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# Ward sisters' perceptions of nurses' well-being in a center for the elderly

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**Ward Sisters' perceptions of Nurses' Well-Being in a  
Center for the Elderly**

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The purpose of this study was to find out Ward sisters' perceptions of nurses' well-being in a center for the Elderly. The research question was: what Perceptions do Ward Sisters' have on the Well-being of Nurses in a Center for the Elderly?

Qualitative research method was applied in this study. The data originated from a focus group discussion with five (5) ward sisters as participants working in a center for the elderly. The analysis was done according to content data analyzing steps and process of Elo and Kyngäs (2007), which includes; Open coding, Coding sheets and preliminary grouping, Grouping, Categorization, Abstraction and Category.

The finding shows 4 categories that arise from the data. These categories are; Professional environment and its ethics, Indicators of well-being, Structural factors influencing well-being and Human factors and well-being. The results revealed support as one of the major source for promoting and enhancing well-being at work which emerged from the discussion with two (2) to five (5) sub-categories (see table 2) identified based on the qualitative content analysis according to Elo & Kyngäs (2007). The findings of this study have clarified the ward sisters' role in support of nurses' well-being working in a center for the elderly. The findings from the qualitative content data analysis are presented in accordance to answering the research question formulated for this study. Ward sisters discussed well-being in general and also in their departments of work respectively.

One of the conclusions was that support among colleagues and from the leadership plays an important role in the well-being of nurses working in a center for the elderly. Ethics and trustworthiness were taken into consideration throughout the study process.

Key words: Nurses' well-being, Nursing professionals, Ward Sisters' perceptions, Center for the Elderly

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## 1 Introduction

This study finds out ward sisters perceptions of nurses' well-being in a center for the elderly in Finland. The qualitative study focused on the viewpoints and thoughts that affect the processes of ward sisters influence in promoting nurses well-being at work. According to the World Health Organization (WHO 2006) globally, there is an increasing shortage of registered nurses (RNs). It is estimated that an additional 2.4 million healthcare professionals, including physicians, nurses, and midwives, are needed to provide coverage for the world's basic health care needs (WHO 2006). "More people today want a life beyond work. Employees can work more effectively if they can integrate their work, family and personal lives in more satisfying ways. This becomes a win-win situation for all involved" (Burke, 2000).

Finland is currently undergoing extensive changes in healthcare. An aging population is increasing the demand for health care services. The population is ageing at a rate that is among the highest in the EU countries, (Ollongvist 2007). A shortage of physicians has resulted in new and more clinically demanding activity models for nurses in many municipalities and organizations. The Finnish Ministry of Health and Social Affairs in 2002 recommended a reorganization of future health care services. New models for the restructuring of work tasks and responsibility areas between different personnel categories were recommended based on an analysis of 31 pilot projects, conducted between 2003 and 2004. In these projects, tasks were transferred from physicians to nurses and public health nurses (Hukkanen & Vallimes-Patomäki 2005).

Considering the demographic changes in Finland, the work in long-term care is more demanding than in the past. The quality of care is strongly related to well-being and job satisfaction of the staff, (Raikkonen, Perälä & Kahanpää, 2007). Centers for the elderly are retirement homes that offer home for the elderly. This includes in most cases day care centers, daily activity centre and service centers to people who are in their advanced years.

This research idea was a suggestion by the leading employees of a centre for the elderly in Finland. The leading positions within nursing made them discuss well-being of nurses. The leadership in this particular centre thought it is relevant to find out well-being in connection to work and the leadership. The reason why this particular topic is chosen is of a collaboration and cooperation between the researcher and the center for the elderly leadership. The interest aroused because such studies have not been conducted before in this specific center. The leadership gave an example of interest of "How can work schedule planning have an effect on the work well-being". This topic has been interesting and important and could give this particular elderly center's leadership important information but the topic has been slightly altered by the researcher due to lack of background information.

The aim of this study was to find out the insight of ward sisters' perceptions of nurses' well-being in a centre for the elderly. The research question for this study was: What perceptions do ward sisters have on the well-being of nurses working in a center for the elderly? Focus group discussion has been used as data collecting method and qualitative research method using inductive data analyzing process has been used in conducting this study.

## 2 Theoretical framework

A conceptual framework is described as a set of broad ideas and principles taken from relevant fields of enquiry and used to structure a subsequent presentation. When clearly articulated, a conceptual framework has potential usefulness as a tool to scaffold research and, therefore, to assist a researcher to make meaning of subsequent findings (Smyth, 2004). Such a framework should be intended as a starting point for reflection about the research and its context. The framework is a research tool intended to assist a researcher to develop awareness and understanding of the situation under scrutiny and to communicate this. As with all investigation in the social world, the framework itself forms part of the agenda for negotiation to be scrutinized and tested, reviewed and reformed as a result of investigation (Guba & Lincoln, 1989).

The exploration of a theoretical literature must identify and state those assumptions in a framework of theory. The framework develops, organizes, and learns the body of theory that is appropriate for a certain research, (Marshall & Rossman, 1989). Literature review provides the framework of a research and identifies the area of knowledge that the study intends to expand.

### 2.1 Nurses' well-being

Well-being philosophically refers to health. A person's well-being is what is good for him or her (Standford, 2008). Well-being at work is seen as a broad entity that comprises the whole organization and focuses on human and communal resources that are seen as an investment in the organization's future. Management is always in a key position to promote health and well-being at work. Work life requires working together, and this means trusting each other. Trust is built through participation, interaction, and communication (Sirola-karvinen, Jurvansuu, Rautio & Husman, 2010). In work life, trust is essential for well-being. The culture of trust and leadership is increasingly emphasized in the future when work is carried out more independently than today (Sirola-Karvinen et al.2010). In organizations, maintaining and promoting well-being at work is the management's responsibility, and a comprehensive method helps

managers perform this duty. Management alone cannot create well-being at work because it is the responsibility of all the members in an organization. The essential question in management is how to create trust and thus encourage the participation and responsibility of the whole personnel for promoting health and well-being at work (Sirola-karvinen et al 2010).

In this study, the findings identified that support for each and the whole multi-professional team and significant others of the residence play an important role in the promotion of well-being of workers as well as well-being at work. Well-being at work describes the worker's experience of the safety and healthiness of work, good leadership, competence, change management and the organization of work, the support of the work community to the individual, and how meaningful and rewarding the person finds his or her work. Well-being at work means that work is meaningful and fluent in safe, health promoting, and work career supporting work environment and work community (Sirola-karvinen et al 2010).

Work well-being as a measure of health related to work is reasonable to assume that psychological symptoms are more likely to be associated with leadership practices than physical health that probably more reflects the physical and ergonomic contents of the work than leadership, well-being at work is characterized by such symptoms as exhaustion, anxiety, depression, or stress related to work (Kuoppala et al. 2008).

Well-being is a state of human existence in which a person's basic needs are adequately met and satisfied (Emerson 1985 cited in Felce & Perry 1995). Ward sisters as nurse professionals in recent years serve as leaders in their departments of responsibility. The following is a partial list of a Ward sister's roles: Decision maker, Teacher, Critical thinker, Communicator, Advocate, Facilitator Visionary, Mentor, Influencer, Energizer, Creative problem solver, Coach, Diplomat and Role model. Various studies have demonstrated that nursing is stressful and that the incidence of occupational stress-related burnout in the profession is high. During the last few decades, nursing has changed in many ways, putting extra pressure on nurses. Several researchers describe nurses' work as stressful (Humpel & Caputi 2001). Political and administrative authorities demand that more work be done in less time, especially within the health care system (PHR, 2001). Work under pressure, stress and dissatisfaction with working hours are some of the negative factors (Burke 2000). Research on stress, coping, burnout and job satisfaction among British nurses showed that occupational stress levels are rising in the profession. The shortage of nurses and high staff turnover rates within the health care system are compromising the nurse's ability to provide competent and compassionate care. High rates of staff turnover cause negative effects on productivity and effectiveness (Hinshaw & Atwood 1984). As nurses make a unique contribution to the multidisciplinary teams they work in (Baxter 2002), job satisfaction influences the quality of the care they provide, just as nurses job dissatisfaction influences the nurse-patient relationship (Takase et al. 2001).

Well-being of nurses working in a center for the elderly is a concern for the employers as well as the senior staffs. Well-being implies the ability to balance professional and personal life. It is associated with social, psychological, spiritual, and physical health. Impairment is “the interference of someone’s personal problems with his/her ability to properly learn, provide patient care or function as a healthy member of a family, a social network, or the community” (Emerson et al.1985).

Well-being of nursing staff is a priority in the foundation of high quality geriatric care. It has been shown by research (Isola & Åstedt-Kurki 1997) that work with institutional geriatric patients is both physically and psychologically strenuous. The major problems of institutional care are ergonomic issues, shortage of time and stress factors related to the patients. Motivational problems are due to inadequate opportunities to use one’s abilities, fragmentation of work, and lack of independence and scantiness of feedback (Sinervo & Elovainio 1998, Elovainio et al. 2001, Kydd 2002). Nursing staff working in institutions exhibit many symptoms of physical stress (Isola & Astedt-Kurki 1997). The stress symptoms of geriatric nursing staff are closely associated with their opportunities to influence their work, the operational justness of the organization and their superiors and the functionality of the working group to which they belong.

