Barlon Kimuli

IMPROVING EMPLOYEE PRODUCTIVITY IN ELDERLY CARE SETTING

Metropolia University of Applied Sciences

Master's degree

Health business management

Thesis

4.5.2021

Metropolia

University of Applied Sciences

Author(s) Title	Barlon Kimuli Improving employee productivity in elderly care setting 46 pages 4 May 2021
Degree	Master's degree
Degree Programme	Health Business Management
Instructor(s)	Senior Lecturer Juha Havukumpu

 With increase in ailments and diseases as the world's working age population continue to shrink across the globe, governments and organizations face uphill task to provide quality care to the ageing population while ensuring cost-effectiveness. The effect of Covid-19 has increased the need to reconsider elderly care planning and expenditure that already has been a challenge to nations.

Improved workplace environment is vital in the ever-changing and increasingly demanding elderly care work settings. Lots of changes in job demands mean that retention of workers should be encouraged through creating working teams that are not only happy and healthy but also motivated to work in order to realize their maximum potential and productivity.

This thesis study seeks to find out how well Organizations can use the scarce human resources to provide cost-effective care by improving the environment in which they work. Considering their relations at work, planning and organization of work roles as well as managerial support for the good of the organizations' goals and for providing good care to the elderly in Finland, Sweden and Norway.

It requires Organizations to concentrate on issues that will reduce spending while maintaining good quality care but should not overlook the need to provide safe and sound physical and psychosocial workplace environments. Need for further investment in orientation, employee training, welfare, support, diversity and motivation which are so important in ensuring steady employee productivity

| Key words | Productivity, workplace environment, elderly care |

Contents

1 INTRODUCTION

Improving elderly care workers' performance and productivity is vital to improving health care delivery. During the last decade, the need for organizations to provide quality care to ageing population while resources continue to reduce, has highlighted the need to more invest in workers' productivity. This is aimed at saving big chunks of resources in terms of money while providing safe and quality care to patients across various elderly care facilities.

Several theories have supported and agitated for improved performance. For instance, Abraham Maslow's theory of human motivation assert that workers' basic needs like shelter, water, food should be satisfied before they can be motivated to achieve higher needs. The theory has been applied in the field of elderly care management to understand the importance of addressing workers' basic needs in motivating and increasing commitment to perform better at workplace. The theory further states that once basic needs are satisfied for instance job security, better pay, belongingness, they can now think of achieving the higher levels of needs (Hartzell, 2018).

The rate of sickness absence across the globe has seen a big increase during the last few months especially during the Covid-19 pandemic, thus having a big impact on both private and public spending. Studies have closely linked frequency of sickness absence and dissatisfaction to the poor organization of work at workplace (Reknes et al 2014). It has been asserted that employees who consider their work as important are less often on sick leave. Sickness absence implies costs to society, insurance institutions and other players in the elderly care sector. Legislation and company initiatives are on the rise with the aim of improving working conditions and reducing sickness absence. The cost of sickness absence is currently over €3.4 billion a year in Finland (Seppänen 2010).

As the business world increasingly become competitive, organizations need to figure out how best they can utilize the scarce labor-force in order achieve quality service delivery to the elderly. It is paramount for managers to combine factors such as providing relevant feedback, necessary on-job training, providing necessary incentives like good pay to mention but a few, to create a favorable and less-stressful working environment where workers feel motivated to work and positively contribute to quality care. One of the best ways as a manager to get good results out your employees, is to create an atmosphere

at work where workers are proud of the work they do and the place they work in. Workplace pride may be due to the inner side of the worker (Passion), nature of fellow workers as well as the organization itself. Realizing performance from nurses require a manager that takes time to engage with employees and give constructive feedback when necessary (Athlin et al 2014)

Due to unpleasant psychosocial and physical environments, a need for different organizations across the elderly care field to devise means such as wellness programs in order to create a stress-free working environment (Gubler et al. 2019; Forbes 2020). Reducing physical and structural violence among elderly care workers provide a safe and pleasant working environment to nurses and the elderly (Banerjee et al 2011).

2   BACKGROUND STUDY

2.1   Measuring employee productivity and performance in elderly care

 Nurse productivity is measured by assessing the contribution of elderly care workers to patient care in relation to cost-effectiveness (Kieft et al. 2014). Productivity of elderly care workers is determined by the setting in which employees work, their level of motivation, work organization, management capacity, the division of labor and other available resources (World Health Organization 2014). Performance of nurses in elderly care includes the quality of work and their impact to the elderly care outcomes such as safety (Clarke and Donaldson. 2008).

2.2   Organization's role in employee productivity

Organizations play a great role in ensuring employees perform to the best of their abilities. Nursing leaders plus the whole hierarchy of elderly care management are the center of ensuring safe care availed to patients, required roles are performed, employee well-being is catered for while maintaining cost-effective care. Several aspects aiding organizations to improve productivity include the following;

2.2.1 Lean management strategy

Lean management is core concept at the heart of management in elderly care (Burgess & Radnor 2013). The concept which stated from Toyota motor company in 1918s, has also in recent years caught an eye for managers in elderly care (Teich & Faddoul 2013). The concept consists of a set of operating philosophies and methods that seek to create maximum value for patients by putting emphasis on customer needs, employee involvement and continuous improvement with the aim of reducing waste and waits (Lawal et al. 2014)

The Lean idea is being used as a management strategy for evaluating organizational processes by determining which activities add value and then removing waste in areas that don't add value. Activities such as waiting for information/equipment's, unnecessary movement of patients and delegating tasks to employees with inadequate training are removed when lean management is employed in elderly care (Andersen et al. 2014).

Lean work by ensuring that activities that add patient value get expanded and coordinated in an optimal way while non-value adding, or redundant activities get eliminated (Holden 2010). The use of Lean management in elderly care is aimed at improving workers' productivity and ensuring increase patient safety and quality of care (Rotter et al 2017). It is possible to deliver better and timely elderly care while making working lives less stressful and more rewarding for staff and to boost efficiency and productivity all at the same time (Holden 2010)

2.2.2 Motivation and productivity

Motivation and productivity have for long been positively related. Motivation is the combination of a person's desire and energy directed at achieving a given goal. Motivation can be intrinsic, such as satisfaction and feelings of achievement; or extrinsic, such as rewards, incentives, punishment, and goal obtainment (Souders 2020). It is a central theme that incentives promote effort and performance, and there is a lot of evidence that they often do (Benabou and Tirole 2003). In other words, contingent rewards serve as "positive reinforcers" for the desired behavior in an organization (Ackerman 2020). Research has found out that motivation leads to increased creativity and innovation among the workforce (Souders 2020)

Scholars in the field of humanity have come up with several theories to explain what motivates people to do what they do (Kjellström et al 2017). One of the most recognized theories is the Abraham Maslow's theory of Motivation. Maslow underlines the importance of satisfying a person's human basic needs like food, shelter before he/she can be motivated to achieve high level needs.

Douglas McGregor however, proposed his approach to workers' motivation. In his book 'The Human Side of Enterprise' in 1960, he created two contrasting theories i.e., the authoritarian (X theory) and the Participative (Y theory), which uncovered a general perspective of the human nature and therefore affect the organization's managerial style on how best to motivate them (Sager, 2008).
It is assumed that the authoritarian leaders perceive their employees to be less responsible, unreliable and that they need supervision at every level and generally can't be trusted (Lawter, Kopelman & Prottas, 2016). He further narrates that these kinds of people are lazy in nature and will do whatever possible to avoid work; only financial incentives or a threat of punishment (authoritative approach) can motivate them perform the work they are meant to do (Jenab & Staub, 2012).

On the other hand, the theory Y represent people will tend to love their work and the manager trusts them to perform the roles they are obliged to. The participative kind of approach in this case suits this category of workers, who are believed to seek self-development because the interest and engagement is natural for any human being. Although the perfect organization is practically out of reach, the Y theory is believed to bring more productivity because workers have no excuses for failure; Workers are expected to provide highest level of achievement as they are challenged to innovate and discover new ways to improve their contribution to the organization (Mgbere, 2009).

Although, X and Y theories tend to influence the managerial styles towards motivation, McGregor himself encourages organizations to use the Y theory, only is believed that it could motivate workers to higher levels of performance and achievement; the X theory being just useful for lower-level physical needs. "Man is a wanting animal, as soon as one of his needs is satisfied another appears in its place." wrote McGregor.

Advocates in support for McGregor's Y theory, believe that humans don't hate
work and are not to be forced or threatened to perform; if they commit to working for
the organization, they will drive themselves to a more effective way, how-
ever, they will only commit to the extent they see ways of satisfying their ego and de-
velopment needs. Guiding employees in a free form creates more possibili-
ties for achievement and improve outcomes. Abraham Maslow, however, thinks that
the Y theory is 'inhuman' to the weak and to those not capable of a higher level of self-
motivation.

2.2.3   Teamwork and unity

 Teamwork is a vital piece that is needed if safe patient care is to be realized (Dahlke &
Fox 2015). A team can be seen as a distinguishable set of two or more people who
interact dynamically, interdependently and adaptively towards a common and valued
goal/objective/mission.   An effective teamwork is now globally recognized as an essen-
tial tool for constructing a more effective and patient-centered health care delivery sys-
tem; Core teams, coordinating teams, contingency teams, ancillary teams, support ser-
vices and administration (Steffen et al. 2014).

 Team players are recognized their honesty, humility, creativity, discipline, curiosity and
ability to lead (Dahlke & Fox 2015).   Management plays a key role in creating working
teams and teamwork culture at their workplaces; as a manager cultivate trust into your
employees to work on shared goals. Working teams mean that each worker has a role
to play in leadership of his/her group and have a "win or lose together" mentality (Aaberg
et al, 2019).

Perception of teamwork for instance physicians and nurses, physiotherapists and
nurses, nurses and fellow nurses, nurses and other caregivers differ across different
patient care centers in terms of collaboration and decision-making during planning caring
of elderly people. Teamwork includes inter-professional communication, interactions as
well as professionals' respective responsibilities that enhance team goals. (Anderson et
al, 2019)

According to Estryn-Behar et al, 2007, nursing work has become more complex and
technical due massive restructuring and cost-saving initiatives by organizations and em-
phasis should now be on building unity among teams to achieve utmost job satisfaction

and reduce workload per nurse. Emphasize should be put on building quality teamwork in order to ensure retention of workers. To prevent pre-mature leaving, organizations need to focus on improving working processes through collaboration and developing teamwork culture across elderly care facilities (Melin et al. 2020: Estryn-Behar et al, 2007)

Inter-professional teamwork training on competencies such as communication, leadership, monitoring and mutual support has a positive impact on team behavior and patient safety culture (Aaberg et al, 2019: Clarke & Donaldson 2008).

