves as a good foundation for further research as a qualitative or quantitative survey. This study could be a master's thesis in nursing science studies.

8 CONCLUSION

The factors concerning head nurses' WBW are highly varied, and they fall into all categories of well-being. This study cannot single out significant contributors in the head nurse's WBW, but it shows that head nurses' WBW consists of numerous subjects. WBW if affected by factors arising from work and personal life. External and internal factors are also present in similar factions. For the mapping of these external and internal factors, SWOT analysis (Pickton and Wright, 1998) could prove useful. Further research into this subject is necessary if more defined findings are needed. This study was relatively small in scope (n=11 studies), but it shows the need for more specified research on the same themes and research question in the future. While these results show a broad spectrum of factors, the social relations and working environment highlight from the results. This variation shows the importance of head nurses work and the wide knowledge and professional expertise they require in their work.

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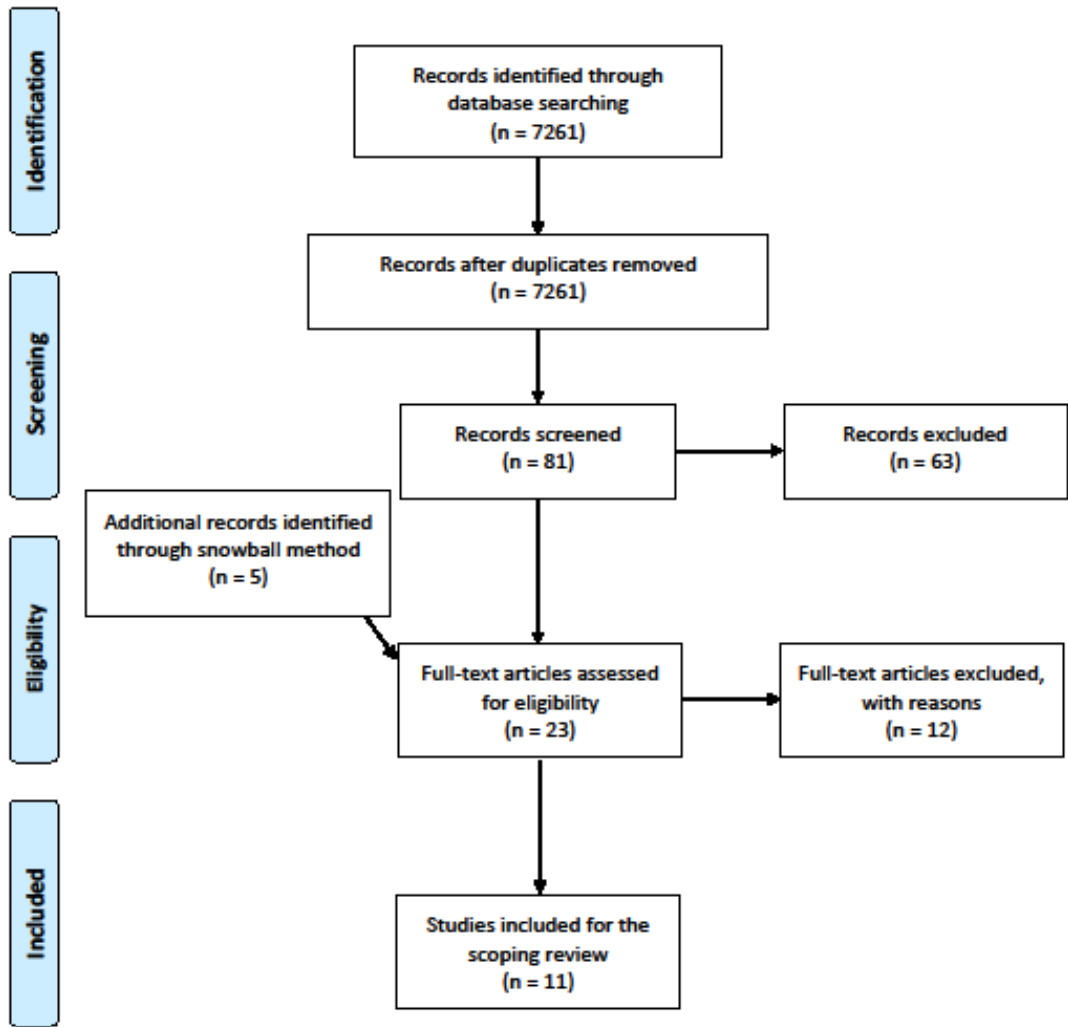
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APPENDICES

PRISMA Flow Diagram

Identification

Records identified through database searching
(n = 7261)

Screening

Records after duplicates removed
(n = 7261)

Records screened
(n = 81)

Records excluded
(n = 63)

Eligibility

Additional records identified through snowball method
(n = 5)

Full-text articles assessed for eligibility
(n = 23)

Full-text articles excluded, with reasons
(n = 12)

Included

Studies included for the scoping review
(n = 11)

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

For more information, visit www.prisma-statement.org.