According to a study on the well-being of practical nurses in Finland Rintala & Elovainio (1997), practical nurses employed in public health care and institutional care experienced more stress than ones employed in social services and community care. The practical nurses employed in social services and community care also felt their work to be more demanding, psychically more holistic, more significant and more independent compared with their colleagues in public health care and institutional care. Elovainio et al. (2001) states that nurses and practical nurses employed in health centre hospitals felt their work to be extremely significantly stressful.

Orem (1985) has emphasized well-being as a term that is used to describe an individual’s perception of their condition. Well-being refers to the integration of a person’s physical, mental, emotional, spiritual and social characteristics. Authors have emphasized well-being is an internal construct which may be independent of external conditions (Hartweg 1990; Orem1985). For example, it is possible to be ill or not healthy and still have a sense of well-being. For the purpose of this study, well-being has been defined as an internal construct made up of reflective and spontaneous dimensions. Well-being is a perceived state of harmony in all aspects of one’s life. It is a state characterized by experiences of contentment, pleasure, by spiritual experiences, and a sense of happiness (Orem 1985).

Baker and Intagliata (1982) stated that wellbeing is about what people will recognize as shared life well lived and worth living together. It is achieved as much by the ways in which people make sense of their lives and their social world, as it is by the accumulation of institutions for security of income, wealth, health, environment, or against any crime or any other risk. Wellbeing is the satisfaction of an individual's goals and needs through the actualization of their abilities or lifestyle.

Well-being comprises objective descriptors and subjective evaluations of physical, material, social and emotional wellbeing, together with the extent of personal development and purposeful activity, all weighted by a personal set of values. Well-being is a state of psychological and physical health that allows a constant or higher level of functioning in an ever-changing internal and external environment. "Well-being" implies the ability to balance professional and personal life. It is associated with social, psychological, spiritual, and physical health. Impairment is "the interference of someone's personal problems with his/her ability to properly learn, provide patient care or function as a healthy member of a family, a social network, or the community" (Emerson et al. 1985).

In this study, finding out ward sisters' perceptions of well-being of nurses in a centre for the elderly has brought an understanding of the importance of Well-being of nurses in order to produce quality of care. The process of participation and commitment of the personnel themselves creates a healthy environment in the workplace. This is more the reason why it was important to explore ward sisters perceptions of nurses' well-being in a center for the elderly. This study considers well-being of nurses as a possible responsibility of ward sisters since they are leaders on their departments and nurses are subordinates to them.

## 2.2 Nursing professionals

Historically, nurses were trained by religious institutions to care for patients; care was not based on set standards or education. In 1873, Florence Nightingale developed a model for independent nursing schools to teach critical thinking, attention to the patient's individual needs, and respect for the patient's rights. In early 1900s, hospitals used nursing students as cheap labor, and most graduate nurses were privately employed to provide care in the home (Nettina, 2009). After the Second World War, technological advancements brought more skilled and specialized care to hospitals, requiring more experienced nurses. The need of intensive and coronary care units during the 1950s brought forth specialty nursing and advanced practice nurses.

During the 1960s, greater interest in health promotion and disease prevention, along with a shortage of physicians serving rural areas, helped create the role of the nurse practitioner in the United States; a role that is now being recognized in other countries. Nursing is the diagnosis and treatment of the human in relation to health problems. Nursing is also an art and a science. Promotion of health is stressed nowadays compared to earlier days when sickness was the focus of nurses and nursing, (Nettina, 2009). In hospital-based or community health care setting, nurses assume three basic roles namely; **1. Practitioner**- which involves actions that directly meet the health care and nursing needs of patients, families, and significant others. This includes staff nurses at all levels of the clinical ladder, advanced practice nurses, and community-based nurses (Nettina, 2009). **2. Leader**- which involves actions, such as deciding, relating, influencing, and facilitating, that affect the actions of others and are directed towards goal determination and achievement; may be a formal nursing leadership role or an informal role periodically assumed by the nurse and **3. Researcher**- involves actions taken to implement studies to determine the actual effects of nursing care to further the scientific base of nursing; may include all nurses, not just academicians, nurse scientists, and graduate nursing students (Nettina, 2009).

Leadership is an important topic in nursing. It is recognized to be the importance of leaders who represent nurses well to those outside of the profession. The image of the nursing profession is formed in the many day-to-day interactions between nurses and patients, families, the public, physicians, and administrators. Nurses who can find their inner leader and use it in their practice, at whatever level of the organization they contribute, will find that they are able to positively impact patient care and outcomes (Gordin & Trey, 2011).

The ward sister may be a non-nurse administrator with management skills or training. In Finland, ward sisters are required to have Master's level education in order to be fully qualified as ward sisters. This is due to the restructuring of the Finland's healthcare system (Fagerström 2009). Finland's healthcare reorganization service has required a restructuring of the areas of responsibility within the healthcare professionals (Fagerström 2009). The aim for advanced practice nursing in Finland and the development process of a Master's program in health includes expanded role in advanced clinical skills and responsibility such as; Health promotion and health prevention, education, supervision, leadership, research and development to promote advanced clinical care (Fagerström, 2009).

There are different types of nurses and nurses' responsibilities. These are to name a few: Registered Nurses, Head Nurses, Nurse supervisors, Practical Nurses, Nursing home Nurses and public Health Nurses who though shares many tasks ,needs special skills to carry out their duties ( Fagerström 2009). Nowadays in Elderly care are also a variety of social workers. In this study the purpose was to find out Ward sisters' perceptions of well-being of nurses working in a centre for the elderly. Ward sisters supervise nursing activities in a variety of

settings. While some patient care is usually required, the nursing supervisor's (ward sister) new duties include setting up work schedules, assigning duties to a nursing staff, and ensuring that each member of the nursing team is well trained, (Dol, 2009).

Ward sisters are responsible for the performance of the nurses on their team. This means that they must ensure that nursing records are correctly maintained, that report is correctly given at each shift change, and that equipments and other supplies are in stock. Ward sisters also called nurse leader or nurse supervisors are in many cases registered nurses with higher education in Nursing. Nurses job also involves working with the multi-professional team such as doctors, physiotherapist, social workers, clients' family, psychologist as well as technicians (Whitehead, Weiss & Tappen 2007).

### 2.3 Ward Sisters' Perceptions

Perception is a cognitive unit of meaning, ideas, or mental symbol. Humans are known to be social species with the internal capability to process social information from other humans. To understand others' behavior and to react accordingly, it is necessary to infer their internal states, emotions and aims, which are conveyed by subtle nonverbal bodily cues such as postures, gestures, and facial expressions (Kujala 2010).

Ward sisters and charge nurses play a key role in the organization of hospital nursing; they are the interface between healthcare management and clinical care delivery. The ward sister is also the nurse leader who has direct managerial responsibilities for both patients and nurses (Naish, 2009). In this study, the term ward sister has been used throughout.

A study conducted by (Goldman & Tabak 2010) identifies the increasing number of nurses leaving the profession; their job satisfaction has become a source of concern and an important issue in nursing studies. An important factor that has not received sufficient acknowledgement, and can serve to explain the variance in work satisfaction, is nurses' perception of the prevailing ethical climate in a hospital setting. An ethical climate represents shared perceptions of organizational practices related to ethical decision making and reflection, including issues of power, trust and human interactions within an organization. The ethical climate influences both decision making and subsequent behavior responses to ethical dilemmas. Several studies have proposed that nurses' perceptions of the ethical climate of their organization are related to higher job satisfaction, organizational commitment and lower nurse turnover. Knowledge regarding the effect of ethical climate on nurses' job satisfaction can provide valuable insight into how ethical climates can be structured to increase job satisfaction and support nurse retention, (Goldman & Tabak, 2010).

The purpose of this study was to find out how Ward Sisters perceived knowledge of nurses well-being in a centre for the elderly and to see whether their leadership characteristics influence the well-being of their subordinates. Previous studies concerning ward sisters in relation to perception are none-existing or limited, based on the literature search applied in the frame of this study. Perception in relation to nursing, perception on leading or leadership/head nurse (ward sister) with the search engines such as Cihnal, Sciencedirect, Nelli, Nursing@Ovid and Ebscohost shows results that were irrelevant to this study. The findings of this study show that support and communication especially giving feedback is important as a leader to subordinates. Wards sister's management skills or style influenced the quality of care received by clients and nurses' performance.

#### 2.4 Centre for the Elderly as a Context of this Study

Centre for the Elderly or elderly home is a care facility for the elderly with long-term illness and for those who cannot manage at home anymore. The facilities for elderly patients/clients with long-term illness vary as regards the number of staff, skill and the medical equipments available (Finne-Soveri 2010). Centres for the elderly are therefore, been graded to match the level of care required by the patient/client. The grading of care and Elderly centre is supported by its cost-effectiveness and the level of care required (Finne-Soveri 2010). Moving from home at a later years of a person's life can be a major change and in many cases considered a drawback, but when home-based care and aid services are needed more often than two times daily, and when the costs are similar to those of a patient in a care facility then a place other than home may be considered to care for that individual. These decisions are made according to the law and the assessment team. Dementia is the most significant illness that leads to change of treatment and environment (Finne-Soveri 2010).