Positive attitudes, knowledge and experience in teamwork improves performance by enabling a sounding and safe care to patients. Professionals in patientcare ought to have; a leadership role to play, good inter-personal communication skills, monitoring work progress of the team and mutual support to all the members in the team when required thus a need for inter-professional training especially in clinical settings (Collin et al, 2009).

2.3   Employee responsibility and productivity

Efficiency and overall performance are highly affected by the employee's responsibility. Responsibility is a state or fact of being accountable or to blame for a duty or task you are required or expected to perform at a workplace (Armstrong 2016). As a nurse, you have duties and responsibilities that the organization expects you to perform and a reason you get hired and paid. Responsibility means that the employees are accountable for their actions, perform duties to the best of their abilities adhering to organization's protocols and seek to conduct themselves professionally both at work and outside of work i.e., owing to the health care professional code of ethics. "One's philosophy is not best expressed in words; it is expressed in the choices one makes…and the choices we make are ultimately our own responsibility (World Health Organization 2017)

The main identifying factor of a profession is the professional's willingness to comply with ethical and professional standards (Sasso et al. 2008). Nurses' responsibilities are also a necessity as per the nurses' Code of Ethics (COE). Among the provisions of the code

of ethics for nurses include: Nurses' commitment to the patient, nurse as an advocate for health, safety and rights of the patient, nurses' responsibility for individual nursing practice, owes same responsibility like others, nurses' participation in creating good working environment for self and others, participation in promoting nursing development and service to communities as well acting in a professional manner that seek to show compassion, respect, inherent dignity, worth and uniqueness of every individual (patient, co-worker and community) regardless of indifferences. The COE sets out guidelines on the elements of ethical conduct and empower nurses to make ethical decisions (Zahedi et al, 2013).

The changing nursing trend has seen nurses' responsibilities change over time. Productivity for nurses is highly dependent on clarity of work roles at the workplace. Lack of clarity on the roles makes work difficult and may result in increased burn-out as well as mistakes which could cause adverse effects on the patients. A study by Boström et al, 2013 to explore Diabetes Specialist Nurses (DSNs) perception of their role in terms of clarity, conflict and other psychosocial work aspects in Sweden indicated the need for managers to provide clarity on nurses' core responsibilities in caring for diabetic patients. The results from Boström et al, 2013 study, showed a correlation between job demands such as decision making and learning, with experiences of health promotion, co-worker support and empowering leadership compared with the reference group. Improving workplace productivity among elderly care nurses call for the need to present nurses with positive challenges as meaningful incentives for further role development and mastery of their work. (Melin et al. 2020.)

A study by Oldland et al, 2019, identified 7 domains representing responsibilities of nurses: management of environment, promotion of safety, evidence-based practice, clinical leadership and governance, positive interpersonal behaviors, medical and technical competence as well as person-centered care. These domains form a foundation of nurses' beliefs, organizational and professional expectations in providing quality care for patients. These core competences, behaviors and skills are instilled into nurses right from their nursing schools to prepare them as better healthcare professions who provide both safe and quality care to the population (World Health Organization, 2016).

Nurses play a big role in provision and coordination of care, prevention of death and improving patient outcomes (World Health Organization 2010). Despite being an essential profession in everyday lives of the population, the nurse-patient ratio is still low due to a great need to minimize hospital expenditures (Sermeus et al, 2011.). The responsibility on a nurse's shoulders increases whenever there is scarcity of staff at a work facility or rather less availability of well-educated nurses to fit the tasks due to ineffective planning and use of available nursing resources (Marć et al 2019).

According to the study, RN4CAST by Aiken et al., 2014 on nurse staffing and education and mortality in nine European countries in 300 hospitals including Sweden, Norway and Finland on patient discharge data obtained from 422,730 patients for surgery, increase in number of Bachelor's degree nurses improved patient outcomes by reducing on mortality rates. Results from this study that included mainly patients with general surgeries (39%) and orthopedic surgeries (52%), indicated a 1% mortality rate in Sweden with 828 out of 80,800 admitted patients for surgery dying before discharge. Finland had 1.1% mortality rate (300 deaths out of 2786) while Norway's mortality rates stood at 1.5% (518 deaths out of 35,195), representing a higher death rate of those admitted for surgeries than Sweden and Finland. Studies have found out t that there is an increased likelihood for inpatient deaths if nurses' responsibilities increase due to increased workload. Emphasis should be on recruitment of well-qualified to reduce responsibilities to nurses thus improving their contribution towards patient safety and reducing death rates (Twigg et al. 2010).

2.4   Employee engagement

For productivity to improve, employee engagement is paramount in ensuring positive employee health (Torp et al 2013). Engagement refers to energy, involvement, and professional efficacy, which are the direct opposite of burnout dimensions i.e., exhaustion, cynicism, lack of professional efficacy. Employee engagement plays an integral part in creating a positive, fulfilling and affective-motivational state of work-related well-being (Bakker, et al, 2008). Most scholars agree that engaged workers work with vigor and dedication which is evident in how strongly they identify with their work and likely to lead to positive health promoting effects (Mauno et al 2007).

Employees express some level of engagement when they are physically involved in tasks. Kahn (1990), identified three psychological conditions that allow the presence of engagement: Psychological meaningfulness, psychological safety and psychological availability. Psychological Meaningfulness show the sense of job performance satisfaction for the employee, psychological safety means that the employee feels confident while involving in work tasks with fear of negative consequences from management or co-workers while psychological availability means that psychological resources are available to accomplish tasks (Gómez-Salgado et al. 2019: Kahn 1990).

Research studies show positive correlation between employee engagement and health promotion. Emphasis on processes that encourage engagement and fosters health promotion based on preventive measures of diseases is paramount in improving their productivity (Torp et al. 2013).

Having strong continuous feedback through Performance Management Systems (PMS) avail more opportunities for employees to engage and employee feelings are fulfilled. PMS avail more opportunities to recognize employee performance and ensure that organization's goals are met. Employees need to be engaged in planning where expectations are reviewed, goals and objectives set and in the end review performance against expected performance. Giving feedback to employees about results of the review is important in improving performance and provides a starting point for the next phase of performance management (Saratun 2016).

2.5 Passion and commitment

Passion is frequently linked to motivation and related to certain concepts like creativity and love. Passion is seen as a strong tendency towards an activity that employees like, that is important to them and in which they invest time and energy. Passion is viewed as being both harmonious passion and obsessive passion. Harmonious passion, which is as a result of the internalization of the autonomous activity into the individual's identity; Getting involved in tasks and responsibilities that you harmoniously passionate about increases your love, commitment, creativity, resilience and in turn improves your happiness and overall health (Gómez-Salgado et al 2019: Vallerand et al. 2003).

Obsessive passion, however, is as a result of internal level of control of the task developed; originates from intrapersonal and/or interpersonal pressure either because certain contingencies are attached to the activity such as feelings of social acceptance or because the sense of excitement derived from activity engagement becomes uncontrollable. Thus, although employees like the tasks they perform, they feel compelled to engage in it because of these internal contingencies that come to control them. Employees with obsessed passion often have a large part of their life taken up by their work and in turn often associated with burnout work/family-life conflicts and stress because they are defined by what they do and not who they are. (Gómez-Salgado et al 2019: Vallerand et al 2003).

Work performance for many, depend on employee passion for the work they do, building performance capacity for the organization's employees is paramount in achieving set goals as well as providing both a cost-effective and better care to the elderly. Managers across the globe have come up with ways to improve performance and effectiveness. With increasing operational costs due to Covid-19, organizations meant to use their scarce resources quite well through enhancing employee passion, motivation, support and encouraging unity.

Employee passion give birth to Organization commitment (Employee Passion Survey 2016). Organization commitment (OC) is in general terms, an employee's sense of attachment and loyalty to the organization to which the employee is associated. Employees are said to be committed to the organization, when their goals are harmonious with those of the organization, are willing to apply effort on behalf of the organization and desire to conserve their connection with the organization (Kessler 2013: Page 526). OC is an integral part of any organization's culture and the entire working environment and is closely related to employee's attitudes, feeling and behaviors towards work (Tsai 2011). For instance, Organization's member with low levels of commitment come late and usually absent at work but committed people on the other hand tend to be more punctual, rarely have unnecessary sick leaves and have proved to lead to extra-role performance (Forbes 2013).

The calculative approach of OC also called continuance commitment, is based on the idea that an employee commits to a given organization because of the accumulation of investments valued by the individual e.g., income, Friendships, status, seniority among

others, that would be lost or deemed worthless if they left the organization (Grube & Castaneda 1994, cited in Markovits 2012). The threats of losing these investments without clear alternatives make them commit (Markovits 2012: page 17).

Attitudinal approach also known as "Organizational behavior" or "Psychology" approach is based on love and value the employee attaches to the organization. Employees commit to the organization because they identify themselves with the values and goals of the organization. These employees feel the desire to maintain membership of the organization, they believe and accept the organization's values and goals of the organization and willing to work on behalf of the organization. This approach aims at improving behaviors and attitudes of individuals employees and groups at large (Colquitt et al., 2011, cited in Cascio 2015).

The multidimensional approach is today the prevailing approach to Organization commitment. Although calculative and attitudinal approaches to OC have been used to explain reason for employees' commitment, OC should be viewed as a combination of continuance approach, positive feelings of identity with the workplace as well as employee's obligation to remain with the organization even when they could be unhappy. (Cohen & Kirchmeyer. 1995)

2.6   Diversity at workplace

With healthcare continuing to become more challenging both to governments and all other stakeholders, demand for nurses, doctors and other healthcare professions continue to escalate. With the increasingly ageing population, workforce is becoming scarce as 1 in 6 people will be over 65 years in 2050 (United nations. 2019)

 Workplace diversity has taken the elderly care field by storm due to the increased need to improve the talent pool to meet the human resource scarcity across the globe (Jackson & Garcia, 2014: Shore et al. 2018). Employers are now prioritizing diversity and inclusion initiatives and investing heavily in resources that may improve their work team's success to meet patients' needs (Moore et al. 2016).

Diversity in healthcare means that organizations intentionally employ workforce comprising of individuals with varying gender, ethnicity, age, sex orientation, education as well as religion (Periyakoil, 2019). Diversity has proven to improve worker efficiency because there is a wider pool of talent with new perspectives, innovation and work ethic. But well as this notion of diversity is seen as a necessity, it is believed to have been challenging in many workplaces (Gilliss et al. 2010). There is tendency to have internal resistance within organizations regarding hiring for instance foreigners and the whole process may be jeopardized by bias and beliefs (Derous et al 2016.)

