

'I love nursing, but..' – a final word from Australian aged-care nurses about their working life.

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Background

Intrinsic and extrinsic work values impact on nurses' job satisfaction and ultimately nursing retention. This study contributes further to knowledge development in this area by building on a previous work values study in aged-care nursing.

Aim

The aim of this qualitative analysis – a component of a larger survey study, was to provide insights and understandings about intrinsic and extrinsic work values for nurses in aged-care.

Methods

This paper presents the qualitative research findings from the final open-ended question from a survey of nurses employed in the aged-care sector in the State of Queensland, Australia in 2007. Data from a cohort of 105 aged care sector nurses was analysed relying on deductive content analysis.

Findings

Two intrinsic work values emerged – low morale and images of nursing and two extrinsic work values emerged – remuneration and working conditions. The work value 'working conditions' comprised four aspects of aged-care work, namely staff turnover, workplace violence, care team membership namely the AINs and paperwork. A single social workplace value 'support by management' is discussed as identified as important to these nurses.

Conclusion

Qualitative insights into aged-care nurses' intrinsic and extrinsic work values suggest that work satisfaction is low. Workforce policy makers and employers of nurses in aged-care need to comprehend the relationship between job satisfaction, retention and work values. These findings have implications for recruitment, retention and workforce planning within the aged-care environment.

Keywords

Work values, intrinsic, extrinsic, nursing, workforce, aged-care

What is already known about the topic?

- Recruitment and retention of nurses is a contemporary issue of concern internationally
- Job satisfaction is associated with intent to leave and consequently turnover in nursing
- Intrinsic, extrinsic and social work values share a relationship with job satisfaction, and in turn, retention

What this paper adds?

- Application of qualitative research methods to work values research in aged-care
- Qualitative understanding of the impact and interrelationships of intrinsic, extrinsic and social work values

Introduction

It is the case that a 'limited and inconsistent picture' exists of both the character and work values of people who provide direct care to residents in residential aged-care (Richardson & Martin, 2004, p. 6; Hegney et al., 2006). This study extends the previous work values research by Hegney and colleagues (Hegney et al., 2006). We propose that through the analysis of qualitative data providing insights and understandings about both intrinsic ('I love nursing..') and extrinsic work values this research contributes further to knowledge development in this area.

Background

The manner in which a worker behaves in the workplace is contingent on her or his personal character traits and the environment (Taris & Feij, 2001). Equally, an employee's satisfaction with

work is influenced by the environment in which the worker is employed and the personal attributes or character traits of that person (Coomber & Barriball, 2007; Hayes et al., 2006; Hegney et al., 2006). The corollary of this is that empirical evidence exists to support the relationship between person-environment fit (P-E fit) as a predictor of job satisfaction and employee well-being (see Taris & Feij, 2001; Kristof, 1996; Edwards, 1996).

Two derivative discussions are relevant for the results being reported here – firstly, the symbiosis of P-E fit and work values, secondly the importance of job satisfaction for the nursing workforce. As Hegney and colleagues (Hegney et al., 2006) rightfully determine, work values are person variables identified within the broader P-E fit literature (Kristof, 1996). An understanding of these variables in turn provides workforce policy makers with insights about job satisfaction. Work values – such as intrinsic, extrinsic and social, share a relationship with job satisfaction (Taris & Feij, 2001) and variables influencing job satisfaction share a relationship with retention (Coomber & Barriball, 2007; Hegney et al., 2006).

Broadly speaking, values are defined as ‘enduring beliefs that a specific mode of conduct or end-state is preferable to its opposite, thereby guiding individuals’ attitudes, judgements and behaviours’ (Taris & Feij, 2001, p. 54). As beliefs, values become subjective and considered ‘something a person desires at either a conscious or unconscious level’ (Taris & Feij, 2001, p. 54). At the level of a broad understanding, values then are both beliefs and desires.

In the context of work values, it is arguably problematic to define them by relying on the term “value”. Intrinsic work values ‘refer to the degree to which employees *value* immaterial aspects of their job that allow self-expression...’ and extrinsic work values ‘refer to the degree to which employees *value* material or instrumental work aspects...as important’ (italics added, Taris & Feij, 2001, p.55). For the sake of this study, we recognise intrinsic and extrinsic work values to refer to

the degree to which employees *find important* immaterial and material aspects of their job, respectively. As such, social work values ‘refer to the degree to which employees find it important having a good relationship with their co-workers and supervisor’ (Taris & Feij, 2001, p.55).