Elderly care also known as "Geriatric Care", is the process of planning and coordinating the care of the elderly and/or disabled to improve their quality of life and to maintain their independence for as long as possible. Health care and psychological care are integrated with the best possible combination of services such as: housing, home care services, socialization programs, financial and legal planning. A care plan tailored for each individual's circumstances is prepared after a comprehensive assessment. The care plan is modified when necessary based on the professional geriatric care manager's monitoring of the effectiveness of the components of the care plan. Professional elderly care managers accomplish this by combining a working knowledge of health and psychology, human development, family dynamics, public and private resources and funding sources while advocating for their clients throughout the continuum of care (Finne-Soveri 2010).

Choosing the place of care for an elderly patient/client with a long-term illness or disability can be challenging. According to (Finne-Soveri 2010) have lay-down criteria on how these assessment and evaluation are followed. In Finland, 11.4% of people aged over 75 years are in long-term institutional care. The quality of institutional geriatric care is a topical issue in Finland. The quality of healthcare services can be assessed by the users or producers of these services or by independent outside evaluators, (Sosv, 1999). Elderly centers aims at providing quality of life and best care possible for its residents and clients. There are continuous innovation projects aiming at improving safety, independence activity and to enhance the quality of care for the elderly.

Pekkarinen, Sinervo, Elovainio, Noro, Finne-Soveri, & Laine (2006) in stakes (2006) states that in 2005, 2.5% of >65 years lived in institutional care, most of them in long-term care. The organization of long-term care and the methods for compiling statistics on clients in long-term care vary in different countries, making comparison difficult. In Finland, health centers are primary healthcare organizations, whereas nursing homes and service houses are forms of residential care under the umbrella of social services. Health centers offer services both for outpatients and inpatients of all ages, and a portion of their inpatients are in long-term care. Service houses offer varying extents of assistance, with some offering 24-hour assistance. The care needs clients in service houses are generally less than those of clients in health centers or nursing homes. The nurse-patient ratios in different types of institutions for long-term care are: health centers 0.62, nursing homes 0.57 and service houses 0.43 (Pekkarinen et al. 2004).

The major problems of institutional care are ergonomic issues, shortage of time and stress factors related to the patients/clients/residents. Motivational problems are due to inadequate opportunities to use one's abilities, fragmentation of work, and lack of independence and scantiness of feedback, (Sinervo & Elovainio ,1998, Elovainio 2001). The stress symptoms of geriatric nursing staff are closely associated with their opportunities to influence their work, the operational justness of the organization and their superiors and the functionality of the working group to which they belong. Nursing staff working in institutions exhibit many symptoms of physical stress (Isola & Astedt-Kurki 1997).

A high level of staff well-being is the foundation of high quality geriatric care. It has been shown by research (Isola & Astedt-Kurki 1997) that working with institutional geriatric patients is both physically and psychologically strenuous. According to a study done in Finland on the well-being of practical nurses (Rintala & Elovainio 1997), practical nurses employed in public health care and institutional care experienced more stress than ones employed in social services and community care. The practical nurses employed in social services and community care also felt their work to be more demanding, psychically more holistic, more

significant and more independent compared with their colleagues in public health care and institutional care (Rintala & Elovainio 1997). Ward Sisters' role, can have ability to influence work outcome as leaders in their departments, they are consider possibly being responsible for the well-being of nurses. Their role is important in order to produce quality of care. This is more the reason why this study finds out ward sisters' perceptions of well-being of nurses in elderly care. All over the Western world the responsibilities of health services are being decentralized from institutional to community contexts, focusing the importance of client-centered quality development of community-based healthcare services (Nygren, Iwarsson, Isacson & Dehlin 2001).

A discussion between the researcher and leaders of a centre for the elderly brings the idea and suggestions of studying well-being in relation to care work and its effects on the staff. The leadership gave an example of "How can work schedule planning have an effect on the work well-being and the leader's (Ward Sister's) influence on well-being". This topic could have been interesting and important and could give this particular elderly center's leadership important information but the suggested topic has being slightly changed by the researcher due to difficulties in literature search about the topic.

The purpose of this study was to find out ward sisters' perceptions of nurses well-being in a center for the elderly. Five ward sisters working in a particular center for the elderly participated in the focus group discussion. The results of this study shows that the work community's cooperation with the residence or clients together with the residence significant others plays an important role in promoting and enhancing well-being. Well-being is a topic that is continuously discussed in the nursing profession particularly in the care for the elderly.

### 3 Purpose and research question

The purpose of this study was to find out Ward sisters' perceptions of nurses' well-being in a Center for the Elderly.

The aim of the study was to identify/find out ward sisters' management skills in enhancing, promoting and improving nurses' well-being working in a center for the elderly.

The research question was: what Perceptions do Ward Sisters' have on the Well-being of Nurses in a Center for the Elderly?

#### 4 Methodological Approach

In this study process, qualitative research approach is use. Burns & Grove (1997) stated that qualitative approaches are based on world view which is holistic with the belief that there is no single reality. Reality based on perception is unique and changing for everyone; the knowledge gained is meaningful only within a given situation or context. The main purpose of qualitative research method is to examine meaning. Each qualitative approach is based on philosophical orientation that influences the interpretation of the data (Burns & Grove, 1997).

According to Parahoo (1997), qualitative research is appropriate when studying the experiences and perceptions of clients, nurses and others. The overall framework for research area in nursing science is the nursing paradigm consisting of person, health, environment and nursing. In qualitative research method, the quality of the experiences of the informant is important, not the quantity of numbers, as it is in quantitative studies (Parahoo 1997).

Shank (2002) defines qualitative research as a form of systematic empirical inquiry into meaning. By systematic he means; planned, ordered and public, following rules agreed upon by members of the qualitative research community. By empirical, he means that this type of inquiry is grounded in the world of experience. Inquiry into meaning says researchers try to understand how others make sense of their experience. Denzin and Lincoln (2000) claim that qualitative research involves an interpretive and naturalistic approach: This means that qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people presents.

Qualitative research method involves direct interaction with the informants or participants; this method was suitable for focus group discussion as presented in this study. Qualitative research method is described as holistic, that is concerned with humans and their environment in all of their complexities (Polit & Hungler 1995)

##### 4.1 Participants

Informants are defined as a term used to refer to those individuals who provide information to researchers about a phenomenon under study, usually in qualitative studies. Studies with humans involve two sets of people: those who do the research and those who provide the information. In a qualitative study, the individuals cooperating in the study play an active rather than a passive role in the research, and are usually referred to as study participants,

informants, or key informants, (Polit & Beck 2003). It is also stated that collectively both in qualitative and quantitative studies; study participants comprise the sample.

The selection of individuals to participate in qualitative research is based on their first-hand experience with culture, social process, or phenomenon of interest (Streubert-Speziale & Rinaldi-Carpenter, 2007). Since the outcome of qualitative study is understanding of the phenomena (Krasner, 2001), participants are selected for the purpose of describing an experience in which they have participated. The setting and selection of participants appropriately will assist in developing a successful research study. The building of trusting relationship with those from whom the researcher intent to learn will support achieving successful research goals (Streubert-Speziale & Rinaldi-Carpenter, 2007).

Participants in this study were 5 ward sisters working in a Centre for the Elderly. The aim was to have a group consisting of 4-6 ward sisters. Letters and emails were sent to 8 ward sisters after the debriefing about the study. During the debriefing 3 ward sisters' volunteer to participate in this study. Out of the 5 participants of this study, 2 of the participants were between 25-45 years of age, 3 aged from 45-65, all 5 are qualified ward sisters. 2 had Master's degree, 2 higher educations or professional education, 2 holds diplomas. The participants work experience as nurses ranged from 3-19 years, work experiences as ward sisters was from ½ year to 9 years, and work experience in this specific center for the elderly in years was 1½ years to 15 years. Department/s of work in the past and present; 1 in mixed ward, 2 in Dementia wards, 2 in short term wards, 1 in long-term ward and one in day care centre for the elderly. 3 of the participants have worked in more than two departments respectively, (see Table 1).

Table 1: Background information of the participants

PARTICIPANTS	AGE	SEX	PROFESSION	EDUCATION	WORK EXPERIENCE	DEPARTMENT OF WORK
5 ward sisters	2 aged 25-45 3 aged 45-65	5 female	All 5 participants are qualified ward sisters.	2: Master degree 2: Higher education 2: Diploma degree	-As a nurse 3-19 years. -As a ward sister ½-9 years -In this particular centre 1½-15years	-1 in mixed ward -2 in dementia ward -2 in short-term ward -1 in long-term ward

#### 4.2 Focus group discussion as a data collection

Qualitative approach of data collection involves direct interaction with individuals on a one to one basis or in a group setting. According to Hancock (1998), qualitative data is collected from smaller numbers of people than would usually be the case in quantitative approaches such as the questionnaire survey. The benefits of using this approach include richness of data and deeper insight into the phenomena under study. The data from qualitative studies often derives from face to face interviews, focus groups or observation and so tends to be time consuming to collect. Samples are usually smaller than with quantitative studies and are often locally based (Hancock, 1998).

The focus group discussion is a rapid assessment data gathering method in which a purposively selected set of participants gather to discuss issues and concerns based on a list of key themes drawn up by the researcher (Kumar 1987). This qualitative research technique was originally developed to give marketing researchers a better understanding of the data from quantitative consumer surveys, as an indispensable tool for marketing researchers (Krueger 1988). The focus group discussion has become extremely popular because it provides a fast way to learn from the target audience (Debus, 1988). In agriculture, focus groups have been used to obtain insights into target audience perceptions, needs, problems, beliefs, and reasons for certain practices. Focus group discussion is seen to encourage interaction amongst participants and to enhance richness of the data.