Staff in an ethnically mixed workplace may indeed feel valued and respected regardless of their background (Munkejord & Tingvold (2019). There is need for an inclusive management style that values the various knowledge, skills and competencies of diverse personnel and allowing all employees to bring their entire set of identities to work (Janssens & Zanoni 2014). Culture is more than ethnic group; culture influences how people see the world, guides and shapes how we think politically, socially and personally (Fletcher & Sally 2015). Culture is the values, attitudes, beliefs, orientations, and underlying assumptions prevalent among different groups of people in the society (Meuleman 2012). Key issues that correspond to discrepancies in diversity: Power, emotions, bias and tribes. These pillars form a formidable foundation for which the "Us vs them" scenarios rotate around in daily working life. In workplace environment, one worker's emotions can have a great influence on others and the working environment (Choudhury 2015).

Psychologist Daniel Kahneman's research shows that a clear majority of human decisions are biased and based on beliefs, intuition and not facts or logic (UBS 2020). This is the underlying reason why even with the best intentions, people have tendency to bring bias into their everyday interactions including their workplaces. And although new nurses into the healthcare profession surface each day, there is quite a big portion of ageing workers in the healthcare. And although the pressures differ about the ageing workforce, there is a consensus on need to motivate and facilitate ageing healthcare workers to stay longer in working life as well as minimizing age discrimination among workforce (Snellman, et al 2013).

Recent research suggests the need to tackle age discrimination as it may result in negative feelings, such as uselessness and powerlessness.

(Frunes & Mykletun 2010). Nursing has been a female-dominated profession for years and this is still evident today and for numerous and complex reasons, this status quo persists despite ongoing efforts to minimize gender gap in nursing (Moore & Dienemann, 2014). But with increasing social and economic challenges in providing care for the age-ing population, men have taken a phenomenal share into the profession in recent years and been welcomed to compliment the human resource need (Newman 2014).

Perceptions of male nurses for instance in Sweden is no different from those in many Scandinavian countries like Finland. A study by Kerstin Nilsson, 2005 indicated that men are oriented towards technical matters while women towards relationships and that men are expected to show what they can do than women. Most positions in healthcare for men, however, have previous been more in management and leadership than in pa-tient care, although the trend is slowly changing (Gunn et al, 2019).

2.6.1 Cultural competence

Cultural competence in healthcare encompasses the skills and knowledge that work-ers should have to care for the patients who come from a different cultural background as well as working with people from diverse backgrounds (Purnell et al, 2010). Cultural competence involves creating a workforce with good skills in cross cultural communica-tion and it is up to the organization to negotiate and implement culturally congruent care and evaluate health outcomes (Expert Panel on Global Nursing & Health, 2010). Diver-sity training is part of cultural competence with the aim to train workers about working with people of diverse backgrounds to attain organizational goals. Diversity training also encompasses training workers to care for patients with differing linguistic and cultural backgrounds. According to Seeleman et al. (2009) Proper understanding of multicultur-alism and cultural diversity to the healthcare giver influences the kind of care they give to their patients of different ethnic background and how the patients perceive illness.

2.6.2 Linguistic competence

Linguistic competence is one other concept that is part and parcel of diversity. It im-plies" having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities and linguistic competence requires organization to build capacity

to respond effectively to the health and mental health literacy needs of populations served" (Expert Panel on Global Nursing & Health, 2010)

A great deal of organization's commitment, budget and understanding is ideal in making diversity useful. Many organizations seem to allocate a good portion of their budget to facilitate both cultural and linguistic competence to their workforce. This involves training foreign healthcare workers especially when their language skills are below per. Language skills programs are evident in countries like Finland because nurses and doctors need to speak and write the language in order to treat patients, document as well as communicating with patients and workmates but also for student nurses to complete their work placements (Mikkonen et al, 2017). Language learning is seen as a 'collective responsibility' to which all staff members are expected to contribute, e.g., by speaking clearly and slowly and by using body language when communicating (Munkejord & Tingvold 2019)

Studies have shown that healthcare students from diverse cultural and linguistic backgrounds face lots of challenges in clinical learning environments, nursing schools and in mentoring. Recent study shows that "culturally and linguistically diverse nursing students differ in perceptions with students born in Finland in the learning environment, the pedagogical atmosphere, and on support received from clinical facilitators". And students from diverse background complained that they did not receive enough multi-dimensional learning tasks in meaningful situations like their counterparts born in Finland (Mikkonen et al, 2017).

2.7   Universal Legislation in elderly care

For all aspects of health, there are binding rules that govern the rights and responsibilities of governments, health workers, organizations, and patients which in turn make up the legal framework/architecture for health. Health laws are used to formalize commitment to set goals, such as the goal of universal health coverage, creating a drive for action (World Health Organization. 2020).

2.7.1 Legislation in European Union (EU)

Improving health and safety at work has been an important issue for over 40 years. Since the Lisbon treaty entered into force in 2009, the charter of fundamental rights of the European Union became legally binding, making health and safety policy an even important aspect of the EU legislation. For instance, article 153 of the Treaty on the Functioning of the European Union (TFEU), encourages harmonizing working conditions in order to protect employees' health and ensuring their safety at work. EU sets minimum standards by which member states must ensure, although they can introduce higher standards at national level if they wish so (Factsheet on the European Union 2020).

2.7.2 Legislation in Finland

Finland like any other country in the European Union conforms to health care laws that are stipulated in their constitution and other different legislation acts aimed at protecting health workers' rights, promoting welfare, health, and security. Some of these laws include the Occupational Health care act 2001, which lays out provisions on the duty of an employer to arrange occupational healthcare with the key aim of creating workplaces free from work-related illnesses, accidents as well as promoting working and functional capacity of employees at different stages of their working careers (Ministry of social affairs and health 2020).

The health care professional's act 1994 is yet another law that guides employers and employees on promoting safety of patients and improving the quality of healthcare services. The act stipulates need for health care professionals to have education and training necessary for the practice of the profession as well as need for employers to supervise work done by care givers and facilitating professionally appropriate co-operation among health care professions (Ministry of social affairs and health 2020).

2.7.3 ILO Declaration on Fundamental Principles and Rights

Legislation in health care is fundamental to provision of sound care to the elderly. The International Labor Organization (ILO) stipulates fundamental principles and rights that organizations need to put into practice to promote and realize equality at work. The ILO Declaration on Fundamental Principles and Rights and its follow-up, which is renewed universal commitment amongst member to respect, promote and realize employee freedom of expression, effective recognition of the right to collective bargaining, elimination

of all forms of forced and compulsory labor, effective abolition of child labor and elimination of discrimination in respect of employment and occupation (International Labor Organization 1998).

2.7.4 Advocacy and health promotion

Advocacy is a fundamental aspect of health promotion, which enhances good occupational health and safety features at workplace. Advocacy for health first gained momentum from "the 1986 Ottawa charter on Health promotion." with the main aim of enabling people to increase control and improve their health. Health promotion principles and practice seek encourage, guide health public policies, supportive environments, building health alliances between different key players like governments, non-government organizations, local authorities and media as well as bridging the equity gap thus enabling everyone to access health resources to achieve full health potential (World Health Organization 2020).

2.7.5 Nurses' code of ethics

Nurses have a fundamental responsibility to provide their patients with safe and high-quality care but with ever-increasing complex situations at work, the code of ethics are needed in decision making promote professionalism and trust. Like other professions, code of ethics has been adopted to guide nurses on ethical issues in everyday work. First instituted in 1953, the International Council of Nurses (ICN) code of ethics is recognized world-wide as one of the most trusted nursing federation code of ethics currently covering around 20 million nurses in more than 130 countries across the globe. Other recognized federations code of ethics includes among others; Canadian Nurses Association (CNA) Code of Ethics, American Nurses Association (ANC) Code of Ethics and Nursing and Midwifery Council (NMC) code of ethics.

2.8 Workplace environment

Creating a conducive working environment is another important recipe to improved productivity (Wreder & Klefsjo 2007). A role an organization must perform carefully to ensure that workers feel comfortable; feel less pressure at work, have high self-esteem and a secure working environment to execute their roles (Thomsen, et al 2018). Yichen & Virpi, 2016, agree that a good working environment need to foster pride but despite, most pride of any worker comes from self-oriented and event-based

achievements, management need to consider pride of their workers as a collective attitude derived from other activities and must be fostered by workers' sense of belongingness in the workplace, they do work.

 Often new nurses find it difficult to adapt and perform their roles as expected due to bullying and burnout which threaten their health and wellbeing and often result in lower levels of productivity and ta call for Organizations to create a positive working environment that retain an empowered and satisfied workforce (Duffield et al, 2009: Cited by Laschinger et al 2014). Research findings attribute lack of job satisfaction and decision to leave a workplace for another, to lack of authentic leadership. Lessons can be picked from the findings by managers for a need to create an authentic leadership that creates a supportive working environment that minimizes workplace bullying, improve job satisfaction, reduce emotional exhaustion and foster human resource retention (Warszewska-Makuch et al 2015).

2.8.1 Physical workplace design

Although working hours spent at workplace have reduced for some employees in some other professions during the covid-19 pandemic, there is still evidence to show that people who are employed full-time spend quite a big number of their waking hours at their workplaces. To some employees, workplace is an important place to interact with others thus a need for improved wellbeing. Wellbeing at work means that physical workplace among other things is safe, healthy, and pleasant for employees to exercise their duties and responsibilities. Physical workplace atmosphere stimulates good and motivated management plus fostering professionalism of employees thus impacts on coping at work and increases productivity and commitment to the job, profession and reduces incidents of sick leave.

According to World Health Organization, A "*healthy workplace is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of workers and the sustainability of the workplace by considering the following, based on identified needs".* Organizations can formulate safe physical workplace environments that are free from mechanical, ergonomics, biological, physical and chemical hazards that can impact on how nurses do their work and their overall health (Makin and Winde, 2008).

2.8.2 Psychosocial workplace environment

Recent research has pinpointed on the effects of social and interpersonal interactions which influence the employee behavior and development in their places of work (North et al, 1996). New nurses and nurses new to nursing profession go through a vigorous transition where they adopt a new professional identity (Hörberg et al 2017). This is a stage deemed challenging for any newcomer to try to get into the group and work. Workplace managers need to have well-designed guidelines to peer support towards these new nurses, also offering less responsibility is paramount to getting into the system (Webster et al. 2019).