Whilst it is important to understand work values (intrinsic, extrinsic, social) at a definitional level, it is equally important to analyse across the literature what each of these are in practice. An inspection of the literature reveals both agreement and dissonance amongst authors. For example, there is some level of agreement that autonomy (self-directed, opportunity for personal growth) is an intrinsic work value (Hegney et al., 2006; Taris & Feij, 2001; Walker et al., 1982). However, the intrinsic work value ‘advancement’ (Wernimont, 1966; Herzberg & Mausner, 1959) is considered an extrinsic work value (chances for promotion, chances for advancement) by both Walker and colleagues (Walker et al., 1982) and Weaver (1975). Likewise, the extrinsic work value ‘colleague support and teamwork’ by Hegney and colleagues (Hegney et al., 2006) coincides with ‘interpersonal relations in supervision’ (Wernimont, 1966) but these would be categorised as social work values by Taris and Feij (2001). Although an apparent dissonance, this study extends the previous work values research by Hegney and colleagues (Hegney et al., 2006) and Taris and Feij (2001) so it is their intrinsic and extrinsic work values that are taken as an appropriate template for analysis here.

Hegney and colleagues (Hegney et al., 2006) sought to identify the intrinsic and extrinsic work values that were perceived by the members of the Queensland Nurses Union (QNU) in Queensland, Australia, to influence job satisfaction. Findings from their study summarised in Table 1 and of relevance, relate *only* to the aged-care sector.

[Insert Table 1 here]

The importance of our continuing and extending this work lies in it contributing to nursing workforce policy given that ‘intrinsic and extrinsic work values influence nurses’ job satisfaction and therefore nursing retention rates’ (Hegney et al., 2006) and employees who are provided intrinsic and extrinsic rewards as well as social relationships are ‘more satisfied, experience fewer psychological complaints and (have) less intent to leave’ (Taris & Feij, 2001, p.75).

The research study

This paper presents a sub-set of the qualitative findings for aged-care nurses recruited for the 2007 study entitled “Your Work, Your Time, Your Life” (Hegney et al., 2007). This larger study was the third of its type following the design and methodology of studies undertaken in 2001 and 2004 (Hegney et al., 2004; Hegney et al., 2006). Those surveyed were nurses in employment at the time of the surveys (e.g. October 2007) in the public sector (acute hospitals and community or domiciliary nursing), the private sector (acute hospitals and private domiciliary nursing) and the aged-care sector (government and non-government residential aged-care facilities) in the State of Queensland, Australia. The aim of each study was to identify factors impacting upon nursing work and to use the results to inform strategic planning for the Queensland Nurses Union (QNU).

The findings reported here are the written responses of aged-care nurses to the final open-ended question on the survey:

- Is there any other information you would like to share with us regarding your working life?

The study was approved by the University of Queensland’s and University of Southern Queensland’s Human Research and Ethics Committees . Information about the project and consent information was provided to participants prior to commencing the survey.

Design and method

Data collection

There were 29,789 members in the QNU database in 2007. Of these, 4,359 (14.6%) were employed in aged-care, 20,692 (69.5%) were employed in the public sector and 4,738 (15.9%) employed in private sector. 3000 questionnaires were distributed to 1000 randomly selected nurses in each sector. There were 1192 responses constituting a response rate of 39.7%. Returns from each sector were 373 (31.3%) in aged-care, 397 (33.3%) in the private and 390 (32.7%) in the public sector. The additional 31 (2.6%) were accounted for by 'other' and 'agency' responses.

Data analysis

Content analysis (CA) takes as its focus human communication and is suited to research involving the practice of nurses (Downe-Wambolt, 1992). Whilst CA can be used for other purposes it can be used to code open-ended questions in surveys (Kondracki et al., 2002; Hickey & Kipping, 1996). The deductive content analysis (CA) employed for this question relied on a thematic schema derived from the two previous workforce studies (Hegney et al., 2004; Hegney et al., 2006). Consequently, analysis moved from the general to the specific (Elo & Kyngas, 2007).

DH derived a categorization matrix from the earlier work and *generally* only those data that fitted the matrix were categorised by herself and AT (Elo & Kyngas, 2007). This deductive or directed content analysis employed here supported and extended the previous workforce research (Hsieh & Shannon, 2005).