Focus groups or group depth interviews are most widely used research tools in social sciences. Focus groups emerged in behavioral science research as a distinctive member of the qualitative research family, which includes individual depth interviewing, ethnographic, participant observation, and projective methods, among others. Also, focus groups can involve small research projects with more than two or three groups (Stewart, Shamdasani & Rook 2007).

Focus group is that in a group discussion, the group reveals aspects of experiences and perspectives that would not be as accessible without group interaction (Morgan 1997). The observational part through interaction in focus group discussions is the way that participants respond to each other, providing agreement and disagreement, asking questions and giving answers makes it more interesting than in one to one interview (Morgan 1997). This gives the group a chance to share and compare their ideas and experiences.

Any group discussion may be called a focus group as long as the researcher is actively attentive to the group interaction, (Kitzinger & Barbour 1999). Barbour (2007) states that the terms focus group interviews and focus group discussions are used interchangeably. He

further describe focus group interview as an intriguing hybrid term and suggests that the object of the exercise is to interview a group, which is seen as holding a consensus view rather than the process of creating this consensus via interaction in a focus group.

This study aimed at exploring ward sisters' different ways of leading, perceiving well-being aiming to enrich the discussion and data. The discussion consisted of ward sisters working in a centre for the elderly and the number of participants was 5 ward sisters, the aim was to have a group of 4-6 ward sisters but 5 were available and willing to participate in the group discussion. The focus group discussion lasted for about 1 hour. The discussion took place at the participants' workplace. Three out of the 5 participants are acquainted to the researcher.

Focus group discussion guide was used throughout the session to keep on track while allowing participants to talk freely and spontaneously, the researcher uses a discussion guide that lists the main topics or themes to be covered in the session. It serves as a road map that guides the researcher in covering the list of topics and keeping the discussion on track. The items in the guide were generally kept to a minimum to leave enough time for in-depth discussion. It focuses only on relevant topics to the study. The sequence of topics in the guide moves from general to specific. After a brief introduction, the purpose and scope of the discussion were explained and Participants were asked to give their names and short background information about themselves. The discussion is structured around the key themes using the probe themes prepared in advance.

Focus group discussion themes were:

1. Discuss well-being of Nurses on your ward.
2. Discuss how you perceive nurses' well-being on your ward.

Data was collected from a focus group discussion with ward sisters, with two themes which were presented for discussion in the focus group. A tape recorder has been used during the discussion. Participant's native language Finnish was use during the focus group discussion. The researcher seeks support in case there will be difficulties of language barrier as the researcher speaks Finnish but more fluent in the English language which is also the language of study. The reason for seeking support was to avoid the lost of relevant and important information. The timetable for this study was within a time frame from autumn 2010 through autumn of 2011. All discussion has been carried out within this time frame. Budgets were not necessary for this study, as most of the necessary needs have been taken care of by the researcher with necessary assistance from the school and independent parties.

The discussion was tape-recorded and the information gathered from the informants is been transcribed on paper. The group discussion was done in one group session. The head nurse and the leadership introduced the research to the ward Sisters in a ward sisters' meeting where the researcher gave an introduction of the topic under study. The informed consent (see appendix 3) and the themes of discussion (see appendix 6) together with the thesis plan were attached together with the letter of invitation (see Appendix 2) was send to all ward sisters beforehand. General information or background information about the participants was asked during the focus group discussion (see Appendix 4).

Participant's native language Finnish was used and an independent party was present during the discussion. The reason for using support was to avoid lost of relevant information. The environment and atmosphere for the discussion was made comfortable for the participants' since many may not have experience such situations before and they were made to understand that whatever they may say will be held confidential during and after the research studies.

#### 4.3 Data analysis

Responses from the participants are analyzed using content analysis method. Content analysis is described as a method that helps the researcher to analyze the content of documents. Denscombe (2003) stressed that content analysis is a method that can be used with any text, whether it be in the form of writing, sounds or pictures, as a way of quantifying the contents of that text.

The aim of content analysis in qualitative research is to understand the participant's categories and to see how these are used in concrete activities (Silverman, 2004). Polit, Beck & Hungler (2001) stated that the purpose of data analysis is to organize, provide structure to and elicit meaning from research data. Morse and Field (1995) noted that qualitative analysis is a process of fitting data together, of making the invisible obvious, of linking and attributing consequences to antecedents; it is a process of conjecture and verification, of correction and modification, of suggestion and defence. These characteristics make the analysis of qualitative data an active and interactive process (Polit, et al.2001).

According to Denscombe (2003) content analysis generally followed a logical and relatively straight forward procedure such as choosing an appropriate sample of texts, breaking the text down into smaller component units, developing relevant categories for analysing the data and finally coding the units in line with the categories (Silverman, 2004). Data analysing starts by referring back to the purpose of the study and this is done throughout the analysing process (Krueger, 1988). Inductive content analysis was use in this study. The data analysis process in

this study started by listening to the recorded tape, then transcribed what is been heard and the material gained from the data categorised and interpreted. Inductive content analysing method was use in analysing the data obtained from the focus group discussion.

The data analysis process according Elo & Kyngäs (2007) is used in this study as depicted in figure 1. Content analysis according to Elo & Kyngäs (2007) includes two phases: the preparation phase (selecting the unit of analysis, making sense of the data) and the organising phase. In this study, the unit of analysis is the focus group discussion. Figure1. Depicts the organising phase with its 6 steps, open coding, coding sheets, grouping, categorization process, abstraction and forming categories. Elo & Kyngäs (2007) talk about categories already in their open coding phase. To avoid misleading conceptions, I chose to use the term 'category' only for the last step of analysis. Open codings are therefore named as 'notes'.

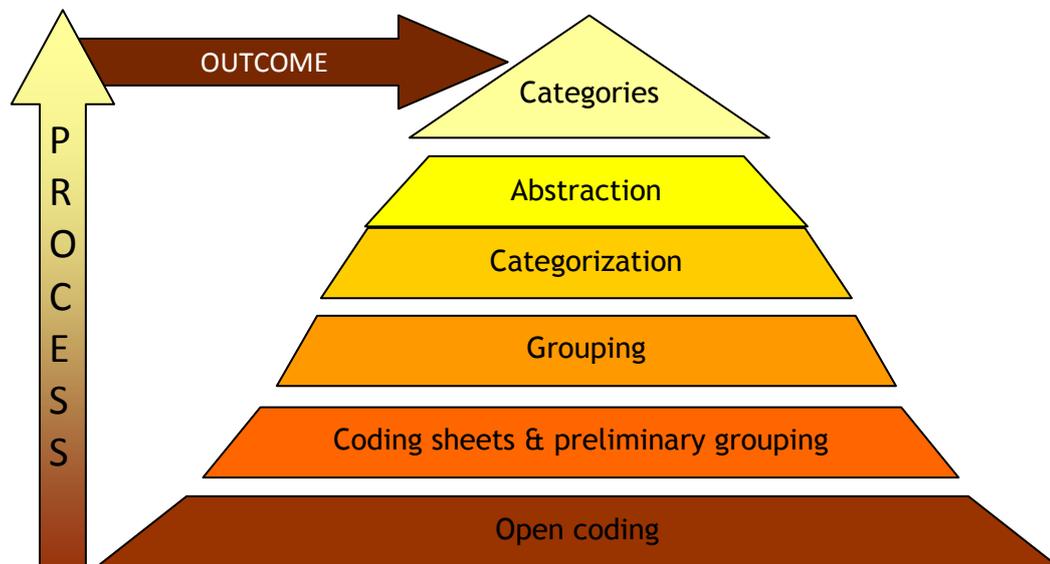


Figure 1: Content analysis according to Elo and Kyngäs (2007)

In this study, the analyzing process was done as follows; **open coding** stood for writing notes and headings next to the text while reading it. This was done with the help of post-its. After open coding the notes were collected to **coding sheets**. Participants and page numbers were kept to be able to return to the context of the discussion at any phase of the analysis. Post-its were shifted to papers. During this process in this study, a **preliminary grouping** took place. **The grouping and categorization process** partly started while collecting the notes to the coding sheets. Notes were grouped within similar or dissimilar meanings. The aim was to process the notes into a reduced body of preliminary categories. During the process of **abstraction**, content-related preliminary categories were formed into **sub-categories** with abstracted terminology (= content-characteristic words). Abstraction leads to **categories**.