The increasing stress and anxiety levels in workplaces lead to increased burn-out among elderly care employees which in turn has a great effect on overall performance and cost management (Koutsimani et al. 2019) and this is highly due to low levels of support and control from various level of organization's hierarchy including management and fellow employees at work leading to increased rates of sickness absence (Farbrot 2014), sickness presenteeism (Johansen 2012), fatigue and emotional overload (Gómez-Salgado 2019).

A study by Hildingsson et al (2013), indicated that one in three midwives considered leaving their profession due to burnout caused by lack of staff, resources leading stressful working environment. Using the Copenhagen Burnout Inventory, 475 returned questionnaires from 978 eligible members of the Swedish midwifery Association showed that 184 (39, 5%) midwives had experienced personal burnout, while work burnout and client burnout stood at 15%.

3.6 Summary

Passion is important in achieving both personal and organizational goals because it attributes to a bigger portion of one's interest in the job, task or accomplishment intended because it affords employee's purpose. Having passionate employees mean having committed employees that work not just to earn salary/survival but also understand that their own love for the work they perform has a great effect to the elderly care as well as organizational functions. And although passion comes from within an employee, management in healthcare organizations pray a big role in providing a passion friendly environment that inspire, empower and encourage them to use their abilities to

benefit the entire group. Some hospital settings have mentors that guide for instance new workers or rather new healthcare professions into work. Often workers may lose their love and passion for work due to discrimination or other factors that render the workplace unfit for them thus resulting into underperforming, quitting jobs and even leaving the profession for another.

Responsibility and accountability have often gone hand in hand when accessing employee contribution to organizations. Like any other professions, elderly care professionals are required right from training to exercising the profession to respond to certain guidelines that govern the profession and being accountable for them. Some of the guidelines are the code of ethics for nurses, code of medical ethics for doctors that are meant to be observed by law in upholding the dignity and honor of their respective profession and going against them is not only illegal but can be punished by losing their right to practice. Responsibility of individual employees as well as teams create a foundation for providing care that ensure good practice, dignity for patients and other individuals involved in the care process. Responsibility also means monitoring closely the work employees do to achieve organizational goals like providing quality care, operate at a low cost and maintaining good image of the profession.

Organizations face uphill task of motivating employees to reach possible highest potential by availing a workplace environment that encourage them to offer their views and suggestions towards achieving organization goals without threats of penalty or punishment. Respecting and appreciating individual differences are paramount to not only motivate individual contribution to the group but also make employees realize that the organization recognize everyone's importance however small it may be. Managers are play a pivotal role in making sure that employees comply with the set rules, guidelines and principles that are set to govern them. Workers are often facing stressful situations like balancing work and family, conflicts between employees, unfavorable working environment like poor tools, noise, air pollution and a like, very demanding boss or rather difficult patients and alike, that may hinder their contribution at work. Support of management to its employees is therefore needed. Managers need to be good listeners, good at conflict solving as well as understanding employees' circumstance and providing appropriate amount of care, flexibility and support.

Due to increased global demand as well as evolution of health care, providing safe and cost-effective patient care necessitates a good professional development of teamwork

and good coordination across different healthcare professionals in a unit or units. Gone are the days when one nurse or doctor could single-handedly provide patient care or rather satisfy all necessary procedures from planning, examination and treatment. The healthcare job cannot be done without a team-based approach to responsibilities, which often become too risky to patients, their families, other healthcare professionals as well the entire organization. Functioning teams need leaders, shared goals, clear and measurable goals/outcomes, as well as effective communication.

3. PURPOSE, AIMS AND RESEARCH AND/OR DEVELOPMENTAL OBJECTIVES

1. Purpose of the study

The purpose of the study is to analyse how the workplace environment can affect employee productivity in elderly care.

Aim of the study

2. Aim of the study

The aim of the study is to find out the relationship between psychosocial environment and productivity in elderly care.

3. Objectives of the study

a. Examine the psychosocial factors affecting employee performance and productivity in elderly care

b. Examine how management can impact employee productivity in elderly care

3 MATERIALS AND METHODS

This thesis research is based on secondary data from articles from academic journals. It is mainly a qualitative kind of research that seek to find out effects of psychosocial workplace environments across the healthcare sector especially in the care of the elderly

3.1 The PRISMA flow diagram

The flow diagram depicts the flow of information/data through the different phases of a systematic review (Moher et al 2009). Prisma flow diagram was used as a tool of systematic review because it helps mapping out the number of records identified, included and excluded, and the reasons for exclusions according to the researcher.

Identification

Records identified through database searching
(n = 222)

Additional records identified through other sources
(n = 20)

Records after duplicates removed
(n = 82)

Screening

Records screened
(n = 45)

Records excluded
(n = 37)

Eligibility

Full-text articles assessed for eligibility
(n =20)

Full-text articles excluded, with reasons
(n = 25)

Included

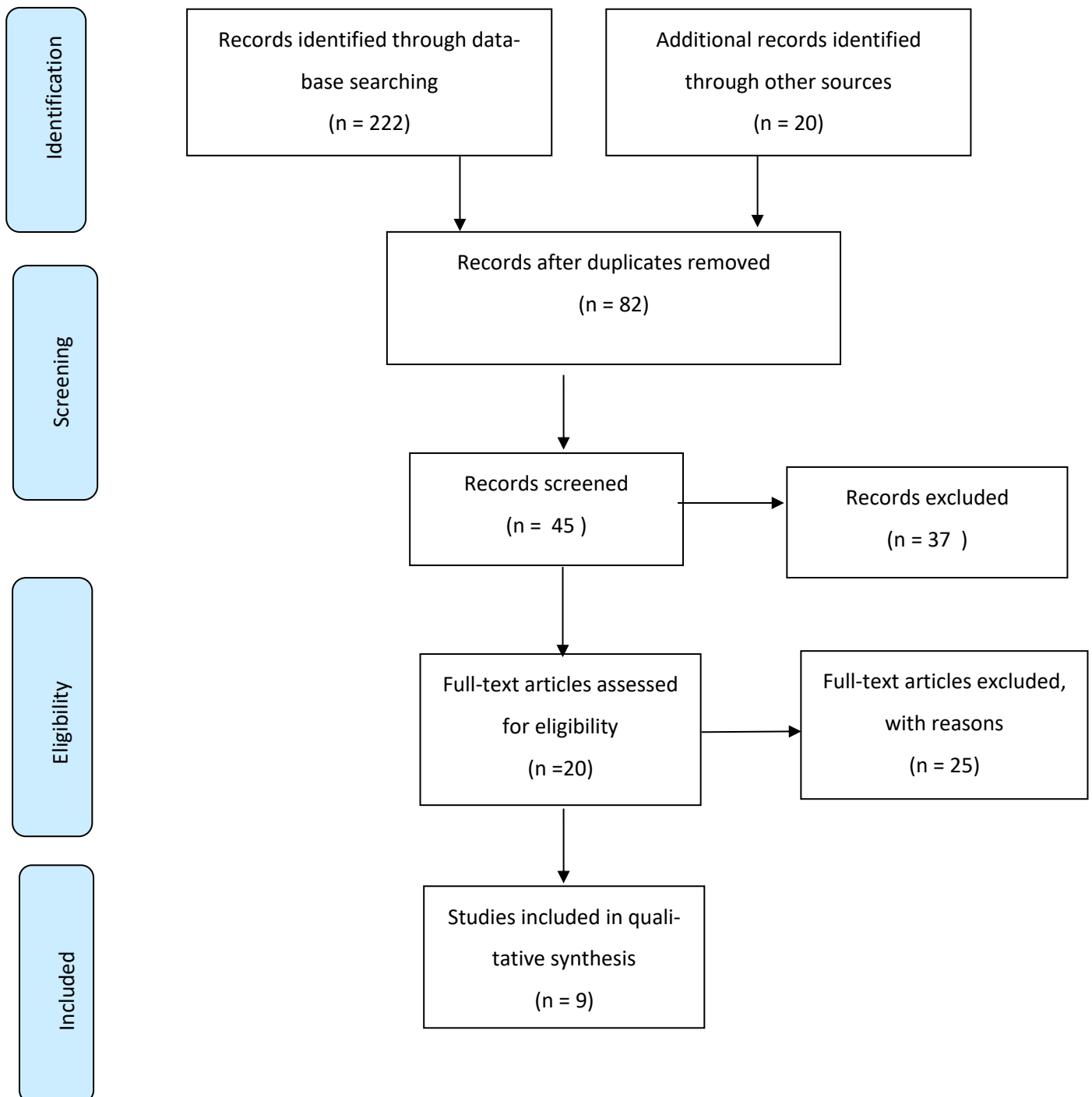Studies included in qualitative synthesis
(n = 9)

Figure 1. Prisma flow diagram: Source: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009)

3.1.1 Identification

During the identification stage, a total of 242 articles were arrived at, of which 222 were from databases Wiley library (n=40), science direct (n=153) and semantic scholar (n=29) while 20 articles were got from other sources including google search, google scholar, research gate and PubMed. Search words to arrive on these hits included nurses, productivity, psychosocial workplace environment, workplace dynamics, leadership, elderly care and was restricted to Finland, Norway and Sweden. Studies had to be research articles with abstracts from 2013-2019.

3.1.2 Screening

During the screening stage, a number of these articles were removed basing on the fact that they appeared more than once (Duplicated), therefore, the number remained at 82. Even though 82 articles were good for the study, 37 of them were dropped based on abstracts, therefore 45 articles were selected because they were full-text and conformed well to the same study.

3.1.3 Eligibility

During the eligibility stage, 11 articles were removed; firstly, because they covered different geographical areas than the target ones and some dated before 2013. The other 9 articles considered for final study.

3.1.4 Included

Nine (9) studies were included in qualitative synthesis.

3.2 Data analysis

Data analysis of this study started with data reduction. Loads of data need to be organized and somehow meaningfully reduced or reconfigured (Miles and Huberman (1994). During data reduction, coding and sorting was carried out in order to find meaningful patterns or themes for the purpose of the study. A code, according to Veale (2018), is a

word phrase or sentence into qualitative inquiry that represents aspects of data or captures the essence or features of data. Kranke et al (2016) added that coding is an essential component of developing a sound qualitative analysis because the interpretation of the data is subject to close and careful reading and observation and eventually identifying any processes that unfold.

After data collection, data analysis for this study involved identifying sub-categories from the research data in order to eventually find out the psychosocial aspects of the workplace environment that affect daily productivity both to individual employees and teams. The identified sub-categories included bullying, stress, sickness absence, schedule flexibility, job satisfaction, management roles, employee motivation, burn-out, unclear work roles, nurse shortages.