Results

A total of 361 (30.3%) respondents provided a response to the question of which 105 came from the aged-care sector (25% of the aged-care respondents). There was often more than one 'theme' identified in a respondent's notation. For example, in the aged care sector 105 respondents provided some 141 thematically related comments.

The cohort of 105 aged care sector respondents comprised 44 (42%) registered nurses, 22 (21%) enrolled nurses, 37 (35%) assistant-in-nursing and 2 (2%) not identified. Data is discussed in relation to the three types of work values – intrinsic, extrinsic and social based on the work of Taris and Feij (2001).

Intrinsic

Two work values emerged from the qualitative data as intrinsic – low morale and images of nursing.

1. Low morale leading to stress / workloads / staffing concerns

This was the major theme that arose from the data, representing 37 (35%) responses. On the one hand, data representing views about the aged-care staffs' low morale were obvious:

... morale is low, the lowest I have seen it (00-AIN)

...RNs in aged care are undervalued for the work they do and they are gradually becoming a rare breed (84-AIN)

On the other hand, respondents lamented on their day-to-day work-life in a voice that linked the relationship between work related stress and workloads with expressions of low morale and ultimately workforce retention:

... I can't swap shifts or am afraid management won't give me the time off to attend (functions) as there's no staff to replace me & workloads are so full that staff can't manage with even one staff member less. ...I would leave nursing today if I could afford to ..(59-RN4)

Just as data representing views about the aged-care staffs' low morale were obvious, so to the case for stress:

..most RNs in my facility re planning to leave nursing in the near future due to stress (sic) (62-RN2)

However, respondents also linked their views about stress symbiotically with workload and staffing. Workload was also expressed as an issue in association with remuneration, as impacting on quality care, sick leave and care time:

Expectations of core management of staff to work unrealistic unpaid hours (03-AIN)

(T)he workloads are horrendous; the staff are physically and emotionally drained. The residents do not get the care they deserve. People do not want to work in these areas, sick leave is high (54-RN1)

(H)eavy workloads - unrealistic expectations; decreased hours available for registered nurses;.. preventing best outcomes being achieved (81-RN2)

The link between workload and staffing as a stressor was borne out in the view about skill mix and its impact on patient safety:

A real concern for many RNs is the increase in AINs and EENs. Whilst these staff do contribute a great deal to the nursing workforce, there are aspects of nursing in which they can't offer what an RN can. I think this leads to a concern for patient safety (99-RN1)

Whilst above the respondent acknowledges the contribution these care providers bring to the workforce, elsewhere colleagues countered with the views that the 'non-existent skill levels' (81-RN2) and reliance on 'casual/agency staff' (81-RN2) meant a further compounding of the workload for the regular staff and:

The aged care sector needs urgent attention (sic) is at crisis point with many facilities now employing newly qualified EENs with no or little RN supervision. Dangerous for all concerned...(88-RN1)

Finally, confronted with workload and inadequate staffing and the stress associated with it, and an inflexible work environment where the nurse resorts to 'ring[ing] in sick to attend my children's school and other functions...' (59-RN4) data emerges portraying the aged-care nurse as wracked with guilt:

...This causes me to feel much guilt & stress. I feel torn between work & family...(59-RN4)

If I didn't love the work I do for my residents I would have left years ago but now guilt enters the equation as the staff that are now employed are often poor English speakers and (are) less patient with the residents (76-RN2)

2. Images of nursing

Some (n=19, 18%) responses constituted what we have called 'images of nursing'. These contained positive comments about nursing work (n=13, 12%) and negative comments about nursing work (n=6, 6%).

2a Positive comments

Aged-care nurses do 'love it' (48-EEN) and are:

...dedicated to aged care nursing and wish to continue to do so for some 10 to 15 years. I am happy in what I do (13-RN1)

Those who affirmed their work, did so because it was work they perceived as 'rewarding' (59-EEN; 62-EEN) and made a difference:

My career in nursing has been very rewarding and have every intention of continuing to work for another 6 years or until retirement...(62-EEN)

.. I came back to nursing and would not change now for anything. Nursing is the only profession were I know my skills are being used to help others. It is the only job that I truly feel I can make a difference (43-RN1)