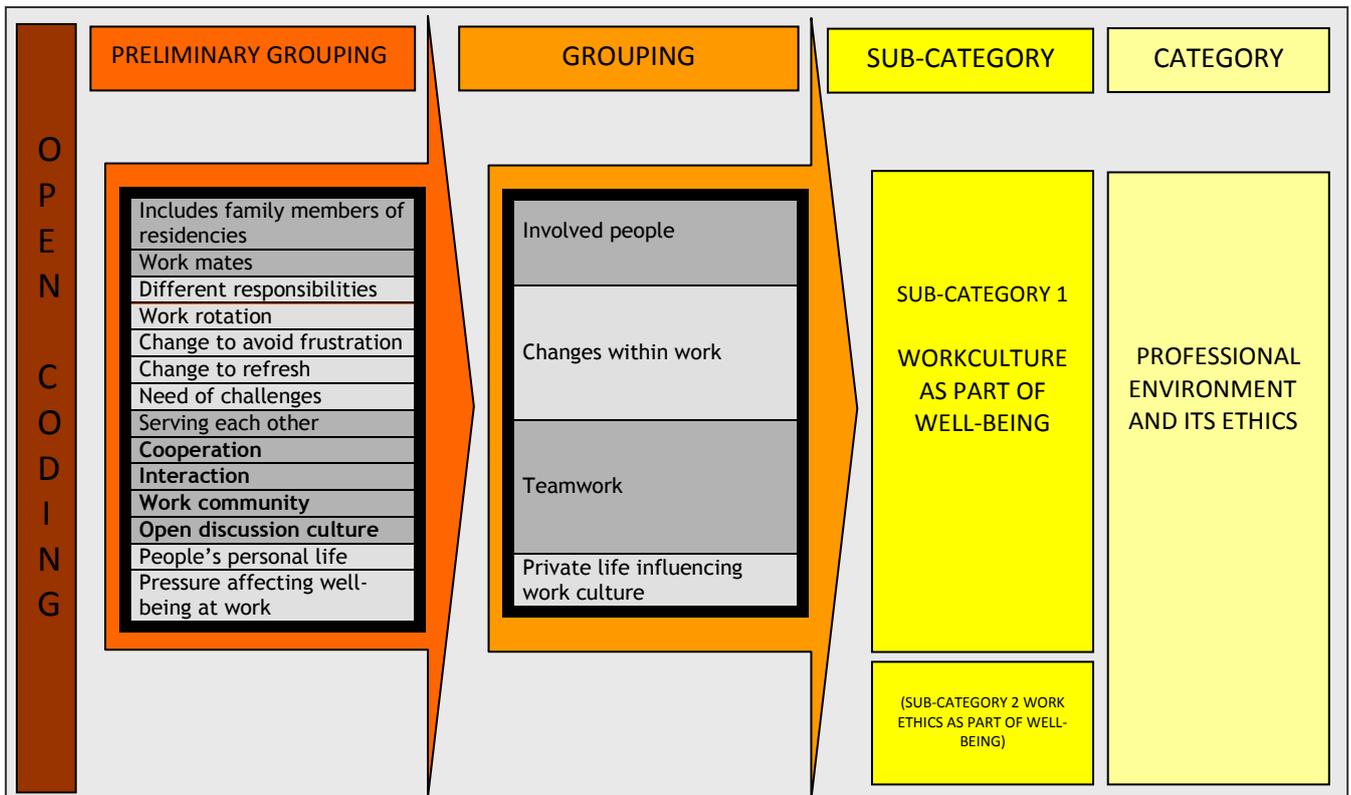


Figure 2: Example of the analysis process

In this example of data analysing process (see figure 2) including family members, residents and work mates in the preliminary grouping leads to the grouping of involved people with the sub-category work culture as part of well-being. The preliminary grouping of different responsibilities, work rotation, change to avoid frustration, change to refresh and need of challenges fall under the grouping; changes within the work. During the focus group discussion, ward sisters discussed serving each other, cooperation, work community and open discussion culture to be very important in teamwork. Cooperation as a concept is applied in healthcare contexts that encompass the coordinated, collaborative, and trust-based and interaction between members of the multi-professional team in order to deliver safe and high quality healthcare (Allwood, Traum & Jokinen 2000; Botes 2000). Private life as a group with its preliminary grouping as people's personal life and pressure affecting well-being, all belong to the sub-category of work culture as part of well-being and the category of professional environment and its ethics. Ethics in nursing practice includes principles guides to moral decision making and actions with its formation of moral judgements in professional practice (Beauchamp and Childress 2001).

## 5 Findings

The participants were five (5) ward sisters aged between 25-65 years, all working in the same center for the elderly with working experience of ½ year to 19 years at the time of this study. The findings from the qualitative content data analysis are presented in accordance to answering the research question formulated for this study. Ward sisters discussed well-being in general and also in their departments of work respectively. The purpose of this study was to find out ward sisters' perceptions of nurses' well-being in a centre for the elderly. Based on the focus group discussion, 4 categories namely; professional environment and its ethics, indicators of well-being, structural factors influencing well-being and human factors and well-being at work emerged from the discussion with two (2) to five (5) sub-categories (see table 2) identified based on the qualitative content analysis according to Elo & Kyngäs (2007).

All the transcribed data has been thoroughly reviewed, ensuring that significant information relating to participants' perception of well-being is incorporated into these categories and subcategories. The emerged themes from the categories and sub-categories are described, including verbatim quotes from the participants to provide rich and descriptive portrayal of their perception. The verbatim is in English even though the original information is in the Finnish language which was the language of discussion but has been translated. The quotes are numbered numerically from 1-14 responding to the data obtained.

Table 2: Categories and subcategories of the findings

CATEGORY	PROFESSIONAL ENVIRONMENT AND ITS' ETHICS	INDICATORS OF WELL-BEING	STRUCTURAL FACTORS INFLUENCING WELL-BEING	HUMAN FACTORS AND WELL-BEING AT WORK
SUB-CATEGORIES	Work culture as part of well-being	Emotional well-being	Resources	Skills of nurses enhancing well-being
		Health	Planned platforms to speak freely	
	Work ethics as part of well-being	Experience	Task sharing	Ward sister's role in well-being
		Appearance	Supporting learning	
			Work times and well-being	

### 5.1 Professional environment and its ethics

Based on this study, perceiving well-being includes professional environment and its ethics as a category which includes 2 subcategories (table 3): a. Work culture as part of well-being and b. Work ethics as part of well-being.

#### a) Work culture as part of well-being

The work culture as part of well-being is classified after analysing of the discussion. This includes the following in the preliminary grouping: Involving people, changes with work, teamwork and outer factors of well-being. The group include family members, residents, workmates, work rotation, change to avoid frustration, change to refresh, need of challenges, serving each other, work community, interaction and cooperation. All these fall under the umbrella of professional environment and its ethics. Response (1) expressed open discussion culture as part of work culture;

“Yes maybe in well-being is that kind of open discussion culture which is very important, that brings like that if been on the side rail goes like the feedback building and if succeeded well so thanking and such if always thanking so it also loose meaning. But it’s such in suitable relationships that can feelings that are like genuinely, that it not just plainly words”

Table 3: Professional environment and its ethics

PRELIMINARY GROUPING	GROUPS	SUB-CATEGORY	CATEGORY
Includes family members of residencies	Involved people	Work culture as part of well-being	PROFESSIONAL ENVIRONMENT AND ITS ETHICS
Work mates			
Different responsibilities	Changes within work		
Work rotation			
Change to avoid frustration			
Change to refresh			
Need of challenges			
Serving each other	Teamwork		
Cooperation			
Interaction			
Work community			
Open discussion culture	Private life influencing work culture		
People's personal life			
Pressure affecting well-being at work	Work ethics as part of well-being		
What is the boss's view on work moral		Workmoral in leadership level	
How to handle work moral			
Need of taking position concerning work moral			
Workmoral in subordinates level			
Accountability		Accountability	
Need of taking responsibility in this profession			
Respect of differences - people - new innovations	Respect		

b) Work ethics as part of well-being

Work ethics consists of work moral in leadership level, work moral in subordinate level, accountability and respect. Preliminary grouping of work moral is; what the boss or ward sister view as work moral, how to handle work moral, need of taking position concerning work moral, accountability, responsibility in the profession and respect of difference e.g. different people and innovations. The results of this study indicated that all of the participants describe work moral as being responsible, respect for each other as a team, respect to clients and also family members, and to welcome new innovations. Here is how response (2) has put it;

“To work moral, people have to take more consideration to work moral, and what is superior’s and subordinate’s point of view on work moral and how they handle the issue”

“And sure like, I at least thought that in the work community, it is somehow like or actually just yesterday with a colleague we reflect in those education where we reflect, a lawyer carried out in this kind of work place problem situation and there was a lot of reflection of such moral questions and how it is kind of moral set-out in that work community, what is accepted and what is not. And just what is lacking. And is like awful like boundaries such like what we like experience. And those can of course be also a little different, and sure are in different departments but are sure awful crucial thing like interesting, but from that comes a real challenging situations, then who determine that, it is of course the superior (ward sister) is in the powerful role but then again that how they the subordinates (nurses) own personality can have an impact in it. It is an exciting thing” (Response 3)

Responsibility is categorized under work moral as a very important factor in the defining of well-being of nurses. Many of the participants in this study spoke about responsibility from area of responsibility to accountability but this is how response (4) explained responsibility.

“And part of doubtful things we are anyway living in a country abundantly one can’t be irresponsible. That we have those responsibilities and that our work task is that responsibility and that we then get salary for”

## 5.2 Indicators of well-being at work

Analysing the discussion about perceiving well-being the indicators form a category. As shown in table 4, indicators of well-being at work are defined by two subcategories. The subcategories are named with emotional well-being and appearance when doing well. Response (5) perspective of well-being points out that it is a complex concept, not only relating to work.

“But the whole well-being affects the work well-being. I think it is balance, work control and experience, that you controls work and then work happiness and health”

The sub-category; Emotional well-being got described through six groups: happiness, joy, balance, feeling good, health and stress in only moderate state. Happiness was related to well-being because when a person is happy, it makes it easy to interact and communicate

within the work community. Stress in moderate state is understandable where as it does not interfere with the person's performance at work.