Three (3) main categories for analysis I.e., Workplace relationships, and organization of work and management support are arrived at. The study findings showed that employee productivity for nurses working in elderly care is affected by the inter-professional relationships, the way work is organized by the management as well as the support management accord to its employees.

Data analysis flow diagram

CODES	CATEGORIES	THEMES

-Bullying
-Harrasment
→ Toxic behavior

-Teamwork
-Peer support
-Shared process
-Professionalism
→ Inter-professional support

Workplace relationships

-Coordination
-Communication
→ Inter-personal communication

-Sickness absence
-Burnout
-Stress
→ Psychological factors

Organization of work

-Unclear roles
-Schedule flexibility
-Job demands
-Nurse shortages
-Workload
-Employee
→ Workplace dynamics

-Be a leader
-Conflict management
-Competence
→ Leadership styles

Management Commitment

-Opportunities for advancement
-Education opportunities
-Motivation
-Employee support
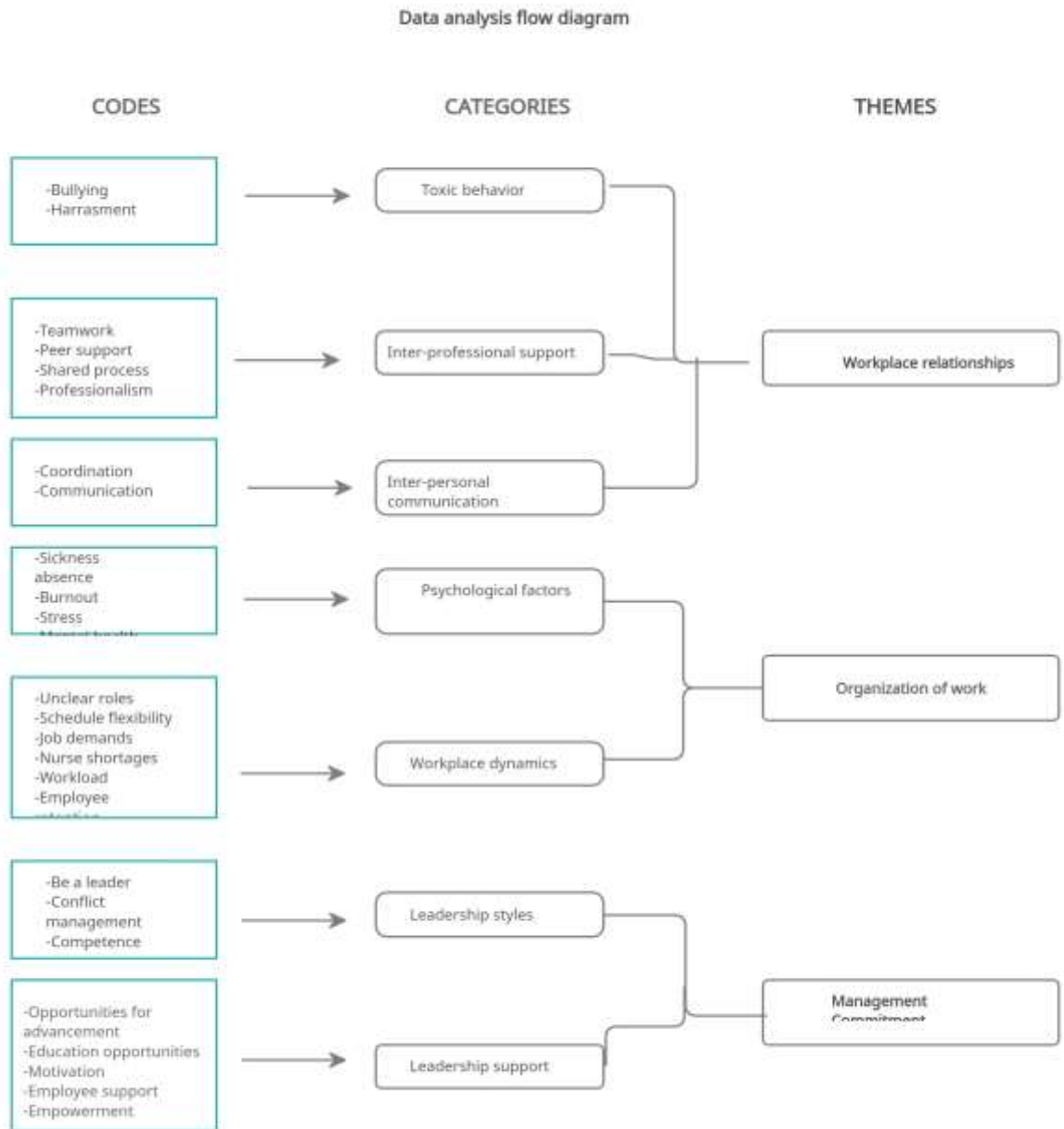-Empowerment
→ Leadership support

Figure 2: Diagram showing the data analysis flow chart.

3.3 Articles selected for the study

ARTICLES OF THE STUDY	AIM OF THE STUDY	MAIN CONTENTS OF STUDY	COUNTRY OF STUDY	SOURCE OF THE ARTICLE
Reknes et al.(2014)	To explore the prospective relationship between exposure to bullying behaviors and incresed Symptoms of mental health problems.	Bullying, mental health	Norway	Science direct
Athlin at al. (2014)	To describe nurse leaders' working situation, role experience and role performance in bedside nursing in hospital and community care contexts.	Nursing leadership,competence, support	Sweden, Norway	Google search
Holmberg et al. (2016)	To identify factors having impact on job satisfaction on psychiatric nursing staff	Work duties, job demands, Work motivation and peer support	Sweden	Research gate
Cummings et al. (2018)	To examine the relationships between various styles of leadership and utcomes for the nursing workforce and their work environments.	Leadership styles and its effects on nursing workforce and pyscho-social environment	Finland, Sweden, Norway	Semantic scholar
Roelen et al. (2017)	To investigate which job demands and job resources werepredictive of mental health-related long-term sickness absence in nurses	Harassment, social support, sick leave, mental health	Norway	Semantic scholar
Ylitörmänen et al. (2019	To xplores the Finnish and the Norwegian nurses' perceptions of nurse-nurse collaboration in nursing care and factors associated with those perceptions.	Conflict management, communication, shared process, coordination, professionalism	Finland, Norway	Research gate
Aiken et al. (2013)	To obtain a snapshot of European nurses' assessments of their hospital work environments and quality of carein order to identify promising strategies to retain nurses in hospital practice and to avoid quality of care erosions related to cost containment.	Work load, wages, educational opportunities, opportunities for advancement	Finland, Sweden , Norway	Science direct

Metropolia
University of Applied Sciences

Leineweber et al. (2016)	To investigate how aspects of the nurse practice environment and satisfaction with work schedule flexibility measured at different organisational levels influenced the intention to leave the profession or the workplace due to dissatisfaction	Schedule flexibility, worker retention, psychosocial environment	Finland, Sweden , Norway	Pubmed
Oke, Braithwaite & An-tai (2016)	To investigate the association between precarious employment and sickness absence.	Sickness absence, working time flexibility, Psychosocial working conditions	Finland, Sweden , Norway	Pubmed

Table 1. Articles used for the study

3.4 Critical Appraisal Checklist for Qualitative Research

The systematic review is an analysis of the available literature (that is, evidence) and a judgment of the effectiveness of a practice, involving a series of complex steps (JBI, 2017). Using the Joanna Briggs Institute appraisal checklist, the 9 articles used for the study were appraised.

By use of th JBI critical apparaisal checklist for qualitative research, ten elements are analysed as a Yes (Y), No (N), Unknown (NA) or Unclear (U)

The table below shows this analysis;

Critical Appraisal Checklist for Qualitative Research	Reknes et al.(2014)	Athlin et al. (2014)	Holmb-erg et al. (2016)	Cummings et al. (2018	Roelen et al. (2017)	Ylitiermä-nen et al. (2019)	Aiken et al. (2013)	Leineweber et al. (2016)	Oke, Braithwaite & Antai (2016)
1. Is there congruity between the stated philosophical perspective and the research methodology.	Y	Y	Y	Y	Y	Y	Y	Y	U
2. Is there congruity between the research methodology and the research question or objectives?	Y	Y	Y	Y	Y	Y	Y	Y	U
3. Is there congruity between the research methodology and the methods used to collect data?	Y	Y	Y	Y	Y	Y	Y	Y	Y
4. Is there congruity between the research methodology and the representation and analysis of data?	Y	Y	Y	Y	Y	Y	Y	Y	Y
5. Is there congruity between the research methodology and the interpretation of	Y	N	Y	N	Y	Y	Y	N	Y
6. Is there a statement locating the researcher culturally or theoretically?	N	N	N	N	N	N	N	N	N
7. Is the influence of the researcher on the research, and vice-versa, addressed?	U	N	N	N	U	N	Y	Y	U
8. Are participants, and their voices, adequately represented?	U	Y	Y	Y	Y	Y	Y	Y	Y
9. Is the research ethical according to current criteria or, for recent studies, and is there evidence of ethical approval by an appropriate body?	Y	Y	Y	Y	Y	Y	Y	Y	Y
10. Do the conclusions drawn in the research report flow from the analysis, or interpretation, of the data?	Y	Y	Y	Y	Y	Y	Y	Y	Y

Table 2: Joanna Briggs Institute (JBI). Critical Appraisal Checklist for Qualitative Research, 2017. Y= Yes, N= No, U= Unclear, NA= Unknown

Metropolia
University of Applied Sciences

4   FINDINGS OF THE STUDY

The findings of the study divided into two parts based on the two main objectives of the study.

4.1   Psychosocial factors affecting employee performance and productivity in elderly care.

The results of this study showed that organization of work and workplace relations as the main factors that influenced employee productivity in elderly care in Finland, Sweden and Norway.

4.1.1   Organization of work.

Nurses in Nordic countries remain dissatisfied with important aspects of their working conditions due to poor organization of their work for instance unclear work roles, daily nurse shortages and unpleasant work schedules. New public management strategies across the Nordic countries Sweden, Finland and Norway to increase cost-effectiveness due to the increasing number of aging populations, have left the day-to-day care work affected but also have undermined employee freedom to decision and autonomy.