Table 1 Flow diagram

Table 2 Article code sheet

#	Title	Authors	Method	Sample	Country
#1	Understanding Nurse Manager Stress and Work Complexity	Shirey, Maria R. McDaniel, Anna M. Ebright, Patricia R.	Quantitative	21	USA
#2	Voimaannuttava yhteistyösuhde työhyvinvoinnin edistäjänä – Haastattelututkimus hoitotyön johtajille ja hoitotyöntekijöille	Romppainen, Johanna	Qualitative	15	Finland
#3	Yhdessä tekemisen maku pitäisi säilyttää - Hoitotyön lähiesimiesten työhyvinvointi organisaatiomuutoksessa	Tuuliainen, Eeva	Quantitative	25	Finland
#4	The Influence of the Practice Environment on Nurse Managers Job Satisfaction and Intent to Leave	Warshawsky, Nora E. Wiggins, Amanda T. Rayens, Mary Kay	Quantitative	356	USA
#5	'Walking a tight rope': an investigation of nurse managers' work stressors and coping experiences	Udod, Sonia A. Care, W. Dean	Qualitative	5	Canada
#6	Nurse manager role stress	Loveridge, Stephanie	Qualitative	12	USA
#7	Osastonhoitajien lähijohtamiseen kohdistuvat odotukset osastoin thoitajien kokeamna – "Läsnäolokin on työtä"	Norrbacka, Jaana	Qualitative	11	Finland
#8	Factors influencing nurse managers' intent to stay or leave: a quantitative analysis	Hewko, Sarah J. Brown, Pamela Fraser, Kimberly D. Wong, Carol A. Cummings, Greta G.	Quantitative	95	Canada
#9	Resilience and Work-life Balance in First-line Nurse Manager	Kim, Miyoung Windsor, Carol	Quantitative	20	South Korea
#10	Why Do Nurse Managers Stay? Building a Model of Engagement: Part 1, Dimensions of Engagement	Mackoff, Barbara L. Triolo, Pamela Klauer	Qualitative	30	USA
#11	Why Do Nurse Managers Stay? Building a Model of Engagement : Part 2, Cultures of Engagement	Mackoff, Barbara L. Triolo, Pamela Klauer	-	-	-

Table 3 Factors

#1	#2	#3	#4	#5	#6	#7	#8		#9	#10	#11
People & Resources	Empowerment	Pressure from unfinished work	Burnout	Fiscal responsibilities	Insufficient orientation	Expectations from the staff	Resources	Resonant leadership	Positive thinking	Mission driven	Learning culture
Performance expectations	Dialogue between colleagues	Not enough time resources	Thought of career change	landequate human resources	Feeling overwhelmed	Presence in ward	Space	Global empowerment	Flexibility	Generativity	Easy access to education
Tasks & Work volume	Reciprocity	Insuffincy of staff	Retirement	Managing others	Role transition	Decision making	Budget	Adequate orientation	Assuming responsibility	Ardor	Encouraging learning
"Putting out fires"	Coherence	Interruptions	Promotion	Interpersonal stress	24-hour accountability	Being an advocate for the staff	Equipment	Mentorship from senior management	Separating work and life	Boundary clarity	Culture of regard
Ability to plan	Mutual respect	Mixed expectations	Culture of patient safety	Middle Management role	Volume of tasks	Regarding daily life of the ward	Clinical staff	Number of full time and part time staff	A sense of achievement	Reflection	Salary
Peer support	Communication	secondary work	Constructive NM-director relationships	Competing priorities	Variation in support	Taking personalities into consideration	Clerical staff	Individual factors	Family support	Self-regulation	Accountability
Achieving targets	Trust	overcrowding	Culture of generativity	Peer and superior support	Having to work at home	Ethicality	Support staff	Job satisfaction	Financial independence	Attunement	Contribution recognition
Good downtime		overburdening work	Adequate budget resources	Cognitive coping strategies	Fatigue	Administrators' requirements	Ongoing education support	Burnout	Giving favors	Change ability	Culture of meaning
Positive thinking		Learning new things is mandatory	Culture of meaning	Social and personal strategies	Work-life balance	Recruitment	Professional practice support	Emotional exhaustion	Advising as a mentor	Affirmative framework	Communication
Comanager model		Working hard to achieve goals	Collegial NM-physician relationships		Senior leader trust	Problemsolving	Patient safety	Cynicism			Additional workforce
		Autonomy over own work	Effective NM-unit staff relationships		Seniors' approval	Equality	Safety is high priority	Professional efficacy			Culture of generativity
		Independent decisionmaking	Fair and manageable workload		Teams' support	Personal education	Loss of experienced staff				Career advancement
		Possibility for further education			Unclear expectations	Financial limitations	adequate resources to provide safe patient care				Coaching
					Focusing on physical health	Budget	Programmatic changes				Culture of excellence
			Keywords		Excersise	Need for research and co-operation	Wait time for decisions from senior management				Oranization esteem
			149		Support at home	External interests	Turnover/vacancies in front line management				Positive feedback
					Digital connections	Co-operation with doctors	Restructuring of management				
						Need for clinical work	Role factors				