Table 4: Indications of well-being

GROUPS	SUB-CATEGORIES	CATEGORY
Joy Happiness Balanced Stress in a moderate state Feeling good Health	Emotional well-being	INDICATORS OF WELL-BEING
Coping Managing & controlling work Connecting to the operational environment Experience of well-being	Appearance when doing well	

The second sub-category is appearance when doing well meaning (coping, managing & controlling work, connecting to the operational environment, experience of well-being). Following quote describes well how appearance indicates well-being and further how the participant explains how she perceives and uses it in her leadership.

Response (6) expressed mood and appearance as follows;

“Well really particularly if it is that such a subordinate with whom one have been long in the work community then obviously non-verbal message and appearance and gesture sort of like at least from human beings is easy to see like what foot that person woke-up from the bed this morning, can be actually the same and somehow like in regularly in ward meetings there you can notice what kind of speech turns and who is example usually takes part does not say a ward then such will ring the bell of the ward sister that what's is going on. And somehow I like try in my department or ward, well I have two wards, mornings I go visit a little like snicking and wish my subordinate good morning and ask how they are doing like after a weekend. Of course one must like move around your department and sense the atmosphere like the previous ward sister said”

### 5.3 Structural factors influencing well-being at work

Structural factors mean what is fundamental and inclusive in work description like more education to improve ones' skills and knowledge and to be updated about the work in order to improve the outcome. The six sub-categories depicting structural factors influencing well-being at work are; resources, planned platforms to speak freely, task sharing, learning, work equipment and well-being and work time and well-being (see Table 5).

Table 5: Structural factors influencing well-being at work

GROUPS	SUB-CATEGORY	CATEGORY
Available resources - supportive devices - financial resources	Resources	STRUCTURAL FACTORS INFLUENCING WELL- BEING AT WORK
Meetings as platform to verbalize well-being	Planned platforms to speak freely	
Clear hierarchy Clear worktasks Work goals	Task sharing	
Education Orientation phase at work professional challenges Updates of knowledge	Learning	
Availability to limit stress	Work equipment and well-being	
Work schedule Over work Tiredness due to work times	Work time and well-being	

Resources consist of supportive devices and financial recourses, and their availability. Planned platforms to speak freely stand for having meetings to verbalize well-being. Task sharing are all indicators that influence well-being at work. It is described by a clear hierarchy, clear work tasks and work goals. Learning is described by education, orientation phase at work, professional challenges and updates of knowledge. Education is figured out as been one of the most important structural factors influencing well-being (response (10);

“There is even kind of that kind of professional education then and that complement education obligation is taken care of, that one stay committed to doing work and check that knowledgeable skills are updated. And that is possible to study and to educate one and employers and ward sisters possibly support that” Response 10

**Work equipment and well-being:** The importance and need of resources, such as work equipment is a contributing factor to well-being (see response (7)). Response (8) for example emphasizes the importance of resources in terms of the use of equipments and she comments on it.

“Of course (...) well-being associated with work well-being, it’s like purposeful work equipment and such kind of conditions that you are able to take care of your working tasks. That of course can not, can not be all of those very up to date supportive devices. But however then equipments they need occasionally, work equipments in general to do this work, yes they also make an impact”

Response 7

“ That if there are no resources and lack of work equipments, so of course it starts to like stress on daily work like should change sometimes equipments aren’t simply all”

**Work time and well-being** includes work scheduling, over work and tiredness due to work times. The latter bases for example on shift work. Response (9) expressed work times as a direct connection to tiredness if over working which also influence well-being.

“A bit more on well-being I must say, since there is time, that how I perceived yes I perceived by following work times. That it is one thing that contributes to tiredness very much that recently we have those healthy work times coming ,that it is a different thing it relates to work time, but that if one starts to be terribly over working it also tells that when one have to interfere into that person’s work. That is the person doing wrong things and from where it originate that work times are not enough, because then starts the tiredness signs coming, if every afternoon shift ends at 11’oclock pm, well luckily is of course happens like this. There are those makers” Response 9

#### 5.4 Human factors and well-being at work

Human factors that were identified during the data analysis phase are skills of nurses enhancing each other’s well-being and skills of nurses enhancing own well-being.

a) Skills of nurses enhancing each others’ well-being are empathy and discussion skills. Empathy is defined by caring, openness and understanding. Caring in this context is a process between nursing professionals of promoting well-being at work. Caring is also described by compassion.

“I think this is related to that kind of collegially and that kind of cheering each other and of course towards professionalise goal, that we respect other work mates and may be difference too” Response 11.

Openness stands mainly for the feature of being ready to learn about people.

Understanding demands the skill to communicate, is described by understanding other peoples’ well-being, changes of moods and the ability of being present. Discussion skills are formed by observation (ability to give space to open discussion and watch situations) and by meaningful speech. The latter is described by no fear to speak genuinely and by the loss of meaning if one overdoes.

b) Skills of a nurse to enhance one self’s well-being

Sub-sub-categories are sense of control in working life, professional skills and acknowledge accomplishments. Sense of control in working life means experience of work control to have sense of balance. Professional skills stand for commitment to work task, professionalism, updating of knowledge the use of available resources. Acknowledge accomplishments include acknowledgement related to clients and acknowledge related.

Table 6: Human factors supporting well-being at work

PRELIMIINARY GROUPS	GROUPS	SUB-SUB-CATEGORY	SUB-CATEGORY	CATEGORY
Caring between colleagues	Caring	Empathy	SKILLS OF NURSES ENHANCING EACH OTHERS' WELL-BEING	HUMAN FACTORS SUPPORTING WELL-BEING AT WORK
Compassionate				
Readiness to learn about people	Openness			
Skill to communicate well-being	Understanding			
UNDERSTAND other peoples well-being				
Change of Mood				
Being present	Observation			
Giving space to open discussion				
Watch situations	Meaningful speech	Discussion skills		
No fear to speak genuinely				
Loss of meaning if overdoing (thanking too much)				
Experience of work control (to feel the balance)	Sense of control in working life		SKILLS OF A NURSE TO ENHANCE ONESELF'S WELL-BEING	
Skill of having control				
Commitment to work tasks	Professional skills			
Professionalism and expertise				
Updates of knowledge				
Use of resources				
Accomplishment related to clients	Acknowledge accomplishments			
Accomplishment related to leaders				

### 5.5 Ward sister's role in well-being

The main objective of this study was to find out ward sister's perception of nurses' well-being in a centre for the elderly. The role of the ward sister centred the focus group discussion themes. Ward sisters were asked to discuss well-being in general, nurses' well-being and their point of view and act as a ward sister. In the second phase of the theme discussion, ward sisters were asked to collaborate on how they develop well-being in their department of work and how they perceived well-being of nurses. The findings are depicted in table 7.

This category consists of two sub-categories: skills of a ward sister to enhance well-being and supportive features of a ward-sister. The first is described by listening, intuition (being empathic to holistic well-being and being intuitive), evaluation, creating challenges, supporting and decision making.

Table 7: Ward sisters' role in well-being

PRELIMINARY GROUPS	GROUPS	SUBSUB-CATEGORY	SUB-CATEGORY	CATEGORY
Listening		Listening	SKILLS OF THE WARD SISTER enhancing well-being	WARD SISTER'S ROLE IN WELL-BEING
Being empathic to holistic well-being		Intuition		
Intuition				
Feedback about mistakes	Improving performance	Evaluation		
Immediate perception of work input	Skill to perceive			
Quick reaction	Skill to give immediate feedback			
Giving immediate feedback	Valueing through feedback			
Cheering, thanking, rewarding				
Meaningful feedback				
Valuing from colleagues				
Valuing from leaders				
Appreciation of work		Creating challenges		
Involvement		Supporting		
Being available				
		Decision making		
	Time / space-available		SUPPORTIVE FEATURES OF A WARD SISTER	
	Emotionally available / attached			
	Trustful			
	Being easy to be approached			

Evaluation stands for improving performance, skill to perceive, skill to give immediate feedback and valueing through feedback (see response 14).

“ And then sure that here comes in mind that everyone gets these experiences that precisely his or her work is valued, that it is like important. Those like their colleagues and work mates, but also then like ward sister” Response (14)

Supportive features of a ward sister are availability in concerns of time and space, her emotional availability and ability to attach, being trustful and being easy to be approached.

## 6 Discussion

Considering the demographic changes in Finland, the work in long-term care is more demanding than in the past (WHO 2006). The quality of care is strongly related to well-being and job satisfaction of the staff. Centers for the elderly are retirement homes that offer home for the elderly. This includes in most cases day care centers, daily activity centers and service centers to people who are in their advanced years. A high level of staff well-being is the foundation of high quality geriatric care. It has been shown by research that working with institutional geriatric patients is both physically and psychologically strenuous. According to a study done in Finland on the well-being of practical nurses employed in public health care and institutional care experienced more stress than ones employed in social services and community care (Rintala and Elovaino, 1997). Ward Sisters' role can have ability to influence work outcome as leaders in their departments. Ward Sisters are considered possibly being responsible for the well-being of nurses. Their role is important in order to produce quality of care. This is more the reason why this study finds out ward sisters' perceptions of well-being of nurses in elderly care.