 A study by Leineweber, C et al 2016 found out that a lot of dissatisfaction by nurses arise from failure to get good schedule flexibility which in the end result in many wanting to leave. While another study by Aiken et al 2013 revealed that the unbearable workload makes it hard to accomplish the required work responsibilities leading to nurses wanting leave their places of work or profession. The study reported that 25% in Norway, 34% in Sweden and a whopping 49% in Finland considered leaving their respective workplaces within a period of one year while an average 9% considered leaving nursing profession in search for a better profession.

Aiken et al 2013 report also indicated how unpleasant psychosocial workplace climate yields to stress and burnout making employees getting sick leaves and sick presentee- ism. Results from a study by Oke, Braithwaite and Antai 2016 showed that 28% of em- ployees in Finland got frequent sick leaves while 18% was reported in Sweden with women more likely to have sickness absence than men across the study area.

4.1.2   Workplace relationships

Relationships between nurses and co-workers play a significant role in creating and maintaining a healthy psychosocial environment. Inter-professional collaboration yield teamwork and understanding of each other especially that the field is now full of both men and women as well as young and older nurses. A study by Ylitörmänen, Kvist & Turunen, 2019 on Finnish and Norwegian nurses revealed how female registered nurses perceived inter-professional communication more positively than their male counter- parts. The study still revealed high levels of shared process and professionalism among those working during daytime than their counterparts working night shifts and that the latter have less participation in decision making and less autonomy on how daily ward activities are run. The results suggest that nurse characteristics, such as main working time and total work experience, were related to the perception of collaboration.

Unhealthy workplace relationships within elderly care can make it difficult for nurses to provide quality care. A study by Reknes et al, 2014 for instance shows how escalating bullying-related behaviors at workplace is highly detrimental to employee physical and mental health. Exposure to bullying behaviors and symptoms of anxiety and fatigue affect each other negatively. Employees working in elderly care found it difficult to work due to increased symptoms of anxiety and fatigue resulting from continuous bullying from mainly colleagues thus increased sickness absence. Low household income and sick- ness presenteeism were found to be the strong predictors of sickness absence among both sexes. Bullying resulted in interpersonal conflicts among care providers in Sweden while some nurses developed depression within one year due to excessive social exclu- sion from superiors and co-workers thus making them unable to equally contribute to the work tasks.

4.2   Impact of management to the employee productivity in elderly care

Management support is paramount in employee productivity especially in these times when organizations are finding it difficult to retain care staff. A research by Cummings et al 2018 noted that some leadership focused on just task completion while other important aspects of elderly care like employee satisfaction and wellbeing were hugely overlooked. The same study found out that poor management styles can impact working environments negatively leading to loss of morale and job satisfaction at workplace.

Another study by Holmberg et al 2016 on Swedish mental health nurses found out that career advancement and incentives such as salary and compensation to nurses were lacking and its effect on job satisfaction was found to be hugely negative. Increased clinical authority and responsibility call for monetary incentives to nurses working with the elderly to lift their morale for work.

One of the main roles of nursing leadership is ensuring pleasant social climate for all employees but recent changes in way work is done at wards, have made this a bit difficult especially for nurse leaders. According to Reknes et al 2014 study, one issue was failure for leaders to know their roles, which undermined the possibility to provide safe and pleasant working environment. Being in an 'in-between' position with more responsibility than authority in the role was common for all leaders.

A study by Athlin et al 2013, revealed how unclear roles among nurse leaders affected workplace environment in Norway and Sweden. Findings showed that only 13 leaders had written job descriptions about the responsibilities and authority. The study emphasized the need for more support to nurse leaders from human resource department, top managements for instance by improving competence requirements, emotional support as well as providing clear authority-responsibility balance.

Nurse concerns with workforce management and adequate resources were reported by Aiken et al. 2013. Nurses reported that important nursing tasks were often left undone

because of lack of time, and indicated that adverse events were hugely undermining the safety of elderly people.

5   DISCUSSION

The study indicates a correlation between psychosocial workplace environment and employee productivity in elderly care. Psychosocial attributes in workplace such as relationships and workplace dynamics are important in creating a productive workforce in the elderly care setting (Fernandes and Pereira. 2016). The study reveals details of workplace characteristics that management need to address for instance employee wellbeing to curb absenteeism, support, relationships that are fundamental in providing safe and cost-effective care to the elderly people (Dhaini et al. 2015).

The success/failure of any organizations especially in the healthcare sector depends on the quality of its human resource (Kabene et al. 2006). The healthcare world is now more demanding than ever before and require a well-trained but also passionate workforce to ensure that patients' expectations such as safe care, quick discharge among others are met. While passion can be important for any health worker to manage the challenging work, research has proved that motivation and support improve workers' passion and agility at work which ensures safe and cost-effective care (Sabir. 2017).

The results build on the existing studies on how workplaces can be made safer for both nurses and for the elderly as a way to reduce extra costs especially to governments as the number of aging populations increase day by day (Burton, J. 2010).

The final articles considered for the study were selected after going through inclusion and exclusion criteria. One of the salient limitations of the study was scope of the study; both time and area. Many good articles relevant to the study had to be excluded because they were older than the targeted period, while others were outside the target geographical area. The search words were also used randomly and independently to arrive at the final articles for selection because a combination of them in one search either yielded no relevant articles for the study or were out of scope in terms of target area and time period.

 A few steps of systematic research were also not followed at the start, making it difficult somewhere in the middle of the study to comprehend the entire process including the

results. Some of the articles were also based on the same research, making the finding limited. Differences in results in the target area of Finland, Norway and Sweden were minimal since they are neighbors and share a lot in common in terms of culture, laws and environment.

Elderly care for instance in Finland still need to address motivation issues especially about salaries as it is in Norway and Sweden. There is a growing need to address salary and renumeration issues that most elderly care workers especially nurses have been voicing over the last decade through sit-down strikes and online campaigns. They claim that the salaries are too low compared to their counterparts in Norway and Sweden, yet workloads and responsibilities increase each day thus burnout. It clearly indicates how nursing care needs more workers to reduce workload.

 Although elderly care work is increasingly becoming less physical to due technology advancements, there is increased work pace and stress that make workplaces more mentally and emotionally demanding especially due to continuous employee shortages across the entire health care sector. These changes in daily working life contribute to adverse health effects including weight gain, fatigue as well as mental problems. Organizations need to focus on measures that fosters health promotion and encourages employee engagements especially in care planning and management.

Work engagement for employees improve the possibility to provide positive effects in employee's personal life by improving their quality of life, life satisfaction, realize purpose in life and social contacts. Occupational healthcare needs to actively also focus on enhancing a healthy lifestyle, that is, factors proven to have a positive relationship with work engagement. To increase work engagement at an individual level, employees need to eat healthy, exercise regularly, focus on social life and embrace positive attitude.

Organizations can organize off-work activities for their employees like lunch, exercise activities and can provide free coupons for instance at Gym clubs and movies theatres. Organizations should start to prioritize nurses' health rather than concentrating on saving money since unpleasant working environments cause more illnesses and thus increased service costs related to sick leave, compensations, and replacement costs to hire ad hoc labor to fill vacant shifts.

Although many faces of non-native nurses continue to appear each year in different parts of Finland for instance as it is in other Scandinavian countries due to increased need for nurses, workplace bullying and other sorts of discriminations due to age, sex and race are still evident. Studies reveal the need for increased tolerance for foreigners at large not only through linguistic and cultural competence for nurses but also nation-wide sensitization about need to welcome other nationals to these countries. Even if fellow workers acknowledge the need for other outsiders regardless of their age or race, the patients and their relatives need respect nurses of different age, sex, or race.

Managers form an important element of the organizations' hierarchy and therefore the leadership styles they employ, decisions they make, support they accord to their employees, the relationship they create with employees and the entire management, heavily affect the entire employee team and the overall organization's employee productivity. Manager-employee relationship is not a friendship but rather a deeply human relationship that when it works well, it unlocks human potential thus increasing employee contribution in terms of productivity and performance. With challenges surfacing each day in elderly care work, organizations will need to have managers who provide employees with frequent guidance, support continuous growth of employees, listens and engages his/her employees in both decision-making and planning.

Managers affect how the working environment looks like and are the catalyst to motivation, cost-saving and overall image of the organization. Manager's involvement in daily ward activities is important in building working teams, fostering effective communication, knowing employee feelings and encouraging employee-employee relationships, which is needed in creating productive working environments. Although delegating is another key role for a manager, knowing your employees' skills and behavioral styles is essential to maximizing productivity; Before a manager gives tasks or assignments, first know each employee's ability and knowledge and try to encourage others who need more skills to ask or even provide extra courses to enhance their knowledge on different skills while experienced nurses can foster those who need help.

The research study talks about complex and unclear role/tasks as one of the main causes of stress and burn-out. Organizations take leading role in ensuring that employees have physical, emotional and mental issues resolved since it is detrimental to low

productivity and job performance. Failure to address burn-out issues may mean that employees lose meaning in their work, increase absence from work, presenteeism, depleted energy levels, as well as increase in unresolved stress and in the end, due to demotivation and detachment from work, you see employees leaving organizations for another or rather change of professions. It is therefore, of paramount importance for managers to look at how they can help employees get rid of stressors by supporting them in everyday life but also ensure clear roles.

The analyzed articles reveal an improved work done to ensure safe working environments but also more research is needed to ascertain effects on psychosocial environment on both individual work contribution as well as team contribution in Finland, Sweden and Norway.

6   ETHICAL CONSIDERATION

Qualitative research has been conducted in the field of elderly care in order to identify, describe and explain related concepts, experiences and phenomena and to develop various knowledge in the nursing field (Sanjari 2014). Researchers conducting qualitative research, however, need to be more responsible for their role and potential consequences for their studies. Ethical dilemas during data collection, reporting as well as analysis usual for researchers given the nature of environment in which research is conducted including people, their cultures and views that need to be protected (Roshaidai 2018).

The Finnish National Board on Research Integrity TENK, promotes the responsible conduct of research and prevents research misconduct in Finland. Researches in According the National Advisory Board on Research Ethics Helsinki (2009), respecting autonomy of research subjects and avoiding harm are paramount in research. During the study, objectivity in discussions and analysis was maintained.

Researcher contributions are catered for by mentioning them as references, therefore giving them credit (Tripathy. 2013). During the literature review, the researcher deals on different articles using different approaches. Ethical research guideline was used in order to achieve a trustworthy and credible research.
The study ensured that it is not possible to re-identify participants as well as avoiding the analysis of results resulting into damage.