For one of the respondents, whilst ‘fortunate (to work)...where staff are considered as individuals (as are the) clients’ (89-RN1) in a work environment that ‘fosters a holistic approach to care’ (89-RN1) as well as a ‘reflective approach to one’s practice’ (89-RN1), a ‘but’ clause countered this with:

I feel there is too much emphasis on filling in forms/paperwork that takes nursing away from the bedside...(89-RN1)

Some, while providing positive comments, noted their concern about nursing and its future:

I cannot see this[RN shortage] improving until there is a societal change of attitude towards the aged and equitable rate of pay in aged care to that in the acute sector (62-EEN)

A colleague concurred, such that again whilst ‘..fortunate to work at a small residential aged care facility with a very committed and supportive team who "give their all" from the heart..’ (26-RN1), this affirmation was balanced by:

...despite all the “difficulties” of working in aged care for a very small financial return (sic) (26-RN1)

2b Negative comments

Within the negative comments about nursing work the data were impressively complimentary. Data evoked perceptions of a profession unappreciated; where the focus of care has shifted and nurses are dissatisfied with their performance and the quality of care they can provide; and a membership glad to be moving on.

Those that responded, expressed the views that neither ‘..the patient/visitor ..respect nursing staff..’ (86-AIN) or that ‘..(not) much respect is shown to the nursing profession..’ (00-AIN). Summarily, the feeling as follows:

I also think it is a shame that aged care ..(is) not looked on in a better light by the professions and broader community (89-RN1)

Consistent with findings elsewhere (Tuckett, 2007), the focus on the resident-as-priority has shifted:

Nursing is not what it used to be - the patient/resident always came first. Now its all about lack of staff...(11-not identified)

Instead of resident focused care, production-line care prevails as a consequence of staffing and being time-starved:

...to 90% of the staff it is a 'job' and nursing used to be so much more, we are pushing (residents) in and out because there are no beds...(31-AIN)

(Staff) rush in and out and shower, dress, feed, turn, etc and move on to the next. They do not have half an hour to feed each resident when you have 15 feeds and only 2 PCAs and 1 hour to do it in. This distresses the staff as well. The medication round can take up to 3 hours by the time meds are crushed and mixed with thickened fluids and given to the residents - 46 on 2 wings. The RN or EEN has to deal with everything else that occurs during this time (41-RN1)

Two consequences of this shift in care focus prevailed in the data. Firstly, the nurse is dissatisfied either with their (incomplete) performance or their inability to provide quality care Secondly, the aged-care nurses are either moving out of the sector, counting down their time to retirement or glad to be at the end of their careers:

...hence the quality of nursing care has deteriorated. I still love nursing but the satisfaction isn't there, so I have embarked on other work besides nursing. My other job is very fulfilling and interesting, what nursing is lacking.(11-not identified)

...I am glad that I am at the end of my working life and not at the beginning, gone is the satisfaction of going home each day with the satisfaction of having accomplished all of your work...(31-AIN)

Nursing used to be the love of my life. I find now that I can't get to do my job as well because there are too many (residents) to keep an eye on... I now can't wait until I retire in 7 years (41-RN1)

I would not be in nursing now if I was young and able to retrain (07-AIN)

Extrinsic work values

Two work values emerged from the qualitative data as extrinsic – remuneration/conditions and working conditions.

1 Remuneration

Twelve (11%) aged-care nurses reported remuneration as other information worth sharing about their working life – ‘Conditions that staff have to put up with on a daily basis’ (95-AIN).

Predominantly, nurses believed that they should be paid more for the work they do:

(W)e don't get paid enough for what we do. We do it because we love it (48-EEN)

... I just need to be given a fair wage...(54-RN1)

..better conditions, pay and respect for nurses...(65-RN1)

Noteworthy for workforce planners, these nurses further identified the remuneration as a disincentive to continue in nursing:

.. Why am I not worth paying? Due to the fact that I chose to care for the elderly? Maybe I should turn my back on them and walk away like our governments do (54-RN1)

due to poor wages I am wanting to leave nursing or do minimal hours, as the wages are very poor making it extremely difficult to make financial ends meet ... No incentive to want to keep nursing (38-RN1)

...am counting down to retire. I do feel we have a major staffing problem in aged care, less young staff are finding the work satisfying. So incentives have to put in place financially and in the area of status...(13-RN1)

Coupled to wages as a disincentive to stay in nursing, there ought to be concern that these nurses also simply want recognition - on issues such as skills, transferability of service and annual payment of accrued leave:

Enrolled nurses who are also qualified as anaesthetic paramedical officers should be recognised within the nursing register and be paid appropriately with a combined award...(97-RN1)

... I was wondering if the Nurses Union could set up a scheme where it took into account the number of years you do in nursing is recognised and that after 10yr you are granted long service leave ... (16-RN1)

...paying out of accumulative such leave at the end of every nurses anniversary (according to each individual) would be a huge reward to all of us who are committed to the care of our (residents) ... (49-AIN)

2. Working Conditions

Qualitative data supporting the work value 'working conditions' [24 (23%)] emerged as four aspects of aged-care work, namely staff turnover, workplace violence, issues specific to unregulated care providers (assistants-in-nursing) and paperwork.

2a Staff turnover/leaving nursing/retiring

Nurses noted they were about to retire and commented on how rewarding their career had been. Others reported how they would soon leave, or had left nursing because of the stress, workload and its consequences on their physical and mental health. There was an element of disappointment, anger and regret within all the statements provided by these nurses.

Sentiment about leaving nursing and retirement were at times general in nature:

... I will not be able to continue in aged care for much longer (02-RN1)

Over 60% of the staff where I work are looking at retirement in the next 7 years, with 10% already of retirement age (59-RN1)

For others, their leaving nursing revolved around money – either because of the poor remuneration for work done or because of the inadequate funding in aged-care:

Competent RNs and EENs are leaving aged care to get better paid jobs in the hospital sector...(62-RN2)

(Aged-care workers) could be made so much happier if the people who made budget and funding decision .. spent some time in the real world. I will be leaving nursing as my emotional and physical health is at breaking point (25-AIN)

A further reason for leaving nursing was the burnout attributed to questionable nursing practices and an undesirable work ethic:

I am no longer working in nursing due to what I believe to be burn out. ...I became disappointed and very worried about the unsafe and lazy work practices of some of my co-workers and RNs ...(45-AIN)

Poignant for workforce policy makers is the alteration to health these workers have suffered and that it is this health disruption that has brought them to the brink of leaving or retiring from nursing:

Get frustrated and see so much 'lack' in the workplace - e.g. lack of training, lack of caring, lack of staff, lack of funds and equipment. The list is endless but our burdens... just keep rising. Am looking forward to retirement and know I have left doing the best I could at all times ..(64-RN5)

I retired end of July 2007 at the age of 66 years. Due to retirement because of failing health some months ago of a regular reliable staff member, my workload increased and agency staff were employed - the facility proving difficulty funding staff (97-AIN)

2b Workplace Violence

An aged-care nurse sought 'better conditions, pay and respect for nurses – 'Less abuse'' (65-RN1) and another felt ' .. in other fields of employment [employees] treated like we are in aged care would be able to make a claim for "bullying and harassment"' (57-EN) - a number of colleagues were more descriptive about the aggression they dealt with from residents:

... I enjoy the type of work I do even though over the years I have been knocked out, punched, popped shoulder, chipped bones, abused, spat at etc. ...(59-EEN)

... some older patients will ask 'are you the matron or the sisters?' – others just use abusive language – no matter who you are! ...(86-AIN)

Other nurses talked about workplace violence from other nurses:

... There was a saying I heard before I started my degree that was: 'nurses eat their young' this is true! And a disgrace considering all are supposed to be caring people (62-AIN)

And again, the retention consequences of this abuse:

In 2006, I had the misfortune to work for a DON who was hired by my employer. She was a bully and many nursing and registered staff chose to resign.....(89-RN4)

I have met/spoken/heard of many, many other nurses who worked for years devoted to career only to cope bullying and then become physically and mentally incapable of continuing in nursing. In my case (I had a physical collapse, then no ease up in workload on return to work. Then severe depression followed by complete mental breakdown, divorce and loss of everything I'd ever worked for - so thanks for nothing nursing! (85-RN1)

2c AINs (Assistant-in-nursing)

In Australia, the majority of employees within residential aged-care are unregulated care providers. These are known as ‘Assistants in Nursing’ or ‘Personal Care Assistants’. These carers give nursing care to residents legally delegated to them by the registered nurse. For some, the AIN/PCAs are inadequately prepared for their role:

I get very frustrated at staff work ethics. I find the majority of personal carers are uneducated, poorly informed and LAZY (sic) (35-RN1)