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Self-acceptance	20	Positive relations with others	30	Autonomy	22
Good downtime	Individual factors	Peer support	Digital connections	Performance expectations	Having to work at home
Positive thinking	Job satisfaction	Comanager model	Being an advocate for the staff	Pressure from unfinished work	Expectations from the staff
Empowerment	Emotional exhaustion	Dialogue between colleagues	Taking personalities into consideration	Interruptions	Decision making
Trust	Burnout	Reciprocity	Co-operation with doctors	Mixed expectations	Ethicality
Burnout	Positive thinking	Mutual respect	Professional practice support	Autonomy over own work	Equality
Cognitive coping strategies	Ardor	Communication	Wait time for decisions from senior management	Independent decisionmaking	Need for clinical work
Feeling overwhelmed	Self-regulation	Constructive NM-director relationships	Turnover/vacancies in front line management	Managing others	Resonant leadership
Seniors' approval	Attunement	Collegial NM-physician relationships	Global empowerment	Interpersonal stress	Professional efficacy
Presence in ward	Culture of excellence	Effective NM-unit staff relationships	Family support	Middle Management role	Flexibility
Role factors	Positive feedback	landequate human resources	Giving favors	24-hour accountability	Assuming responsibility
		Peer and superior support	Culture of regard	Accountability	Boundary clarity
		Variation in support	Contributation recognizion		
		Senior leader trust	Culture of meaning		
		Teams' support	Communication		
		Support at home	Coaching		

Table 4 Classifications part 1

Enviromental mastery — 33

People & Resources	External interests	Regarding daily life of the ward
Tasks & Work volume	Budget	Admintrators' requirements
"Putting out fires"	Resources	Financial limitations
Coherence	Space	Budget
Not enough time resources	Equipment	adequate resources to provide safe patient care
Insuffincy of staff	Clinical staff	Number of full time and part time staff
overcrowding	Clerical staff	Separating work and life
Culture of patient safety	Support staff	Affirmative framework
Adequate budget resources	Loss of experienced staff	Salary
Fair and manageable workload	Volume of tasks	Additional workforce
Fiscal responsibilities	Work-life balance	Oranization esteem

Purpose in life — 26

Purpose in life	26
Ability to plan	Recruitment
Achieving targets	Patient safety
overburdening work	Safety is high priority
secondary work	Restructuring of management
Working hard to achieve goals	Programmatic changes
Retirement	Adequate orientation
Culture of generativity	Cynicism
Culture of meaning	A sense of achievement
Competing priorities	Financial independence
Social and personal strategies	Mission driven
Fatigue	Generativity
Unclear expectations	Culture of generativity
Focusing on physical health	Career advancement

Personal growth — 18

Personal growth	18
Learning new things is mandatory	Need for research and co-operation
Possibility for further education	Ongoing education support
Thought of career change	Mentorship from senior management
Promotion	Advising as a mentor
Insufficent orientation	Reflection
Role transition	Change ability
Excersise	Learning culture
Problemsolving	Easy access to education
Personal education	Encouraging learning

Table 5 Classifications part 2