7   CONCLUSION

The thesis study clearly indicates difficulties through which nurses struggle to provide everyday care to the increasing number of the elderly in different care facilities across the three countries. Unfair working environment especially the psychosocial deficiencies seem to emanate from continuous need to save money from management. Nurses are strained physically and mentally due to frequent workloads because of labor shortage, sick leaves thus some continuing to look for other professions that may seem to offer better pay and encouraging working conditions. Further research is however, needed to ascertain if improvement in working conditions will improve patient care outcomes such as quality care and safety at the same time making care providers satisfied and motivated while management is able to reduce the needed cost of providing care especially in the post-corona times.

Organizations will have to devise means to increase engagement of care providers in decision and policy making, pay negotiations, improving nurse-to-patient ratios, allowing for more career developments and allocating clear roles between different care provider levels. Improving productivity for call for unity and teamwork and the manager's role to ensure that workplace culture allow supportive inter-professional and interpersonal relationships aimed at creating safe and pleasing psychosocial working environment for all to exercise their nursing duties. Positive psychological approaches through occupational health departments should be employed in order to pursue growth of passion in wards, increase job satisfaction and reduce stressors for optimal performance of the nursing role.

Metropolia
University of Applied Sciences

References

Aaberg, RO., Hall-Lord, LM., Husebø and Ballangrud, R. (2019). A complex teamwork intervention in a surgical ward in Norway. Accessed from BMC Research on 1.4.2020. https://bmcresnotes.biomedcentral.com/articles/10.1186/s13104-019-4619-z

Aiken LH., Sloane DM., Bruyneel L., Van den Heede K., Sermeus W; RN4CAST Consortium. (2013). Nurses' reports of working conditions and hospital quality of care in 12 countries in Europe. Int J Nurs Stud.

Amabile, T, M. and Kramer, S, J. (2007). Inner work life. Understanding the Subtext of business Performance. Harvard Business Review. Accessed online on 20.1.2019.

Andersen, H., Røvik, K, A & Ingebrigtsen, T. (2014). Lean thinking in hospitals: is there a cure for the absence of evidence? A systematic review of reviews.

Armstrong, J. 2016. Responsibility in the workplace
https://www.linkedin.com/pulse/responsibility-workplace-jason-armstrong.
Accessed 22.8.2020

Anderson J., E, Ross A, J., Lim R., Kodate N., Thompson K., Jensen H & Cooney K. 2019. Nursing teamwork in the care of older people: A mixed methods study. Appl Ergon. 2019 Oct;80:119-129. doi: 10.1016/j.apergo.2019.05.012. Epub 2019 May 28. PMID: 31280795.

Athlin, E., Reidun, H., Kerstin, P and Hedelin, B. (2014). Being a nurse leader in bedside nursing in hospital and community care contexts in Norway and Sweden. Journal of Nursing Education and Practice.

Bakker, BA., Schaufeli, WB., Leiter, M and Taris, WT. (2008). Work engagement: An emerging concept in occupational health psychology. Accessed from Tailor and Francis online.

Benabou, R and Tirole, J. (2003). Intrinsic and Extrinsic Motivation. Princeton University and institute for advanced study.

https://www.princeton.edu/~rbenabou/papers/RES2003.pdf Accessed 1.6.2019

Boström, E., Hörnsten, Å., Lundman, B., Stenlund, H and Isaksson, U. (2013). Role clarity and role conflict among Swedish diabetes specialist nurses. Accessed from Science Direct on 2.3.2020.

Burgess, N. and Radnor, Z. (2013), "Evaluating Lean in healthcare", *International Journal of Health Care Quality Assurance*, Vol. 26 No. 3. Accessed from Emerald Insight.

Burton, J. 2010. WHO Healthy Workplace Framework and Model: Background and Supporting Literature and Practices.
 https://www.who.int/occupational_health/healthy_workplace_framework.pdf Accessed 2.3.2021

Calscio, WF. (2015). Industrial- Organizational Psychology: Science and Practice. International Encyclopedia of the Social & Behavioral Sciences, 2nd Edition. Science direct.

Cohen, A. and Kirchmeyer, C. (1995). A multi-dimensional approach to relation between organizational commitment and nonwork participation. Journal of vocational behavior.

Collin, K., Paloniemi, S and Mecklin, J-P. (2009). Promoting inter-professional teamwork and learning- The case of surgical operating theatre. Accessed from Taylor and Francis online on 12.4.2020.

Choudhury, S. (2015). Deep Diversity: Overcoming Us Vs. Them. E-book accessed from google books.

Craig, H. 2020. Resilience in the Workplace: How to b Be More Resilient at Work. https://positivepsychology.com/resilience-in-the-workplace/ Accessed 1.3.2020

Cummings GG., MacGregor T., Davey M., Lee H., Wong CA., Lo E., Muise M and Stafford E. (2010). Leadership styles and outcome patterns for the nursing workforce and work environment: a systematic review. Int J Nurs Stud.

Dahlke, S & Fox, M. (2015). Navigating Relationships: Nursing Teamwork in the Care of Older Adults. The Canadian journal of nursing research.

Derous, E., Buijsrogge, A., Roulin, N & Duyck, W. (2016). Why your stigma isn't hired: A dual-process framework of interview bias. Human Resource Management Review, Volume 26, Issue 2.

Dhaini, S., Zuniga, F., Ausserhofer, D., & Simon, M., Kunz, R., Geest, S and Schwendimann, R. (2015). Absenteeism and Presenteeism among Care Workers in Swiss Nursing Homes and Their Association with Psychosocial Work Environment: A Multi-Site Cross-Sectional Study. Gerontology. 62. 10.1159/000442088.

Employee Passion Survey 2016.
https://www.integro.com.au/wp-content/uploads/2019/05/Employee-Passion-Survey-Sample.pdf Accessed 3.5.2020 Accessed 2.5.2020

Estryn-Béhar, M., Van der Heijden, BI., Ogińska, H., Camerino, D., Le Nézet, O., Conway, PM., Fry, C and Hasselhorn, HM. (2007). The impact of social work environment, teamwork characteristics, burnout and personal factors upon intent to leave among European nurses. https://www.ncbi.nlm.nih.gov/pubmed/17890991 Accessed 2.3.2020.

Factsheet on the European Union (2020).

https://www.europarl.europa.eu/ftu/pdf/en/FTU_2.3.5.pdf Accessed 5.11.2020

Fernandes, C & Pereira, A. (2016). Exposure to psychosocial risk factors in the context of work: A systematic review. Revista de Saúde Pública. 50. 10.1590/S1518-8787.2016050006129.

 Expert Panel on Global Nursing & Health (2010). Standards of practice for culturally competent nursing care. Accessed from Sage Journals.

Farbrot, A. (2014). Passion for work can be a problem. Feeling about one's job is usually a good thing- but not always. For some it could lead to an unhealthy obsession. https://partner.sciencenorway.no/bi-business-employment/passion-for-work-can-be-a-problem/1404445. Accessed 5.5.2020.

Fernandes, C & Pereira, A. (2016). Exposure to psychosocial risk factors in the context of work: A systematic review. Revista de Saúde Pública. 50. 10.1590/S1518-8787.2016050006129.

Fletcher, E and Sally, N (2015). Cultural sensibility in Healthcare: A personal and professional Guidebook. E-book- Sigma Theta Tau International. Indianapolis USA.

Forbes (2013). The causes and costs of absenteeism at workplace. Accessed online on 1.4.2020
https://www.forbes.com/sites/investopedia/2013/07/10/the-causes-and-costs-of-absenteeism-in-the-workplace/#73dbaa253eb6

Furunes, T and Mykletun, RJ. (2010). Age discrimination in the workplace: Validation of the Nordic Age Discrimination Scale (NADS). *Scandinavian Journal of Psychology.*

Gilliss, C., Powell, D & Carter, Brigit. (2010). Recruiting and Retaining a Diverse Workforce in Nursing: From Evidence to Best Practices to Policy. Policy, politics & nursing practice.

Gómez-Salgado, J., Navarro-Abal, Y., María José López-López, MJ., Romero-Martín, M and José Climent-Rodríguez, JA. (2019). Engagement, Passion and Meaning of Work as Modulating Variables in Nursing: A Theoretical Analysis. International Journal of Environmental Research and Public Health.

Gubler, T., Larkin, I. and Pierce, L. (2019). Doing well by making well: The impact of corporate wellness programs on employee productivity.
https://www.informs.org/Blogs/ManSci-Blogs/Management-Science-Review/Doing-Well-by-Making-Well-The-Impact-of-Corporate-Wellness-Programs-on-Employee-Productivity Accessed 3.1.2020

Gunn, V., Ng, E., Muntaner, C., Villeneuve, M, Gea-Sanchez and Chung, H. (2015). Gender equality policies, nursing professionalization and workforce: Across-sectional, times-series analysis of 22 countries, 2000-2015.

Hildingsson, I., Westlund, K., and Wiklund, I. (2013). Burnout in Swedish midwives. Volume 4, Issue 3. Sourced from Science direct.

Holden, JR. (2010). Lean thinking in emergency departments: Acritical review. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6548198/
Accessed on 5.5.2020

Holmberg, C., Sobis, I and Carlström, Eric. (2015). Job Satisfaction Among Swedish Mental Health Nursing Staff: A Cross-Sectional Survey. International Journal of Public Administration.

Jackson C, S & Garcia J, N. Addressing health and healthcare disparities: The role of a diverse workforce and the social determinants of health. *Public Health Reports.* 2014;129(Suppl 2):57–61.

Janssens, M and Zanoni, P. (2014). Alternative diversity management: organizational practices fostering ethnic equality at work. Scandinavia Journal of Management. Accessed from Science Direct.

Josefsson, K., Åling, J and Östin, B-L. (2011). What implies the good work for registered nurses in Municipal elderly care in Sweden? Accessed from Sage journals.

Kessler, E, H. (2013). Encyclopedia of Management Theory. Vol 1, Page 526. Sage Publication Ltd.

Jenab, K and Staub, S. (2012). Analyzing Management Style and Successful Implementation of Six Sigma. International Journal of Strategic Decision Sciences (IJSDS), 3(3), 13-23.

Kieft, R. A., de Brouwer, B. B., Francke, A. L., & Delnoij, D. M. (2014). How nurses and their work environment affect patient experiences of the quality of care: a qualitative study. *BMC health services research*, *14*, 249. https://doi.org/10.1186/1472-6963-14-249

Joanna Briggs Institute (JBI)Critical Appraisal Checklist for Qualitative Research, 2017.

https://jbi.global/sites/default/files/2019-05/JBI_Critical_Appraisal-Checklist_for_Qualitative_Research2017_0.pdf Accessed 12.3.2021

Kabene SM., Orchard, C., Howard, JM., Soriano, MA and Leduc, R. The importance of human resources management in health care: a global context Published online 2006 Jul 27. doi: 10.1186/1478-4491-4-20.