Carers[PCAs] need to have adequate training before employment in aged care (56-EEN)

Two other respondents believed that PCAs were working outside their scope of practice:

I believe that PCAs have far too much responsibility with medication and some technical procedures. Too much is expected of them without any real recognised training. As nurses in aged care we are contending with this situation all the time.. Aged care is structured to utilize the maximum usage ofPCAs on a minimal wage. ...(86-RN5)

Elsewhere, arguably in response to these sentiments, the role of the AIN/PCA was thought to be under review:

I've been working in aged care for 13 years. I've worked in catering, domestic and now nursing. I've been an AIN for about 10 years. I've sense major changes from AINs/PCA giving out medications being ceased (sic) (25-RN1)

One respondent noted the lack of valuing of their role:

Registered and enrolled nurses are the only ones seen as ‘nurses’. AINs and PCWs are seen as just one of the workers. ...PCWs in particular are seen as the lowest on the ladder ...(04-AIN)

2d Paperwork/Non-nursing duties

Paperwork either takes time away from the business of caring or adds a burden to the care task. Whilst the paperwork requirements for the purpose of receiving funding and achieving institutional accreditation are acknowledged, in and of itself, paperwork takes away care time:

... I work in aged care and if it were not for all the paperwork involved and because of government policies etc we would have more time to spend with our residents. 50% of our time is spent pushing paper!! (79-AIN)

.. I feel there is too much emphasis on filling in forms/paperwork that takes nursing away from the bedside (89-RN1)

The corollary of this is that paperwork then becomes a burden adding to the caring enterprise:

There are so many more demands on nurses than when I began - more responsibilities and much more paperwork ..and demands of the job. I will not be able to continue in aged care for much longer (02-RN1)

I am becoming increasingly disheartened with working in aged care. There is less and less time for resident care and increasingly more paperwork. I am never finished or leave work on time ... (49-EEN)

Finally, for some, if the paperwork does not impede aged-care caring, non-nursing work will:

at present we have to (go) around with a trolley to the patients that are in bed & put their meals in front of them & collect the dishes when they are finished. This part I think is more domestic work rather than nursing duties. This doesn't please me. ... (92-AIN)

My reason for becoming a nurse, was to look after people. Between paperwork and other non-nursing needs, sometimes I only see the residents when administering medications. I have to rely on AIN/PCAs for any changes/issues with residents (73-RN1)

Social work values

The qualitative data supported a single social work value – ‘support by management’.

1. Support by Management

Ten respondents (9%) raised issues about the facility's management practices. With an unambiguous proclamation of ‘no support from management...’ (56-RN1) from one aged-care nurse came the equally straightforward counter from another:

Also I have less stress because we have a good boss who cares for staff and residents alike... (72-EEN)

Despite this logic that links a stress free work environment with a supportive management, there prevails the perception that managerial support is wanting:

... paid as Level 1 in aged care when realistically doing Level 2 work, with unpaid overtime continually to keep on top of workload; Employer not supportive of the RNs despite years of service and commitment (82-EEN)

A number of characteristics emerged about the less than ideal support from management. For one of the aged-care nurses, the time-starved work environment was identified as the cause for less than robust management:

The nurse manager has no time to performance manage staff...(35-RN1)

However, for others, the properties of this theme are far more complex. For some, the absence of natural justice does little to promote a supportive work environment:

The stress levels are always going up & I must admit I can't see anything improving. RE: Complaint Resolution. Management seem to have the attitude that if a complaint is made, whoever the complaint is against is GUILTY (79-RN2)

For others, and more poignantly, the consequences of open disclosure around an adverse event has demonstrated to them that management do not care and are completely unsupportive. In the first two cases below, the consequences are deeply personal:

Would prefer to talk person to person as fear of back lash from employer - this has happened many a time in past. That's why people don't speak out. And yes I am one of those people. I spoke out once - repercussions weren't good (80-RN3)

...I was basterdised (sic) and literally pushed out following my actions which were actions done as an advocate for my (resident) and their families! ..I have met/spoken/heard of many, many other nurses who worked for years devoted to career only to cope bullying and then become physically and mentally incapable of continuing in nursing...(85-RN1)

In this next case, management not caring and perceived to be completely unsupportive is evidenced through their inaction towards a senior nurse manager evaluated as 'bullying' (85-RN1, 57-EN, 89-RN4):