The purpose of this study was to find out ward sisters' perceptions of nurses well-being in a centre for the elderly. Focus group discussion was the applied data collection method, analyzed by content analysis. The findings identified 4 categories namely: 1. Professional environment and its ethics 2. Indicators of well-being, 3. Structural factors influencing well-being and 4. Human factors and well-being as been explained by the participants (table 2). The main purpose of the study has been achieved and support was a significant factor that all of the participants have in common in their work communities as a tool of enhancing well-being. Following discussion includes ethical consideration, trustworthiness of this study, discussion of the findings and future challenges.

Well-being of nursing staff is a priority in the foundation of high quality geriatric care. It has been shown by research (Isola & Åstedt-Kurki 1997) that work with institutional geriatric patients is both physically and psychologically strenuous. The major problems of institutional care are ergonomic issues, shortage of time and stress factors related to the patients. Motivational problems are due to inadequate opportunities to use one's abilities, fragmentation of work, and lack of independence and scantiness of feedback (Sinervo & Elovainio 1998, Elovainio et al. 2001, Kydd 2002). Nursing staff working in institutions exhibit many symptoms of physical stress (Isola & Astedt-Kurki 1997). The stress symptoms of geriatric nursing staff are closely associated with their opportunities to influence their work, the operational justness of the organization and their superiors and the functionality of the working group to which they belong. The findings in this study suggested that, stress level at a limit is acceptable on the job (see table 4) under the category: Indicators of well-being with its sub-category emotional well-being.

Nurses working in a multidisciplinary team are perceived to know about the individual's level of function (Johnson, 1995). This study suggests that ward sisters had the power and resources to enhance their subordinates' well-being within their department of work. Participants were also asked how they enhance well-being in their department of work and also how they notice that nurses are doing well. Responses to these questions resulted in ward sisters' leadership skills in order to meet the necessary demands within the work community and limitation to work affairs. Indicators of well-being were one of the categories identified during the data analyzing process. The indicators of well-being include emotional well-being which is happiness, balanced, health and experience. Appearance also falls under indicators of well-being as a sub-category in improving the promotion of well-being at work (see table 4).

Participants were asked about their background information that is age, sex, education, profession, work experience and department of work. This gives the researcher an insight of the participants' background. The background information helps the researcher to interpret why the participants interaction and discussion amongst themselves was easy to follow throughout the discussion session. Some of the key findings were the value and atmosphere at work. The results provided a practical focus on how well-being and work well-being can be enhanced.

## 6.1 Ethical considerations

The increase of research with humans has led to ethical concerns about the rights of study participants. The Belmont report in Polit et al (2001) articulated three primary ethical principles on which standards of ethical conduct in research are based: beneficence, respect for human dignity and Justice. (Polit, Beck & Hungler 2001).

Beneficence was applied during this study. The participants were not exposed to experiences that might result to permanent or serious harm. The discussion themes were phrased tactfully to avoid inflicting psychological harm on the participants. Also there was a debriefing sessions before the data collection started, this was done to permit the participants to ask questions or air complaints. All information provided by the participants will not be used against them.

The researcher pays attention to the principle of human dignity. Polit et al (2002) stated that humans should be treated as autonomous agents, capable of controlling their own activities. Ethical conducts were implemented as the participants were given the right to decide voluntarily whether to participate in the study or not. Thus they have the right to ask questions, refuse to give information or to terminate their participation. The nature of the study was fully disclosed to the participants.

The participants are entitled to fair treatment and their right to privacy before, during and after their participation in the study. Participants together with the administration board and the researcher decided on the time and the place they thought most convenient for them to keep the discussion. The discussion was carried out in the participants own workplace and all the discussion information obtained was keep under safe custody and destroyed after extraction of relevant information, thus implementing the principle of justice.

A permission seeking letter was send to the participants after permission was given by the administration board and the department of social services. The researcher made the requirements on how to get the participants.

## 6.2 Trustworthiness

In qualitative research method, the concept of trustworthiness measures the ideas of validity and reliability. Absence of information makes it difficult for consumers to come to conclusion about the believability of qualitative findings. Hence this research chooses to use the four criteria outlined by (Lincoln and Guba, 1985) to evaluate the quality of the findings and data. The criteria of trustworthiness according to Lincoln and Guba (1985) are credibility, dependability, conformability and transferability.

Credibility refers to confidence in the truth of the data. Lincoln and Guba note that credibility of an inquiry involves carrying out the investigation in a way that believability is enhanced and taking steps to demonstrate credibility. Prolonged engagement is also very essential for building trust and rapport with the informants (Lincoln and Guba 1985). This is why a constant communication was kept between the researcher and the participants through mail, telephone and personal contacts before and after the group discussion.

An extensive information search from different authors, search engines and articles on ward sisters, perceptions and well-being have been used in the preparation of this study. The data collected have been accurately written as possible and the original quotations translated from Finnish to English language.

Dependability refers to data stability over time and over conditions (Polit et al, 2001). It allows someone other than the researcher to be able to follow the process and procedures used in the study logically (Talbot, 1995). Dependability is the capability of being dependent on (Merriam, 1993). Dependability involves a scrutiny of the data and relevant supporting documents by an external reviewer (Polit, 2001). This study process is carefully described, which makes it easier for anyone else to follow the process. To achieve dependability two tutors with extensive professional and academic experiences in the field of healthcare have supervised the process of this study.

Conformability refers to the objectivity or neutrality of the data, such as two or more people would agree about the data's relevance or meaning (Polit, 2001). To affirm conformability all the participants in this study were encouraged to use both English and their native Finnish language. This was to help prevent loss of meaning in the information that could have arisen if the participants used only English language in expressing themselves. Finnish was the discussion language in this study. The researcher has used few words of English where it was difficult to pronounce the Finnish words and the words were translated by the support person or the independent party.

Lincoln and Guba (1985) refer to transferability as the extent to which the findings from the data can be transferred to other settings or groups. The findings should be unique and should not be emitted or exaggerated; the result of these findings cannot be transferred to another context. Should this study be repeated under different setting, using different inquiries, the findings will be different. However, the content of the study can be utilized in some other projects that are relevant to this study. The group discussions themes were drawn up according to the researcher's knowledge and experiences as a professional nurse.

### 6.3 Discussion of the research findings

The findings from the qualitative content data analysis are presented in accordance to the research question formulated for this study in answering the research task. Ward sisters discussed well-being in general and also in their departments of work respectively. Focus group discussion was used as a method of collecting data. The purpose of this study was to find out ward sisters' perceptions of nurses' well-being in a centre for the elderly. Based on the focus group discussion, 4 categories emerged from the discussion with two to five sub-categories (see table 2) identified based on the qualitative content analysis according to Elo & Kyngäs (2007). All the transcribed data has been thoroughly reviewed, ensuring that significant information relating to participants' perception of well-being is incorporated into these categories and sub-categories including verbatim quotes from the participants to provide rich and descriptive portrayal of their perception. The verbatim is in English even though the original information is in the Finnish language which was the language of discussion but has been translated. The quotes are numbered numerically from 1-14 responding to the data obtained.

The findings from this study highlights and suggested the need of support within the multidisciplinary team is identified by all 5 participants as having an impact in the process and enhancement of well-being of nurses working in a centre for the elderly. The nurse-patient ratios in different types of institutions for long-term care are: health centers 0.62, nursing homes 0.57 and service houses 0.43 (Pekkarinen et al. 2004). The staff reduction is having an impact in the well-being of nurses as political and administrative authorities' demand that more work be done in less time, especially within the health care system (PHR, 2001). Work under pressure, stress and dissatisfaction with working hours are some of the negative factors (Burke et al. 2000) which some of the participants in this study also have pointed out. The purpose of this study was to find out ward sister's perceptions of nurses' well-being in a centre for the elderly. Support was one sub-category of ward sister's role in well-being (see table 7).

Recently, research shows that employee well-being is a better predictor of people's productivity than job satisfaction (Well-being, 2010). It has been shown to be a key determinant of organizational performance and the number one key of employee engagement. Baker and Intagliata (1982) stated that wellbeing is about what people will recognize as shared life well lived and worth living together. It is achieved as much by the ways in which people make sense of their lives and their social world, as it is by the accumulation of institutions for security of income, wealth, health, environment, or against any crime or any other risk. Wellbeing is the satisfaction of an individual's goals and needs

through the actualization of their abilities or lifestyle (Baker & Intagliata 1982). In this study, the use of old references was relevant since most of the reference were book-based and important for this study.

According to a study on the well-being of practical nurses in Finland Rintala & Elovainio (1997), practical nurses employed in public health care and institutional care experienced more stress than ones employed in social services and community care. In this study, stress in a moderate level is acceptable (see table 4) under the category; indicators of well-being.

Well-being of nursing staff is a priority in the foundation of high quality geriatric care. It has been shown by research (Isola & Åstedt-Kurki 1997) that work with institutional geriatric patients is both physically and psychologically strenuous. The major problems of institutional care are ergonomic issues, shortage of time and stress factors related to the patients. Motivational problems are due to inadequate opportunities to use one's abilities, fragmentation of work, and lack of independence and scantiness of feedback (Sinervo & Elovainio 1998, Elovainio et al. 2001, Kydd 2002). Nursing staff working in institutions exhibit many symptoms of physical stress (Isola & Astedt-Kurki 1997). The stress symptoms of geriatric nursing staff are closely associated with their opportunities to influence their work, the operational justness of the organization and their superiors and the functionality of the working group to which they belong. The findings in this study suggested that, stress level at a limit is acceptable on the job (see table 4) under the category: Indicators of well-being with its sub-category emotional well-being.