Kjellström, S., Avby., G., Areskoug-Josefsson., K., Gäre, B, A and Bäck AM. (2017). Work motivation among healthcare professionals: Astudy of well-functioning primary healthcare centers in Sweden. Journal of Health Organization and Management. Accessed from Emerald Insight.

Koutisimani, P., Montgomery, A. and Georgranta, K. (2019). The Relationship between burnout and anxiety. Asystematic review and meta-analysis. Assessed from Frontiers in Psychology.

 Kahn, W.A. (1990). Psychological conditions of personal engagement and disengagement at work. Acad. Manag. J. 33.

Kranke D, Constantine Brown JL, Danesh S and Watson AC. (2016). Soc Work Educ. 2016;35(2):229-235. doi:10.1080/02615479.201 5.1129398.

Laschinger, HKS., Wong, CA., Cummings, GG and Grau, A, L. (2014). Resonant leadership and workplace empowerment: The value of positive organizational cultures in reducing workplace incivility.
 https://search.proquest.com/open-view/a1f74b4696b0a03f61b1fb55ed5e54b8/1?cbl=30765&pq-origsite=gscholar   Accessed 3.5.2020

Lawal, A, K, Rotter, T & Flynn R. (2014). lean management in healthcare: definition, concepts, methodology and effects (Systematic review protocol).
Roelen, C, A, M., Van Hoffen, M, F, A., Waage, S., Schaufeli, W, B., Twisk, J, W, R., Bjorvatn, B., Moen, B, E & Pallesen, S. (2017). Psychosocial work environment and mental health-related long-term sickness absence among nurses.

Lawter, L., Kopelman, R & Prottas, D. (2016). McGregor's Theory X/Y and Job Performance: A Multilevel, Multi-source Analysis. Journal of Managerial Issues. 27. 84-101.

Leineweber C., Chungkham HS., Lindqvist R., Westerlund H., Runesdotter S., Smeds Alenius L., Tishelman C; RN4CAST consortium. (2016.) Nurses' practice environment and satisfaction with schedule flexibility is related to intention to leave due to dissatisfaction: A multi-country, multilevel study. Int J Nurs Stud.

Makin, A, M & Winder, C. 2008. A new conceptual framework to improve the application of occupational health and safety management systems, Safety Science, Volume 46, Issue 6.

Marć, M., Bartosiewicz, A., Burzyńska J., Chmiel, Z & Januszewicz P. 2018. A nursing shortage - a prospect of global and local policies. Int Nurs Rev. 2019 Mar;66(1):9-16. doi: 10.1111/inr.12473. Epub 2018 Jul 24. PMID: 30039849.

Markovits, Y. (2012). The committed workforce: Evidence from the field. Online book. *Cambridge Scholars publishing*. Page 17.

Melin E, U., Strid, A, L. and Söderberg, M. (2020). Lack of Coordination between Health Care and Social Care in Multi-Professional Teamwork - the Obstacle for Coherent Care of Older People Suffering from Multi-Morbidity. *Journal of Population Ageing*.

Meuleman, L. (2012). Cultural diversity and sustainability metagovernance. [online] p. 39-73. Accessed 1.8.2019
https://link.springer.com/chapter/10.1007/978-3-642-28009-2_2.

Moore, G, A & Dienemann, J, A. (2014). Job satisfaction and career development of men in nursing.
https://digitalcommons.molloy.edu/cgi/viewcontent.cgi?article=1016&context=nur_fac Accessed 6.10.2019

Moore, J., Everly, M., Bauer, R., (May 31, 2016) "Multigenerational Challenges: Team-Building for Positive Clinical Workforce Outcomes" *OJIN: The Online Journal of Issues in Nursing* Vol. 21, No. 2, Manuscript 3.

Mgbere O. (2009). Exploring the Relationship between Organizational Culture, Leadership Styles and Corporate Performance: An Overview. Journal of Strategic Management Education, 5 (3&4) (2009), pp. 187-202.

Mikkonen, K., Elo, S., Miettunen, J., Saarikoski, M and Kääriäinen, M. (2017). Clinical learning environment and supervision of international nursing students: a cross-sectional study. http://jultika.oulu.fi/files/nbnfi-fe2019061420452.pdf Accessed4.3.2020

Miles, M.B, and Huberman, A.M. (1994). *Qualitative Data Analysis,* 2nd Ed., p. 10-12. Newbury Park, CA: Sage.

Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). *P*referred *R*eporting *I*tems for *S*ystematic Reviews and *M*eta-*A*nalyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal. Pmed1000097.

Munkejord, C, M and Tingvold, L. (2019). Staff perceptions of competence in a multicultural nursing home in Norway.
https://www.sciencedirect.com/science/article/pii/S0277953619302230.
 Accessed 2.6.2020

Newman, C. (2014). Time to address gender discrimination and inequality in the health workforce. Accessed from Research Gate.

Oldland, E., Botti, M., Hutchinson, A, M and Redley, B. (2019). Aframework of nurses' responsibilities for quality healthcare- Exploration of content validity. Accessed from Science Direct on 1.2.2020.

Periyakoil V, S. 2019. Building a Culturally Competent Workforce to Care for Diverse Older Adults: Scope of the Problem and Potential Solutions. J Am Geriatr Soc. 2019 May;67(S2)

Reknes I., Pallesen S., Magerøy N., Moen BE., Bjorvatn B and Einarsen S. (2014). Exposure to bullying behaviors as a predictor of mental health problems among Norwegian nurses: Results from the prospective SUSSH-survey, International Journal of Nursing Studies.

Roelen C., Van Hoffen MFA., Waage S., Schaufeli WB., Twisk JWR., Bjorvatn B., Moen BE and Pallesen S. (2018). Psychosocial work environment and mental health-related long-term sickness absence among nurses. Int Arch Occup Environ Health.

Responsible research.
https://tenk.fi/en/research-misconduct/responsible-conduct-research-rcr Accessed 3.4.2021

Roshaidai, Arifin, S. (2018). Ethical Considerations in Qualitative Study.

Rotter, T., Plishka, C., Lawal, A., Harrison E., Flynn, R., Chan, J, G and Kinsman, L. (2017). Lean management in healthcare: effects on patient outcomes, professional practice and healthcare systems. Accessed from Cochrane library.

Sabir, Almas. (2017). Motivation: Outstanding Way to Promote Productivity in Employees. American Journal of Management Science and Engineering. 2. 35. 10.11648/j.ajmse.20170203.11.

Sager, K. L. (2008). 'An Exploratory Study of the Relationships Between Theory X/Y Assumptions and Superior Communicator Style', *Management Communication Quarterly*, 22(2), pp. 288–312.

Sanjari M., Bahramnezhad F., Fomani F, K., Shoghi M & Cheraghi MA. 2014.Ethical challenges of researchers in qualitative studies: the necessity to develop a specific guideline. J Med Ethics Hist Med.

Sasso, L., Stievano, A., Jurado, MG and Rocco, G. (2008). Code of ethics for European nursing. Accessed from *Sage Journals* on 3.2.2020.

Saratun, M. (2016). Performance management to enhance employee engagement for corporate sustainability. Asia-pacific journal of Business Administration. https://www.emerald.com/insight/content/doi/10.1108/APJBA-07-2015-0064/full/html   Accessed 4.10.2020

Secondary data analysis: Ethical issues and challenges. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4441947/ Accessed 1.4.2021

Sermeus, W., Aiken, L, H., Van den Heede, K., Rafferty, A, M., Griffiths, P., Moreno-Casbas, M, T., Busse, R., Lindquist, R., Scott, A, P., Bruyneel, L., Brzostek, T., Kinnunen, J., Schubert, M., Schoonhoven, L and Zikos, D. (2011). Nurse forecasting in Europe (RN4CAST): Rationale, design and methodology. Accessed from *BMC nursing journal*.

Shore, L, M., Jeanette, N., Cleveland, J, N and Sanchez, D. (2018). Inclusive workplaces: A review and model. Human Resource Management Review, volume 28, Issue 2. https://www.sciencedirect.com/science/article/pii/S1053482217300529

Snellman, F., Nygård, M & Susanne, J. (2013). Conceptions and tendencies of age discrimination and attitudes towards older people in selected regions in Finland and Sweden.

http://www.diva-portal.org/smash/get/diva2:676691/FULLTEXT01.pdf Accessed

3.3.2020

Souders, B. (2020). The science of improving motivation at work.

https://positivepsychology.com/improving-motivation-at-work/ Accessed 3.3.2020

Steffen, A., Zeiss, A & Karel, M. (2014). Interprofessional geriatric health care: Competencies and resources for teamwork.

Teich, S, L & Faddoul, F, F. (2013). Lean Management-The journey from Toyota to Healthcare. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3678835/
Accessed 12.9.2019

Thomsen, S., Dallender, J., Soares, J & Nolan, P. (2018). Predictors of a healthy workplace for Swedish and English psychiatrists. Cambridge University Press.

Tsai, Y. (2011). Relationship between Organizational Culture, Leadership Behavior and Job.

Twigg, D., Duffield C., Thompson P, L & Rapley P. The impact of nurses on patient morbidity and mortality - the need for a policy change in response to the nursing shortage. Aust Health Rev. 2010 Aug;34(3):312-6. doi: 10.1071/AH08668. PMID: 20797363.

Oke A., Braithwaite P and Antai D. (2016). Sickness Absence and Precarious Employment: A Comparative Cross-National Study of Denmark, Finland, Sweden, and Norway. Int J Occup Environ Med. Pp125-47.

Vallerand, RJ.; Blanchard, C.; Mageau, GA.; Koestner, R.; Ratelle, C.; Leonard, M.; Gagne, M.; Marsolais, J. (2003). Les passions de l'âme: On obsessive and harmonious passion. J. Pers. Soc. Psychol.

World Health Organization. (2017). Code of ethics and professional conduct.

https://www.who.int/about/ethics/code_of_ethics_full_version.pdf Accessed 30.4.2021

Webster, N., Jenkins, C., Oyebode, J., Bentham, P & Smythe, A. (2019). Experiences of peer support for newly qualified nurses in a dedicated online group: Study protocol. Journal of Advanced Nursing. 75. 10.1111/jan.14001.

Ylitörmänen, T., Kvist, T and Turunen, H. (2019). Perceptions on nurse-nurse collaboration among registered nurses in Finland and Norway. Scandinavian Journal of Caring Sciences.