Head office Human Resources and senior management chose to support the DON. Their response was bullying was an issue of 'perspective'. The DON was a poor manger and I observed a nursing home I had worked in for over 15 years deteriorate...(89-RN4)

A final dimension of this theme parallels the earlier link with stress and support – and below it is the shift in focus away from ‘the dollar’ (03-AIN) that drives care to a focus on a quality (supportive) environment for staff:

I had worked in an aged care facility where the ‘dollar’ was more important to the care of residents and workers..and the staff struggled to give the best care, rooms were inadequate too small for hoists, shower chairs, no hand bars. Lots of stress. Now I work in a facility, staff are so friendly we have to work in pairs and the workload is heavy, is good. They have the right lifting equipment and their procedures law-rules (facilities) are strict ‘you as worker’ have to adhere to and I like that (03-AIN)

Discussion and conclusion

In the context of the larger study from which these data emerge, a large number of nurses have workplace issues that management need to address. However, these comments reported here reflect the views of close to one-third of the aged-care nurses who provided a response to the final open-ended question of the survey and are representative of all level of workers providing nursing care (AIN/PCA-EN-RN). Therefore, for the final open-ended question of the survey, the majority of aged-care nurses did not offer comment.

Intrinsic work values

Aged-care nurses in this study take seriously their care work and prize their ability to provide quality care. Factors that impact on their capacity to care in turn influence their morale in the workplace. Stress is one of these (Lu, While, & Barriball, 2005). Aged-care nurses report being stressed. Work related stress stems from the daily reality of a full or heavy workload and either inadequate staffing levels and/or staffing skill-mix (Edwards et al., 2002). Stress borne from staffing levels and skill-mix has the consequent effect of impacting on the quality of care provided.

The aged-care nurse's firm belief in and commitment to caring for the resident is exemplified in the tension between keeping on caring even when to do so means putting one's self second to the care goal itself. Similar to previous studies low morale was a major theme in the data (Chang et al., 2007; Hegney et al., 2001; Hegney et al., 2004).

Equally, this group of nurses rated as important their feelings for the profession ('I love nursing...'). Aged-care nursing work is valued by them because in and of itself it is rewarding and self-affirming. When reflecting about 'I love nursing...', emphasis is placed on the good – to bring about a *good* change in the residents health. That is, whilst change (extrinsic or instrumental aspect) in the resident's health status is desirable, the value for these nurses comparably lies in *good* caring (intrinsic aspect) (Herzberg & Mausner, 1959).

However, the data also reveal an attendant element to 'I love nursing' – the 'but' after-thought. Interestingly, whilst the intrinsic aspects of their job - like positive feelings for the profession are rated as important, these feelings are balanced against negative perceptions ('but'). Both immaterial and material (instrumental) work aspects counter their positive feelings. Typically, the material aspects of their work include lowly remuneration; tasks such as paperwork that detract from and distract the nurse from bedside caring; the shift in the caring from a resident focus to a task or production-line orientation and inadequate staffing (Coomber & Barriball, 2007; Tuckett 2007). The immaterial aspects they report as important but countering 'I love nursing...' include a lowly perception of the aged, of aged-care generally by society and of aged-care by the broader nursing profession. Of importance for nursing workforce policy makers is the consequences of this 'but...' clause, namely job dissatisfaction and the desire to leave the workforce. Elsewhere, job dissatisfaction has been reported as linked to low morale, high levels of stress, burnout, workload and inadequate skill-mix (Hayes et al., 2006; Tummers et al., 2002; Aiken et al., 2002).

Extrinsic work values

Across the work values literature, a worker's pay or salary is recognised as a universal extrinsic work value (Herzberg & Mausner, 1959). It should not be surprising that we value highly this particular material aspect of our working lives. The aged-care nurses represented here are no different. For them, they simply want what they believe is owed – a remuneration commensurate with what they do- in other words, a fair days pay for a fair days work. If attracting to and retaining nurses in aged-care is important, then it should be a concern that nurses currently in the workplace identify pay as a disincentive to be there (Martin, 2007; Fletcher, 2001; Cowin, 2001). Significantly, the workers themselves offer the workforce planners a number of material incentives to keep them there, namely recognition of prior learning, prior service and payment for accrued leave.