Nurses working in a multidisciplinary team are perceived to know about the individual's level of function (Johnson, 1995). This study suggests that ward sisters had the power and resources to enhance their subordinates' well-being within their department of work. Participants were also asked how they enhance well-being in their department of work and also how they notice that nurse's are doing well. Responses to these questions resulted in ward sisters' leadership skills in order to meet the necessary demands within the work community and limitation to work affairs. Indicators of well-being were one of the categories identified during the data analyzing process. The indicators of well-being include emotional well-being which is happiness, balanced, health and experience. Appearances also falls under indicators of well-being as a sub-category of the promotion of well-being at work (see table 4).

Participants were asked about their background information that is age, sex, education, profession, work experience and department of work. This gives the researcher an insight of the participants' background. The background information helps the researcher to interpret why the participants interaction and discussion amongst themselves was easy to follow

throughout the discussion session. The results provided a practical focus on how well-being and work well-being can be enhanced.

#### 6.4 Future challenges

More study in this particular area as well-being and work well-being are key important factors in healthcare in order to produce quality of care. There's also need to do research about nurses perceptions in enhancing well-being at working especially in centers for the elderly and how nurses can support well-being for themselves within the work community. To incorporate support as a significant tool of well-being, regarding the role of the ward sister, nurses are expected to help and support one and another.

Nursing is facing challenges worldwide as the demand for workforce is increasing on the healthcare systems to meet the needs of the older population, governments, and societies in developing the social and healthcare systems (Meyer & Sturdy, 2004). The challenges for future gerontological nursing are global issues especially in the western countries. There is need for different ways of working as these are important to providing responsive quality of care for the older people. Nurses' skills and good leadership skills are also a key for high quality professional and clinical development (Meyer & Sturdy, 2004).

Employee well-being is a subjective state that takes into account physical, social, emotional, environmental, developmental and occupational considerations all within the context of the workplace (well-being, 2010). It therefore varies very much between sector and workforce and is impossible to evaluate through observation and management intuition. To conduct a study of nurses' well-being from their own point of view will help improve the quality of care delivered

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## Appendices

### Appendix 1 Application for permission

Laurea University of Applied Sciences  
Metsänpojankuja 3  
02130 Espoo

#### **APPLICATION FOR PERMISSION TO CONDUCT A STUDY AT YOUR CENTER FOR THE ELDERLY**

Dear Sir/Madame

I am a Master of Healthcare student at Laurea University of Applied sciences. I am kindly seeking permission to conduct a focus group discussion with Ward Sisters at your Centre. The group discussion will be used as part of my research work. The topic of my research or study is: **Ward Sisters' Perceptions of Well-being of Nurses in a Center for the Elderly.**

The purpose of this study is to find out Ward Sisters' Perceptions of Nurses' Well-being in a Center for the elderly. Qualitative Research method will be use and focus group discussion as a data collecting method.

A preliminary discussion with leading nurses and administrators, this idea came up. As a nurse working in a home for the elderly, thinks that it is a necessity to find out Ward Sisters' view or views about well-being of their subordinates. As previous studies have outlined a lot of strain physically and mentally have been associated with working with the elderly and in general care work.

I plan to have a group discussion with 4-6 Ward Sisters. A consent letter will be sent to all of the Ward Sisters and if necessary an email as well. The rights of the informants of this focus group discussion will be assured and their confidentiality will be highly respected. The material gathered from these interviews will be kept secret and destroyed after the study is ready. **Participant's native language Finnish will be use and English language when necessary during the discussion. The reason for using both languages is to avoid the lost of relevant and important information.** Attached to this letter is my thesis plan and themes of discussion.

Sincerely Yours,

Isatou Sowe-Helminen (Aisha)  
GSM: +358(0)415603025  
Email: [nyima1@hotmail.com](mailto:nyima1@hotmail.com)

## Appendix 2 Invitation to Ward Sisters

Laurea University of Applied Sciences  
Metsänpojankuja 3  
02130 Espoo

Dear Ward Sister,

I am a Master of Healthcare student at Laurea University of applied sciences. I am kindly seeking permission to conduct group discussion with you as a Ward Sister. The discussion will be used as a part of my research work. My research topic is: **Ward Sister's Perceptions of Well-being of Nurses in a Centre for the Elderly.**

The major objective of this study is to find out your perceptions of nurses' well-being in your department or ward respectively. Your answers to the questions will be completely confidential and no one will be able to link your name to the answer you have given. Please feel free to answer the questions giving a true thoughts and feelings of knowledge on the topic being study. Focus group discussion will be conducted as a data collecting method. This means you will be one of 4-6 ward sisters taking part in the group discussion.

**Participant's native language Finnish will be use and English language when necessary during the discussion. The reason for using both languages is to avoid the lost of relevant and important information.** The rights of the participants of this group discussion will be assured and their confidentiality will be highly respected. The material gathered from this discussion/s will be kept secret and destroyed after the study is ready. Attached to this letter are my thesis plan, informed consent and themes of discussion.

Your participation to be part of my studies will be highly appreciated.

Sincerely Yours,

Isatou Sowe-Helminen (Aisha)  
GSM: +358 41 5603025  
E-mail: [nyima1@hotmail.com](mailto:nyima1@hotmail.com)

## Appendix 3 Informed consent

**Ward Sisters' Perceptions of Nurses Well-being in a Center for the Elderly**

Research with human beings supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You may refuse to sign this form and not participate in this study. You should be aware that even if you agree to participate, you are free to withdraw at any time. If you do withdraw from this study, it will not affect your relationship with this department/center.

The purpose of this study is to find out Ward sisters' perceptions of nurses' well-being in center for the elderly. **The research question is: what perceptions do Ward sisters' have on the well-being of Nurses in a Center for the Elderly.**

There will two themes for the discussion session. The discussion will be tape recorded and if necessary, some notes will be put down on paper. There will be a time schedule of one hour and if necessary, this time can be extended. All tapes will be handled confidentially during the study and they will be destroyed when the information on audio tape or tapes is transcribed. The environment for the interview will be made comfortable and convenience for you and you will be provided with a copy of the research when is done.

Your name will not be associated in any publication or presentation with the information collected about you or with the research findings from this study. Instead, the researcher will use a study number or a pseudonym rather than your name. Your identifiable information will not be shared outside this research.

Questions about procedures should be directed to the researcher, please find contact at the end of this consent form.

I agree to take part in this study as a research participant. By my signature I affirm that I have received a copy of this Consent form.

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Department

Researcher Contact Information:  
Isatou Sowe-Helminen (Aisha)  
Laurea University of applied Sciences  
Otaniemi, Espoo  
GSM: +358 415603025  
Email: [nyima1@hotmail.com](mailto:nyima1@hotmail.com)

## Appendix 4 Background Information

Please mark one or more.

### Age

- < 25
- 25-45
- 45-65

### Gender

- Female
- Male

### Work position

- Ward Sister
- Assistant Ward Sister
- Other/s

### Educational Level

- Diploma
- Bachelor's degree
- Master degree

### Department of working

- Mixed ward
- Dementia ward
- Day care centre for the elderly
- Service centre for the elderly
- Rehabilitation Centre for the elderly
- Short term ward
- Long term ward
- Psycho-Geriatric ward
- Special ward
- Any other, please specify:

Duration of working as a nurse (Years):

Duration of working in this Centre for the Elderly (years):

Duration of working as a Ward Sister (years):

## Appendix 5 Informed Consent in Finnish Language

## SUOSTUMUSKAAVAKE TUKIMUKSEEN OSALLISTUVALLE

Olen saanut opinnäytetyöhön liittyvän saatekirjeen, josta käy ilmi kuinka tutkimus toteutetaan ja mikä tutkimuksen tarkoitus on. Suostun siihen että tutkimukseen tarpeellinen aineisto kerätään haastatteluilla/keskusteluilla joiden tuotos tallennetaan nauhurille. Kaikki tutkimusaineisto on luottamuksellista ja hävitetään asianmukaisella tavalla tutkimuksen valmistuttua.

Olen tietoinen siitä, että tutkimukseen osallistuminen on vapaaehtoista. Olen myös tietoinen siitä, että tutkimukseen osallistuminen ei aiheuta minulle kustannuksia sekä henkilöllisyyteni jää ainoastaan tutkijan tietoon. Halutessani voin keskeyttää tutkimukseen osallistumisen ilman, että minun täytyy perustella keskeyttämistäni.

---

Päiväys

---

Tutkittavan allekirjoitus ja nimenselvennys

#### Appendix 6 Themes of the focus group discussion

1. Discuss well-being of nurses on your ward.
2. Discuss how you perceive nurses' well-being on your ward.

## Appendix 7 Themes of the focus group discussion in Finnish

### Ryhmäkeskustelu

#### Keskustelu teema/aihe

1. Miten määrittäisitte hyvinvoinnin? Keskustelkaa hyvinvoinnista osastollanne.
2. Mitkä ovat teidän havainnot hoitajien hyvinvoinnista osastollanne? Keskustelkaa kuinka havainnoitte hoitajien hyvinvoinnin osastollanne.

Osanottajat noin: 4-6 Osastonhoitajat, Aika noin 1-1½ tuntia.