The aged-care nurses' final four aspects of aged-care work underscore the importance they give to the extrinsic work value, working conditions (Herzberg & Mausner, 1959). Firstly, the importance of lack of money (both personal remuneration but also service funding and the nexus with extrinsic work values/job satisfaction and retention is highlighted by nurses choosing to opt-out of the profession. Secondly, the link with extrinsic work values/job satisfaction and retention is highlighted by the importance of lack of personal safety and well-being (detailed in terms of being physically and verbally abused by residents and also harassed and bullied by colleagues) and the consequent impact on individuals' psychological and emotional health prompting the nurses to leave the workplace (Hegney et al., 2006a; Evers et al., 2002; Aiken et al., 2001).

With these working conditions in mind, workforce planners in aged-care should also take heed that the rise of reliance on the unregulated carer (AIN, PCA, PCW) in aged-care further compounds the care enterprise for the registered nurse. Where extrinsic work values like money and personal well-

being are thought to be lacking, and aged-care nurses are walking out the door as a consequence, any additional work conditions that add to this disquiet need immediate addressing. Finally, a material aspect of their work – paperwork, is the working condition straw across the labourer’s back. The relevance for this report is that paperwork fails to contribute meaningfully to bedside care, takes the nurse away from the resident and adds to an already full basket of care responsibilities. Consequently, paperwork adds further to the aged-care nurse’s physical and emotional exhaustion with the result that the nurse in aged-care is both dissatisfied and disillusioned with what they do.

Social work values

Aged-care nurses do place some importance on having a good relationship with management. Here again these nurses describe what they get and know what they need and in turn provide policy makers and employers alike, insights into making the aged-care a chosen place to work in. The unsupported nurse feels overworked, underpaid and needs management to genuinely care enough about them to deal with poor staffing practices and ensure quality care for the residents. Again, if attracting to and retaining nurses in residential aged-care is important, then managers need to be supportive by the way they create teamwork, by the way they create well equipped work places and by the way they provide guidance in caring for the residents (Coomber & Barriball, 2007; Larrabee et al., 2003; Fletcher 2001)

Taris & Feij concluded that job satisfaction is higher for those who value intrinsic work aspects as more important. Here, a little over half (53%) of the nurses who responded placed a greater emphasis on intrinsic work aspects and within this group, descriptions favouring ‘I love nursing...’ were dampened with a ‘but...’ (negative) after-thought. In this light and that of data that give further understanding about aged-care nurses’ extrinsic aspects of their work, it is clear that

employers *do not get it* – those who provided intrinsic and extrinsic rewards as well as social relationships will have workers more satisfied, experiencing fewer psychological complaints and have less intent to leave (Taris & Feij, 2001).

Limitations

A caveat is necessary regarding the capacity to generalise findings. A limitation with this research is the relatively small sample. In addition, qualitative data of this kind provides a one-off ‘snapshot’ and the method does not provide for any follow-up. Caution should be taken in the interpretation of these results as in some cases very small numbers of respondents are involved in a theme. Nevertheless, although response numbers may be small, results suggest that aged-care nurses are for the most part unhappy about their lot and in an industry already short staffed, this unhappiness needs to be addressed.

Relevance to clinical practice

The findings from the qualitative component of a larger survey study provide information for aged-care sector managers and workforce planners on areas in need of attention to recruit and retain a workforce within aged-care. It is through the analysis of the qualitative data that provide insights and understandings about intrinsic work values (‘I love nursing..’) and extrinsic work values that this research contributes further to knowledge development in this area.

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Table 1 Hegeny et al. (2006) intrinsic and extrinsic work values perceived by QNU members (Aged-Care) compared to other sectors (Public and Private)

Intrinsic	Extrinsic
More emotionally challenging	More than half: pay rate to be 'extremely poor'
More 'extremely' physically demanding With decreasing designation level (RN→EN→AIN), increasing physical demand	More than a third: skills and experience as 'extremely' or 'quite' unrewarded
Little variation in terms of encouragement of autonomy AINs and RN1 reported less autonomy than ENs and RN2 and above	Poorer collegial support and teamwork
Nursing 'extremely' or 'poorly' regarded by the community Higher proportion believing nursing valued within the health system EN perceived a higher regard than AIN who perceived a higher regard than RN	Not worse off in terms of convenience of work hours, workplace safety
	More likely to believe nursing an 'extremely' or 'quite high' status career